ABSTRACT

BRENTON, JOSLYN. In Pursuit of Health: Mothers, Children, and the Negotiation of an Elusive Ideal. (Under the direction of Dr. Sinikka Elliott).

Amid heightened concerns about what some experts define as an epidemic, researchers and public health policies have cast mothers in the front line of the "war on obesity." Yet little is known about how mothers think about health and weight for themselves or their children. Existing studies are methodically limited and typically investigate the perceptions of only low-income mothers or mothers of color. In this study I examine how an economically and racially diverse group of 60 mothers of young children discursively construct and negotiate the meaning of health for themselves and their children. My interviews with mothers reveal they are struggling to embody an elusive health ideal that encompasses ideas about weight, feeding practices, and health choices.

Chapter 2 illustrates how mothers struggle to disentangle definitions of health from elusive body ideals. Mothers' own ordeals with weight stigma and shaming profoundly influence this process. Their narratives reveal a tension between demonstrating "good" mothering by monitoring their children bodies—and by proxy their health—and demonstrating "good" mothering by protecting the self-esteem and body image of their children, especially their daughters. I argue that mothers strategically employ the concept of health as a discursive way out of this bind, but that in reimagining the healthy body they may be recreating an elusive ideal.

 In chapter 3, I discuss how mothers confront intensive mothering mandates and pervasive concerns about childhood obesity through two particular feeding strategies— intensive feeding and practical provisioning. I show how mothers' feeding strategies are also

an expression of their particular race, class, and gender locations. As mothers' articulate and discursively grapple with these particular feeding strategies, they also reflect and reinforce race, class, and gender inequalities and divisions. Finally, as I show, their feeding strategies offer them little relief from the demands of being held individually accountable for their children's health.

Chapter 4 analyzes how mothers embrace a powerful neoliberal rhetoric of choice to hold themselves, and other mothers, accountable for children's health. I argue that mothers' narratives align closely with neoliberal imperatives that ask individual consumers to take responsibility for health through "good" choice-making. Taken as a whole, mothers' narratives reveal how their efforts to become the perfected neoliberal social actor through their health practices result in frustration and self-blame. Their stories tell us how choice-making is complicated and contingent on family and friends, which complicates the way health policies and health promotion campaigns tend to see individuals as having unconstrained power to enact health mandates.

In the concluding chapter I discuss the sociological implications of an elusive health ideal. I examine how attempts to embody this ideal lead mothers to engage in processes of othering and social distinction that serve to reinforce and reproduce race, class, and gender hierarchies and inequalities. I conclude with a discussion of how future research can apply a critical and intersectional lens to deconstruct the social, political, economic, and cultural dimensions of good health.

In Pursuit of Health: Mothers, Children, and the
Negotiation of an Elusive Ideal

by
Joslyn Brenton

A dissertation submitted to the Graduate Faculty of
North Carolina State University
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

Sociology

Raleigh, North Carolina

2014

APPROVED BY:

_____   _____
Sinikka Elliott, Committee Chair   Michael Schwalbe, Vice Chair

_____   _____
Mazine S. Thompson   Sarah Bowen

_____
Ron Czaja

DEDICATION

To the women and mothers who shared their stories with me.

And to Peter Kelly, who nurtured me while I wrote about them.

BIOGRAPHY

Joslyn Brenton was born on April 30, 1979. She grew up in rural Maine, with her loving and humorous parents and older sister, along with other important blended and extended family members. Joslyn graduated from the University of Maine with a B.A. in sociology in the winter of 2001. Afterward she joined the Peace Corps and spent two years in Guinea, West Africa where she taught English to high school students. After a brief stint living in Washington, D.C., Joslyn began her graduate work in sociology at North Carolina State University in the fall of 2006. Joslyn sealed her commitment to lifelong love and partnership with Peter Kelly in August 2007. Their first child, Quinn Brenton Kelly, was born in June 2008. In December 2012 they welcomed their second child, Clara Kelly Brenton. Joslyn and her family will return the northeast in the fall of 2014, where Joslyn will join the faculty as a tenure-track Assistant Professor at Ithaca College.

ACKNOWLEDGMENTS

Little Jote has grown up, but rest assured that I will continue to "hot dog" from time to time. I also thank my step-mother Julie for her support, kindness, and patience. To my older sister Leslee Brenton Differ, a woman I have always admired greatly, thank you for always loving me just as I am, and for putting me in line when I need it. You have always been in my corner, and it has often been a rowdy one! I thank my little sister Kari for her love and support over the years. And to other family members, Mark Macomber, Raymah Leavitt, Jenna Smith Lyons, Mary Purvis, and Pat and Dick Kelly, whose words of encouragement kept me going.

To my love and life partner, Peter Kelly, I am deeply grateful. Over the last eight years you have supported me as I jumped through every hoop, climbed every hill small and large, and several times when I nearly fell off the edge of the dissertation precipice. It amazes me how much you believe in me. You didn't just help me through an intellectual pursuit, you became part of it. I am inspired by your thoughtfulness and your outlook on the world, and am humbled by your unwavering patience and love for this beastie. Thank you for cooking our meals, cleaning our house, and caring for our children so that I could do this. I adore you. To my son Quinn, your lovely heart and sense of humor brought joy to this process. I finally finished this "snaggy" dissertation! Coming home to your bright little face at the end of every day helped me to keep the process in perspective. To my smart and snappy Clara, your tiny smile, growing curiosity, and rowdiness have been a source of joy. In many ways, your milestones during the last year paralleled my own—we both steadily learned how to stand strongly. May this accomplishment always remind us of what women can do!

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1
INTRODUCTION

According to experts, Americans are in the midst of a crisis. In 2004, Surgeon

General Richard Carmona stood before Congress and issued a warning:

> We must increase our efforts to educate and encourage Americans to take
>
> responsibility for their own health. Over the past 20 years, the rates of overweight
>
> doubled in children and tripled in adolescents…Because of the increasing rates of
>
> obesity, unhealthy eating habits, and physical inactivity, we may see the first
>
> generation that will be less healthy and have a shorter life expectancy than their
>
> parents (Carmona 2004).

Experts trace the roots of what they define as an "epidemic" of fatness to the early 1980s,

when national studies began documenting significant changes in the weight of the U.S.

population. Concerns about an obesity epidemic intensified during the mid-2000s, when a

new batch of studies revealed that in a little over two decades the number of Americans

classified as obese had doubled (Cutler et al. 2003) and the prevalence of obesity among

children aged 6-17 had tripled (Caprio et al. 2008). By recent estimates, 35% of the adult

population is obese, as are 17% of children ages 2-19 (Ogden et al. 2014). As I discuss in

more detail below, despite protest from a number of scholars who challenge the statistics and

the moral underpinnings of a "war on obesity" (Coveney 2008), a dominant discourse

prevails, warning Americans of a pending physical, cultural, and moral crisis of fat.

Surgeon General Carmona told the committee it was essential for "parents to take

responsibility," for their children's health. It is not too late, he argued, to reverse this

"dangerous trend." Since then, doctors, health agencies, policy makers, and political figures, such as Michelle Obama and notable chefs like Jamie Oliver, have been at the helm of national campaigns to slim down the nation's children. While such efforts have included attempts to address structural inequalities thought to contribute to weight gain, such as targeting school lunches and educational health curricula (see Ebbeling et al. 2002 for a review), much of the anti-obesity discourse and intervention directs attention to how individuals can better control their weight (Lupton 2013). When it comes to the nation's overweight children, parents are asked to take responsibility. However, as I will explain, policy makers, health promotion campaigns, researchers, and even other mothers are holding mothers accountable.

In this dissertation, I examine how a diverse group of mothers think about health and weight, for themselves and for their children. My analysis reveals how their understandings of health and the body are shaped by contemporary social, political, and economic processes. I argue that mothers are negotiating an elusive idea of good health, and that they interpret this ideal at the intersection of their particular raced, classed, and gendered standpoints. These findings have important implications for understanding how health ideals underscore and reproduce multiple social inequalities and for how health is defined and addressed at the policy level. In what follows I briefly sketch out important features of the contemporary health landscape, including widespread anxiety about what experts define as a childhood obesity epidemic. I then review the literature on mothers' perceptions of child weight. In light of important gaps in this literature, I introduce my research questions and the methods for the present study.

BEING GATEKEEPERS: MOTHERS AND THE PRODUCTION OF HEALTH IN
UNCERTAIN TIMES

Mothers have historically been portrayed as the gatekeepers of their children's health
(DeVault 1991; McIntosh and Zey 1998). Twenty years ago Marjorie DeVault (1991)
published a book that would become highly influential in the scholarship of family and
inequality. *Feeding the Family* described how mothers from diverse racial and economic
backgrounds provide, prepare, and serve food to their families. DeVault linked the
production of meals—an activity she called "feeding work"—to the production and
reproduction of gender ideologies, class differences, and definitions of the family. She
argued that women are often held to similar standards of mothering and feeding, despite the
fact that social inequalities differently shape their ability to conform to these standards.

DeVault's analysis of the ways women fed their families in the early 1980s remains
crucial to issues surrounding food, the family, and motherhood in the 21st century. With the
health of the nation at stake, mothers' feeding work potentially takes on new intensity and
scrutiny. The mothers I interviewed in 2012 were feeding and attending to their children's
health against a precarious backdrop, including an intensive mothering ideology and growing
economic inequality (Arendell 2000; Hays 1996; Johnston 2007). Today women make up
nearly half (47%) of the labor force—a significant number of whom are mothers with small
children (66%) (Bureau of Labor Statistics 2011). Further, approximately 24% of children in
the U.S. live with a single parent—mostly mothers (ChildStats 2013). For mothers employed
outside the home, the work of raising and feeding children constitutes a "second shift"
(Hochschild 2003). Women of color in particular are familiar with the second shift since their

economic and social marginalization has long required them to work outside the home (Collins 2000).

Monitoring children's health and bodies is often portrayed by the media as a mother's central task (Lupton 2013)—a task that has taken on new meanings in the context of heightened concerns of an obesity epidemic. The mothers I interviewed expressed a good deal of awareness about this issue. For example, the ubiquity of childhood obesity discourse is captured in my conversation with Janelle, a working-class black mother. I asked Janelle, "So when you hear people talk about nutrition and weight and things like that today, what do you feel like you usually hear?"

> Janelle: I hear a lot of people talking about people being overweight, or either diabetes. You hear a lot of stuff now where people being obese more so than anything. [You] used to hear about people being anorexic and stuff, but not as much now. You hear about they urging people to lose weight so much nowadays. You hear them telling [about] kids being so big.
>
> Joslyn: What do you think about that?
>
> Janelle: I don't know, you got to get the parents for that. Because they're kids and you could stop them kids from getting so big because you can monitor how they eat. These kids now, some of them are huge. And then they be like, "Well, this kid needs to lose weight."

Janelle's perceptions illustrate several features of modern obesity discourse. The first is that managing child weight is primarily a parent's responsibility. Secondly, this passage shows how talk about weight is ubiquitous, and that being overweight has usurped concerns about

being underweight, despite the fact that rates of disordered eating, such as anorexia and bulimia, persist (Smink et al. 2012). Despite the fact that fat in and of itself is not necessarily a cause of bad health (Campos et al. 2006; Flegal et al. 2005), health experts and the media routinely convey the message that to be fat is to embody risk. *Let's Move,* a national public health campaign endorsed by First Lady Michelle Obama, demonstrates this phenomena. The website for *Let's Move* warns the public:

> If we don't solve this problem, one third of all children born in 2000 or later will suffer from diabetes at some point in their lives. Many others will face chronic obesity-related health problems like heart disease, high blood pressure, cancer, and asthma.

The *Let's Move* campaign is but one example of a constellation of efforts involving television ads, newspaper articles, movies and documentaries, books, and the formation of Senate committees, that combined have formed an obesity discourse, or coherent way of representing and discussing a particular topic (Lupton 2013). Discourses contain powerful and taken-for-granted assumptions that shape how people think and act. For example, dominant discourses of teen sexuality as risky and hormone-driven shape how adults think about and respond to teen sexuality (Elliott 2012). Government actors, health officials, and experts play an important role in constructing and promoting health discourse, which is then "internalized by individuals and then practiced (or resisted) as part of their effort to achieve the ideal of being a 'good,' 'productive,' and 'healthy' citizen" (Lupton 2013:26). The collective voices that convey obesity discourse can seem to meld together, forming what Janelle refers to as a ubiquitous *they*: "*They* urging people to lose weight nowadays." "You

hear *them* telling about kids being so big." "*They* be like, 'Well, this kid needs to lose weight.'"

From Senate hearings, to national campaigns, and in my own discussions with a diverse group of women, mothers are constructed as key players in efforts to improve the health of the nation's children (Bell et al. 2009; Little et al. 2009; Lupton 2013; Maher 2010). An intense focus on individual actors persists, despite the fact that genetics play an important role in determining body size (Friedman 2003) and that trends in weight gain have occurred alongside growing rates of poverty and unequal access to nutritious foods (Drewnowski 2009) as well as genetics (Friedman 2003), the corporatization of food production and food advertising—particularly those foods that are high in calories and fat (Kessler 2009)—and deregulation of food safety and information guidelines (Nestle 2007).

Several factors have set the stage for the way in which policy makers, health professionals, and even scholars hold mothers accountable for the health of America's future citizens. The first is how medical researchers and public health officials tend to study and report on the causes and consequences of fat. Health experts routinely contend that weight gain is primarily caused by overeating. The Center for Disease Control (CDC), a leading source of health research, underscores this view. According to the CDC website, "Childhood obesity is the result of eating too many calories and not getting enough physical activity."

Framing childhood obesity as the result of overeating, implicates those who *feed* children as contributing to this problem. Moreover, this framing conveniently aligns with what some scholars argue is a gendering of the obesity epidemic (Boero 2007). Historically, women are held to more rigid body size standards than men, and thus have been the target of

a profitable weight-loss industry (Boero 2007; Bordo 1993). Combined, historical

representations of women as children's gatekeepers and as naturally preoccupied with weight

have thus contributed to a gendering of the obesity epidemic, whereby "women as bodies and

as mothers are the targets for both reform and manipulation, thus making them responsible

for the [obesity] epidemic" (Boero 2007:57). Finally, holding individual mothers responsible

for their children's health is part of a broader process occurring in neoliberal societies

whereby collective and state responsibility for health is being shifted to individuals (Ayo

2012).

Amid concerns about what experts define as a childhood obesity epidemic, policy

makers, pediatricians, and researchers argue there is a pressing need to identify how mothers

define health and healthy eating, as well as normal and abnormal weight. The logic is that if

mothers do not detect early signs of their children being overweight, they will not modify

their children's diets. Therefore, an entire body of literature has been driven by a single

question: Do mothers recognize when their children are overweight or obese? I review this

literature below.

MOTHERS' PERCEPTIONS OF HEALTH AND WEIGHT

Studies that examine how mothers assess their children's weight and health consist

mostly of survey research, and generally find that low-income mothers do not agree with, or

embrace, clinical definitions of "normal" child weight. As a whole, this body of research

seeks to identify how social categories such as race/ethnicity, class, and gender influence

mothers' perceptions about health and weight. Yet, as I will show, these studies rarely offer a

complex, or critical, understanding of how mothers' perceptions about health and weight are formed at the intersection of racialized, classed, and gendered meanings and inequalities.

One of the central arguments I make in this dissertation is that weight has become a primary indicator of "good" or "bad" health—regardless of whether or not it actually indicates anything about present health status or future health outcomes. This phenomenon is driven in large part by the establishment of standardized weight assessments, most notably the body-mass index (BMI). The BMI is a calculation of a person's weight divided by their height squared, and then multiplied by 703. The resulting number categorizes people as being "underweight," "normal" weight, "overweight," or "obese." Although there is a growing recognition that BMI alone is an insufficient measure of overall health (Campos 2004; Gard and Wright 2005; Monaghan 2007) it is nonetheless favored in medical settings for being a relatively quick and affordable way to assess health (Gard and Wright 2005).

Studies find that anywhere between 30% and 79% of mothers fail to correctly assess their overweight children according to the BMI classification system (Baughcum et al. 2000; Eckstein et al. 2006; Hackie and Bowles 2007; Maynard et al. 2003; Sherry et al. 2004; Tschamler et al. 2010). These studies often take differences in obesity rates as their starting point for examining the perceptions of certain mothers. For example, since rates of obesity are highest among children of color (Caprio et al. 2008), much of this research attempts to examine whether black and Latina mothers think differently about health and weight than white mothers.

The results from this line of inquiry have done little to clarify the relationship between ethnic identity and perceptions of weight. While some studies find black, Latina,

and white mothers are equally likely to accurately classify their children's weight according to the BMI (Eckstein 2006; Maynard et al. 2003), others find that white parents are more likely to agree with this classification system than non-white parents (Hackie and Bowles 2007; He and Evans 2007). Despite the fact that none of these studies can claim a causal link between race and perceptions, their conclusions often reinforce negative and controlling images of poor minority women (Collins 2000). For example, drawing on interviews with low-income Latina mothers, Rich et al. (2005) find that most of these mothers defined their children as healthy, despite the fact that all of the children in the study had a BMI that classified them as overweight. Lacking an in-depth exploration of the factors that may shape their responses, the authors conclude that "parents may not be concerned about their child's overweight status because of cultural acceptance of overweight" (Rich et al. 2005:136). These studies reflect how scientific studies are influenced by, and in turn shape, stereotypes that non-white cultures are the culprit of the obesity epidemic (Boero 2007), with the solution being to better educate these groups about ways to change their diet and lifestyles (Coveney 2008; Lupton 2013).

The literature on maternal perceptions also finds a relationship between class status (measured by income and education) and the way mothers perceive their children's weight. Some research finds mothers with a high school education are less likely than those with at least some college education to embrace standardized weight assessments of their children (Baughcum et al. 2000; Rich et al. 2005). These studies identify a relationship between two variables (i.e., class and maternal perceptions), but cannot tell us the meanings behind this relationship.

Finally, some research suggests that gender may factor into the way mothers assess their children's weight, although this association is inconsistent. While some studies find the sex of a child has no effect on how mothers assess their children's weight (Baughcum et al. 2000; Eckstein et al. 2006; Hackie and Bowles 2007), others show that mothers are more likely to identify their daughters as overweight than their sons (He and Evans 2007; Maynard et al. 2003; Tschmaler et al. 2010), even when the male and female children were in the same BMI category (Maynard et al. 2003). These findings suggest that mothers may hold young girls and boys to different weight standards, yet why this is so is unanswered. Because these studies do not distinguish between sex as biology and gender as something individuals are socially held accountable for doing (West and Zimmerman 1987), they are unable explain why mothers would assess their sons' and daughters' weight differently. These studies would benefit, for example, from linking their findings to broader cultural expectations and inequalities by drawing on sociological research that shows how the body is a symbolic resource for constructing masculine and feminine identities (Brenton and Elliott 2014; Courtenay 2000), or feminist research that documents the oppressive cultural expectations for women to be extraordinarily thin (Bordo 1993).

Research on mothers' perceptions of their children's weight frequently draws the conclusion that because low-income mothers do not define their children's weight through a biomedical gaze, they are not sufficiently concerned about their children's health. As I have demonstrated in this review, this line of research privileges biomedical understandings of weight, and it is also hampered by an overreliance on quantitative methods. While survey research is useful for collecting information and discerning patterns that occur at a population

level (Czaja and Blair 2005), it is not well suited to assess how people construct meaning in their everyday lives. This approach has been criticized for treating socially-constructed categories as "permanent characteristics of individuals" (Weber 1998:18). Consequently, we know little about the conditions under which race, class, and gender become meaningful to people and their health outcomes, or how "multiple angles of vision are brought to bear in any social situation" (Weber 1998: 6).

There are far fewer qualitative studies on this topic. However, those that exist shed light on some reasons for these findings and demonstrate the complexity of mothers' perceptions. Some researchers, for example, find that mothers distrust standardized growth charts and instead define their children's health by their emotional state or by their activity levels (Goodell et al. 2008; Hughes et al. 2010; Jain et al. 2001). Some of this research also finds that some low-income mothers attribute their children's weight to genetics, and thus may feel they have little control over their child's body size (Goodell et al. 2008; Jain et al. 2001).

Studies that situate their findings within a broader nexus of family dynamics show how definitions of health and weight are constructed and modified through interaction with others. For instance, Kaufman and Karpati (2007) find that low-income Latina mothers find it difficult to say no when, during visits, fathers bring their children candy to express love. These mothers recognized the symbolic value of the candy, which fathers sometimes used to negotiate tenuous relationships with their children. This research suggests that mothers' perceptions are formed, and their preferences negotiated, through a complex web of power relations.

Qualitative studies also demonstrate that mothers' weight perceptions are inextricably intertwined with ideologies about good parenting and the realities of their families' lives. For example, Hughes et al. (2010) find that low-income mothers of preschool children used food to express love for their children, and that this strategy was especially salient for mothers given the chronic stress associated with living in poverty. Similarly, Kaufman and Karpati (2007) find that low-income Latina mothers considered weight to be a form of protection against inevitable food shortages and potential physical assault. These studies link to other research, which finds that both low- and middle-income parents show love for their children through consumption (Pugh 2009). Material conditions may therefore intimately shape the way mothers assess their children's weight, or how they define health. Despite the advances qualitative research has made toward an understanding of how mothers think about health and weight, these studies rarely analyze how middle-class mothers think about these topics, or how mothers form their perceptions at the intersection of multiple social locations.

With a handful of exceptions, research on mothers' perceptions of weight focuses almost exclusively on low-income mothers and oftentimes applies pejorative terms like "fail" to describe their abilities to classify their children's weight. As such, it reinforces negative and controlling stereotypes of poor and minority women (Boero 2007; Collins 2000). The complexities of poor and working-class mothers' perceptions are lost when researchers fail to consider the factors that shape the meanings mothers attach to health and weight. Moreover, these studies rarely situate mothers' perceptions of their children's weight within a broader landscape of racial inequality, economic policies that disadvantage the poor, or social expectations around mothering that are unrealistic for mothers of all backgrounds.

A research focus on low-income mothers and their children has come at the expense of understanding how middle-class mothers make sense of their children's weight and prevents an exploration of potential interclass differences/similarities. Research along these lines might ask: How might the experiences of a middle-class Latina woman be similar to and different from those of a middle-class white woman, and how, in turn, might these experiences shape their respective constructions of health and weight? Below I discuss how an intersectional approach can enhance our understanding of how perceptions about health and weight are formed through the prism of intersecting inequalities.

INTERSECTIONALITY AND A SOCIOLOGICAL APPROACH

Taking an intersectionality approach, according to Patricia Hill Collins (2000), means seeing how systems of oppression, such as race, class, and gender mutually construct one another. For example, I experience the world not only as a *woman*, but as a *white middle-class woman* who grew up working-class. Despite the fact that these categories have no inherent meaning, they form the basis of value hierarchies and an unequal distribution of power and resources. In short, these socially constructed categories, and the meanings people attach to them, shape people's experiences and self-perceptions in profound ways. Here I review several studies that underscore why it is important to analyze race, class, and gender simultaneously.

The first is Marjorie DeVault's (1991) classic study of how an economically and racially diverse group of mothers feed and care for their families. DeVault finds that different ways of conducting household life and work are implicated in the reproduction of class relations. For example middle-class mothers' narratives reflected access to and the

embodiment of expert knowledge of food. In contrast, the narratives of poor and working-class mothers revealed an alienation from and distaste for food—a reminder of their financial struggles. DeVault points out that while all women are expected to conform to conventional notions of family life—and the feeding work that bolsters this construct—they possess unequal resources to accomplish this task. Moreover, poor and working-class women who fail to meet these standards are blamed as individuals while the foundations of income inequality remain unexamined. DeVault's study shows how the feeding work women do is shaped by their location as women *and* class positions. The different ways women in her study fed their families both reflected gendered ideologies and reinforced class differences.

Another study that offers insight into gender and class processes is Warin et al.'s (2007) examination of how class and gender shape women's perceptions of their weight. Although all of the women in their study were classified as obese, none identified as such. The mothers in the study who were low-income often viewed their heavy bodies as essential to provisioning for and protecting their children. For these women, being "cuddly" or "chubby" was a sign of being a loving and caring mother. In contrast, middle-class mothers said they wanted to lose weight, but framed their inability to do so as a consequence of having to juggle work and family life. Their findings thus reveal how perceptions of weight are tied to classed performances of motherhood. Like DeVault's study, however, this study does not illuminate how other categories of difference and inequality, such as race, might further shape these constructions.

Feminist researchers have been at the forefront of theorizing the link between the body and race. An exemplary study in this regard and one that demonstrates an

intersectionality approach is Becky Wangsgaard Thompson's (1992) examination of how black, Latina, and white women experience eating disorders. The story of one black interviewee, Joselyn, whose father pressured her to become thinner when he became upwardly mobile, reveals these connections. Joselyn's father did not want his daughter's body to belie evidence that his black family could attain membership in the middle class. Thompson's findings thus suggest that thinness is a requisite body type for the middle-class, and that being historically denied positive social status, black families must work hard to attain, maintain, and signify a middle-class status.

The handful of studies I have reviewed in this section show how the feeding work that mothers do, and how they construct the meaning of weight, reflect the pervasive influence of cultural expectations surrounding femininity and motherhood. Membership in race and class categories also shape the way women view the world. Women struggle with unrealistic beauty expectations, but in classed and raced ways.

To date, studies have not adequately explored how mothers' perceptions of their own and their children's health and weight are informed by race, class, *and* gender expectations and inequalities. Moreover, a sociological approach is needed to add depth to this discussion, for example, by attending to how women may actively reproduce, negotiate, and challenge race, class, and gender hierarchies through their perceptions of the body, or through their definitions of health. My interviews with a diverse group of mothers fill this gap. My analysis demonstrates how women discursively position themselves as good mothers from their particular race, class, and gender standpoints, and in ways that reflect and reproduce elusive health ideals. I discuss the study methods below.

METHODS

Despite being portrayed as the gatekeepers of their children's weight and health (Bell et al. 2009; Little et al. 2009; Lupton 2013; Maher 2010), few studies have asked mothers what they think about weight, health, and food, with the goal of understanding the various factors that shape their perceptions. My research project was therefore guided by two main questions:

How do a diverse group of mothers construct meanings of health and weight for themselves and their children? How are these meanings shaped by dominant discourses around health, weight, and motherhood?

How are these meanings raced, classed, and gendered? In particular, how do the ways mothers talk about their own health and weight, as well as their children's health and weight, reflect, reproduce, and/or challenge race, class, and gender inequalities?

Sample

The data for this study come from 60 in-depth interviews with an economically and racially diverse group of mothers of young children (ages 2-8). Interviews were held between February-November of 2012. To achieve my theoretical goal of exploring how perceptions are formed at the intersection of multiple social identities, the sample includes white, black, and Latina mothers from two broad class categories: poor/working-class and middle-class (Lareau 2003). As other scholars have noted (DeVault 1991; Lareau 2003; Pugh 2009), in making race, class, and gender distinctions, my intention was not to reify the concept of class or to attempt to draw clear distinctions between one class or another, but to examine how

different work, education, and leisure experiences associated with these broad designations shape how women conduct their lives and make sense of health and weight.

The sample is comprised of interviews conducted with 30 poor/working-class participants— 10 black, 10 white, 10 Latina— in conjunction with my position as a research assistant for a longitudinal research project funded by an Agriculture and Food Research Initiative (AFRI) grant from the U.S. Department of Agriculture (USDA). The goal of this project is to gain a better understanding of how low-income families navigate their "food environments"— incorporating social, cultural, political, economic, and environmental proposals for concrete environmental and policy changes to address food access and health.

I defined poor and low-income mothers, per the guidelines of the AFRI study, as living at or below 200% of the poverty line. Household incomes were calculated based on the combined income from anyone living in the household from the previous calendar year (2011). In 2011, this threshold would have been $44,000 or less for a family of four. The annual household incomes for poor and working-class participants ranged from $7,000 to $40,000, with the average being approximately $19,000. Poor and working-class participants were recruited to the study by local community leaders, lawn advertisements, and by referrals from other participants. I had made arrangements with the study coordinators and principal investigators to be assigned 30 interviews with low-income white, black, and Latina mothers from two urban counties and one rural county in North Carolina. The initial plan was that I would interview English-speaking Latina participants, although we had no way of knowing ahead of time how many of these participants we would recruit to the study. It turned out that the majority of the Latina mothers recruited to the AFRI study chose to conduct their interviews

in Spanish. Only three poor/working-class Latina participants preferred to conduct the interview in English. I interviewed two of these mothers, and due to scheduling constraints, another English-speaking team researcher conducted the third. The remaining seven interviews with poor/working-class Latina mothers in my sample were conducted by one of the team's Spanish-speaking researchers. Protocol for Spanish-speaking interviews—writing thumbnails, transcribing the interview, and discussing the interviews—followed the model for English speaking interviews. Per the pre-established guidelines for this study, all AFRI study participants received a $25 honorarium for their participation.

At the same time I was working for the grant and conducting interviews, I also conducted interviews with 30 middle-class mothers—10 black, 10 white, 10 Latina—of small children (ages 2-8). I recruited middle-class mothers through personal contacts and by posting an advertisement, broadly describing my research as a study about "food and health" on various neighborhood Listservs in one urban city. I also used a snowball sampling technique (Esterberg 2002), asking interview participants to refer me to friends or acquaintances who might fit the study criteria. The breakdown in the number of participants recruited by each method was roughly equivalent: recruited through researcher's friends

Table 1. Participant Demographic Characteristics

Middle-Class Participants

Name	Age	Race	Relationship Status	Education	Occupation	Children
Ana	29	Latina	single	MA	Teacher	1
Ann	47	white	partnered	JD	Executive director	1
Camila	38	Latina	married	BA	Business owner	1
Carmen	42	Latina	married	Some college	Administrator	1
CeCe	35	black	single	BA	Social worker	1
Christina	40	Latina	married	Some college	Stay at home mother	2
Cora	38	Latina	married	BA	Nurse	1
Cynthia	50	white	married	MBA	Stay at home mother	2
Elaine	42	white	married	MA	Research analyst	1
Grace	31	white	married	MA	Social worker	2
Greely	35	white	married	BA	Business owner	1
Helena	42	Latina	married	PhD	Assistant Professor	1
Isabella	35	Latina	married	BA	Public health	2
Jeanie	39	white	married	PhD	Program evaluator	2
Jesenia	27	Latina	married	Some college	Stay at home mother	2
Kristi	27	white	married	Some college	Stay at home mother	1
Maggie	35	white	married	MA	Stay at home mother	3
Marta	36	Latina	married	MA	Public health	2
Michelle	41	black	married	BA	Sales	1
Patience	34	black	married	BA	Self-employed	1
Patricia	49	Latina	married	PhD	Research Assistant	3
Rebecca	36	white	married	MA	Stay at home mother	2
Reece	34	black	married	MA	Administrator	2
Rhea	45	black	married	BA	Legal assistant	2
Robin	36	black	married	BA	WIC nutritionist	2
Sasha	40	black	married	JD	Unemployed	2
Simone	37	black	single	MA	Graduate student	2
Tracy	41	black	married	BS	Nurse	4
Tricia	33	white	married	MA	Physical therapist	1
Yama	39	black	partnered	BA	Administrator	1

Table. 1 Continued

Working-Class/Poor Participants

Name	Age	Race	Relationship Status	Education	Occupation	Children
Adriana	33	Latina	partnered	High school	Stay at home mother	3
Cela	28	Latina	married	High school	Stay at home mother	3
Diana	30	Latina	partnered	No formal education	Housekeeper	3
Flavia	28	Latina	married	No formal education	Stay at home mother	3
Georgia	36	black	partnered	Some college	Unemployed	2
Giselle	29	black	single	Some college	Certified nurse assistant	2
Gricelle	34	Latina	divorced	8th grade	Food preparation	2
Heather	29	white	married	Some high school	Unemployed	2
India	26	black	single	Some college	Administrative assistant	1
Ivette	36	Latina	single	High school	Cable company	2
Jackie	45	white	married	BA	Stay at home mother	3
Jada	42	black	partnered	Some high school	Unemployed	3
Janelle	34	black	single	High school	Dietitian aid	2
Jordan	24	white	single	Trade certificate	Unemployed	1
Josette	41	white	partnered	Some college	Disabled	4
Julieta	37	Latina	partnered	No formal education	Stay at home mother	3
Keisha	21	black	single	Some high school	Unemployed	2
Kelly	24	white	married	Some college	Unemployed	2
Kimberly	26	black	single	BA	Unemployed	1
Kyla	26	black	single	Some high school	Unemployed	3
Lanette	36	white	separated	Some college	Customer service	5
Larisa	28	Latina	partnered	Some college	Daycare assistant	3
Laura	35	black	single	Some college	Student	4
Leanne	28	black	married	Some College	Student	3
Lisa	41	white	married	Some college	Unemployed	2
Maricela	33	Latina	single	Some college	Daycare assistant	1
McKenzie	27	white	separated	Some college	Unemployed	3
Melissa	28	white	single	Some college	Certified nurse assistant	1
Mercedes	35	Latina	partnered	No formal education	Stay at home mother	3
Pricilla	24	white	married	High school	Unemployed	2

(n= 9); recruited through researcher's colleagues (n= 8); recruited through a list-serv (n= 7); referred by another study participant (n=6). I screened potential participants by asking six questions, typically by email, to determine their eligibility. In addition to constructing a racially and economically diverse sample, I was also looking for equal representation in terms of relationship status, number of children, occupational status, and age/sex of children (Appendix A). Eligibility was therefore determined by the following: marital status, household income, number of children age/sex of each child, mothers' race/ethnicity, mothers' highest level of education, and area of residence. I excluded several potential participants either because they did not have a child between the designated age (2-8 years old), because they did not meet the income requirements, or because of other demographic characteristics (e.g., I was looking to create diversity in terms of the ages and sex of mothers' children).

Since poor/working-class mothers were defined by the AFRI study as those having a household income at or below 200% of the poverty line, I defined middle-class mothers as those having a total household income at or over 200% of the poverty line. In 2011 a family of 4 would have needed to make a minimum household income of $44,700 to be included in the study. The household incomes of middle-class participants in my sample reveal a broad definition of middle-class. While household incomes among this group ranged from $25,000 a year to as high as $350,000, the average household income was $101,000 and the median household income was $100,000. Because class encompasses dispositions and characteristics captured by dimensions other than income, I also considered mothers' highest level of educational attainment and occupation (DeVault 1991; Lareau 2003; Pugh 2009). In the case

of stay-at-home mothers, who had no individual income to report, I ascertained their education level and the income of their spouse (all stay-at-home mothers were married). Several of the single mothers I interviewed had incomes not far above the 200% mark, but were working towards an advanced degree (in two cases a Ph.D.). I therefore chose to include these mothers in my study. From a research standpoint, including mothers whose education and/or income levels put them among the lower middle-class compared to others in the sample proved analytically useful, for example revealing how these mothers interpreted their relatively low incomes as a meaningful barrier to certain eating practices associated with upward mobility and a desired identity as a good mother. Middle-class mothers received a $20 honorarium for their participation in the study.

As I noted earlier, I conducted only two of the ten total interviews with the poor/working-class Latina mothers in my sample. An English-speaking white researcher on my team conducted a third interview, and a native Spanish-speaking Latina researcher hired by the grant conducted the other seven interviews. I talked at length with both researchers about the themes I was particularly interested in, hoping that they would also home in on these topics. The research protocol was identical; the other two researchers wrote thumbnails immediately after the interview. Though these sketches helped me to establish a familiarity with these participants beyond their interview transcripts, nonetheless, this strategy was less than ideal. Despite the fact that the other two researchers and I used an identical research guide, our interview styles were somewhat different. In some cases this produced sparse data around some of the themes I was particularly interested in (e.g., breastfeeding, conflicts with feeding, the role of experts, and the way mothers assessed their children's body weight). I

communicated my goals for the project and discussed interviewing strategies with both

researchers at the start of the project. However, due to time and logistical constraints, I was

unable to check back in with them while data collection was occurring. Ultimately, my lack

of familiarity with seven of these participants prevented me from featuring their stories in

any of the following chapters. Nonetheless, their interviews provided important insights and

helped me to paint a more complete picture than I would have been able to do had I not had

these data at all.

In-Depth Interviews & Analysis

Interviews were conducted in participants' homes at a time that was convenient for

them. This strategy had three distinct advantages. First, this was a convenient location for

most participants. Second, interviewing in people's homes allowed me to observe their outer

(e.g., neighborhood) and inner (e.g., living room) environments. After each interview I wrote

a 3-5 page "thumbnail" or sketch, which included a rich description of participants' physical

appearance, their homes, and their neighborhoods. Finally, interviewing participants in their

homes allowed them to draw upon immediate resources—such as family photos—in order to

share their stories.

In-depth interviews are more than just conversations. They are opportunities, as

Herbert Blumer (1969:86) writes, "to catch the process of interpretation through which

[people] construct their actions." Interviewing involves the active participation and meaning-

making of both interviewer and participant (Holstein and Gubrium 1995). In an active

interview, the researcher maintains a balance between focusing the respondent towards topics

she wishes to learn more about, and following participants' leads and meanings. The focus of

this study was to examine how mothers make sense of health and weight, and how these meanings are shaped by broader discourses about these topics. In order to explore these meanings I designed an interview guide with open-ended questions, such as "How did the feeding go after the baby was born?" and "Tell me about mealtimes in your home." Asking open-ended questions has the distinct advantage of allowing participants to define and elaborate an event or situation as it occurs to them. I also showed mothers a video that was 32 seconds in length. The video is one of several short commercials created by Strong4Life, an anti-obesity campaign sponsored by Children's Healthcare Hospital of Atlanta. Near the end of the interview, after we have been discussing health topics, I played the video on an iPod for each mother to watch. I then solicited their opinions and thoughts about the video by asking open-ended questions such as, "So what do you think about the mother and the boy in the video?" Using the video allowed me to, among other things, capture mothers' interpretations of a real-life public health campaign, to ascertain how they visually interpret the meaning of dangerous or unhealthy weight, and to discuss their beliefs about the role mothers play in shaping children's health and body outcomes.

With participants' permission, I recorded interviews with a digital recorder. Interviews were professionally transcribed verbatim as soon after the interview as possible and my undergraduate research assistants and I systematically compared each audio file to the corresponding transcript to correct for mistakes in transcription. This strategy allowed me to begin coding as soon as possible so that I could identify emergent themes and elaborate on them in subsequent interviews. I analyzed the data using a quasi-inductive approach and according to the main tenets of grounded theory (Charmaz 2006; Glaser and Strauss 1967).

Unlike a deductive approach in which hypotheses are developed to test a theory, a grounded theory approach builds from observation up to theory. My approach was quasi-inductive in that my interview questions were designed to explore a gap in the literature: how mothers from diverse racial and economic backgrounds think about health and weight, for themselves and for their children. However, following the logic of grounded theory, I modified the interview guide when new themes emerged during the course of interviews. When it became clear to me in early interviews, for example, that experts play an important role in shaping feeding practices, I added questions about the books or other literature mothers read during pregnancy and during the early stages of feeding. Also, after realizing that organic food was a topic regularly discussed by middle-class mothers, I asked poor and low-income mothers about organic foods as well.

Each stage of analysis requires various forms of writing. Emerson, Fretz, and Shaw (1995:15) note that, "'Doing' and 'writing' should not be seen as separate and distinct activities, but as dialectically related and interdependent activities." I wrote detailed sketches, which I call "thumbnails," within 24 hours of conducting an interview. The purpose of writing thumbnails is threefold. First, writing thumbnails shortly after the interview helped me to accurately capture the details of the interview environment, as well as my first impressions of the participant and her story. Writing thumbnails also facilitated my early stages of analysis. In these writing I often made connections between mothers, identifying themes, similarities, and differences among their narratives.

I coded by hand and using the software NVivo. Both types of coding involved reading each transcript line-by-line and assigning short codes such as: "being a good

mother," "rhetoric of choice" and "protecting children." The initial round of coding was followed by several rounds of focused coding, which involved analyzing and elaborating upon patterns observed among the first several rounds of coding. During this phase I wrote memos to elaborate on the codes. For example, writing about the codes "control," "feeding children," and "cultivating good eaters" produced a longer memo that described a broader process I later called "feeding for the future."

As discussed earlier, I drew upon intersectional and feminist frameworks to analyze the study data. As a feminist researcher, I was focused on understanding women's narratives of family, food, and health within the confines of a patriarchal society, as well as within the broader web of practices and values—for example, seeing feeding work as women's work and holding women accountable for children's health—against which women interpret themselves and their lives. Analyzing women's narratives within these frameworks allowed me to understand how enduring socially patterned behaviors and practices come to bear on individual interpretations of particular events and issues.

As a critical health scholar, my research agenda involves examining how cultural, political, and economic processes shape particular ways of understanding and experiencing health, illness, and the body. My work follows a longstanding tradition of seeing the body and definitions of health as tied to processes of social control (Foucault 1988). A number of scholars question the moral underpinnings of using the word "epidemic," for example, to describe a pattern that has been inflated by changing BMI cutoffs, embellished by misleading statistics, and that has received an inordinate amount of attention from the media (see Campos 2004; Gard and Wright 2005; Saguy 2013). In this vein of critical scholarship, I

view fat and health panics as symptoms the body, or a society, develop to tell you that a process that you *can't see* is awry (Berlant 2010). In this dissertation I examine how the extraordinary attention mothers receive in the context of an obesity epidemic reflects the raced, classed, and gendered politics of weight, food production, and choice in contemporary American society.

Positionality & Reflexivity

My ability to relate to participants and to get them to share their stories with me was to some extent shaped by my own social location. Going into the project, I considered myself somewhat of an insider. At the time I was interviewing women/mothers for this project my son was 3 years old—roughly the same age as their children. Like most of the women I interviewed, I claim a heterosexual identity and am partnered with a man. I also felt that my working-class roots combined with my newly acquired middle-class status would help me identify with a diverse group of women. I also attempted to be mindful about the possible differences between myself and the women I spoke with. This included paying attention especially to how my experiences as a white woman/mother from the North have shaped my understanding of family, food, and health compared to the women I interviewed, most of whom were from the South and two thirds of whom were women of color.

As I discuss in the next chapter, certain body shapes are highly prized in American society. Thin or toned bodies confer respect, while other body shapes, especially fat ones, confer stigma. I have a thin body with very little fat. Thus I am aware that the interview participants may have read me as a skinny middle-class white woman, and this may have significance for what they were and were not willing to say. I began interviewing mothers in

the early stage of my second pregnancy, and continued to conduct interviews mere weeks before I gave birth to my daughter. As my pregnancy became more visible, I wondered if, perhaps being conscious of my impending labor, some mothers were not as frank in their discussions of their feelings around birth and breastfeeding as they might have been otherwise. To what extent this may have affected what mothers told me, I do not know, but I reminded myself regularly to be attuned to these various dynamics.

My data suggest that I was at least somewhat successful in getting participants to open up to me. I felt especially thankful when the women I interviewed allowed themselves to be vulnerable during the interview; mothers of color shared their experiences with racism, poor mothers described what it was like to run out of food, and middle-class mothers teared up when recalling the painful memories of breastfeeding. I never tried to hide my status as a mother. Just the opposite, I strategically revealed it when I thought it would help me to gain rapport. I sometimes commiserated with mothers about the difficulty of getting food on the table at the end of the day, or about the ubiquity of sugary foods in our culture. I laughed with mothers about trying to figure out how to use a breast pump for the first time. In these moments I offered only minimal information in the hopes of establishing credibility as an insider.

I engaged in several strategies in an effort to continuously recognize how my specific social location mattered for the research process. I was fortunate to be working on a large research team comprised of white, Latina, and African American researchers. The research team met weekly to discuss themes in the interviews. During these meetings we offered our frank and thoughtful observations about how, for example, researchers' race might be

shaping the interviews. Comparing notes, we found that black participants sometimes opened

up to the black researchers on our team more easily than to white researchers. On several

occasions, however, we found the opposite to be true. I also talked with fellow colleagues—

several of them women of color—to solicit their interpretations of my research process, and

to get advice. I also attempted to be reflexive through reading the research of others who

write about positionality (Blee 1998; Norum 2000), as well as writing thumbnails, memos,

and discussing my work with others.

ORGANIZATION OF THE DISSERTATION

My central argument in this dissertation is that good health, as it is currently defined,

promoted, and widely understood in American society, is an elusive ideal. And yet all of the

women I spoke with were familiar with a deceptively simple set of health behavior

guidelines, promoted by an array of health experts as a path to health. When I asked sixty

mothers each to describe someone they considered to be healthy, invariably I was told the

same thing: healthy people eat fresh fruit and vegetables, they drink water, and they exercise.

Put together, their responses began to sound like a health mantra—formulas, words, or

phrases typically used as objects of concentration:

> To be healthy?
> Eating vegetables,
> drinking water.
> I drink about two liters of water every day.
>
> I think that a healthy person is somebody who
> limits the sugars and the fat.
> And exercises at least three days a week.
>
> Who do I think is healthy?
> I have a new co-worker who is very healthy.

She exercises daily,
and eats a big salad for lunch every day.

I'm a very healthy eater.
I like to buy vegetables, fresh vegetables!
Fruits. I love fruit.
My son loves fruit.

I'm eating healthy.
I make sure I get plenty of exercise.
I drink plenty of water.
I just been eating right.

I feel healthier now than I did as a kid.
I don't know the last time I bought a TV dinner…
I feel like having a lot more fresh fruits, fresh vegetables.

The kids' snacks are mostly like cheese sticks, fruits, or veggies…
I feel like this is a really important time,
of building those habits of being healthy.

The school that my son goes to,
they have vegetables before they have their meal.
So it's always vegetables…
Vegetables every single day!

As they say, a plate should include all the colors,
Fruit, vegetables, beef.
And you must know how to organize it,
so they'll eat it right?[1]

Despite the ease with which mothers recited this mantra, their narratives of negotiating

weight ideals, feeding children, and attempting to make good health choices reveal how this

version of health eludes them. In the following chapters I explore the components of this

elusive health ideal and how mothers struggle to navigate it. In each chapter I feature the

---

[1] Stanza 1: CeCe, black middle-class; Stanza 2: Sasha, black middle-class; Stanza 3: Marta, Latina middle-class; Stanza 4: Ana, Latina middle-class; Stanza 5: Giselle, black working-class ; Stanza 6: Grace, white middle-class Stanza 7: Patience, black middle-class ; Stanza 8: Maggie, white middle-class; Stanza 9: Jackie, white working-class; Stanza 10: Flavia, Latina working-class.

stories of two mothers to illustrate a particular theme found in my interviews with all of the mothers I spoke with.

Chapter 2 illustrates how mothers struggle to disentangle definitions of health from elusive body ideals. Mothers' own ordeals with weight stigma and shaming profoundly influence this process. Their narratives reveal a tension between demonstrating "good" mothering by monitoring their children bodies—and by proxy their health—and demonstrating "good" mothering by protecting the self-esteem and body image of their children, especially their daughters. I argue that mothers strategically employ the concept of health as a discursive way out of this bind, but that in reimagining the healthy body they may be recreating an elusive ideal.

In chapter 3, I discuss how mothers confront intensive mothering mandates and pervasive concerns about childhood obesity through two particular feeding strategies— intensive feeding and practical provisioning. I show how mothers' feeding strategies are also an expression of their particular race, class, and gender locations. As mothers' articulate and discursively grapple with these particular feeding strategies, they also reflect and reinforce race, class, and gender inequalities and divisions. Finally, as I show, their feeding strategies offer them little relief from the demands of being held individually accountable for their children's health.

Chapter 4 analyzes how mothers embrace a powerful neoliberal rhetoric of choice to hold themselves, and other mothers, accountable for children's health. I argue that mothers' narratives align closely with neoliberal imperatives that ask individual consumers to take responsibility for health through "good" choice-making. Taken as a whole, mothers'

narratives reveal how their efforts to become the perfected neoliberal social actor through their health practices result in frustration and self-blame. Their stories tell us how choice-making is complicated and contingent on family and friends, which complicates the way health policies and health promotion campaigns tend to see individuals as having unconstrained power to enact health mandates.

In the concluding chapter I discuss the sociological implications of an elusive health ideal. I examine how attempts to embody this ideal lead mothers to engage in processes of othering and social distinction that serve to reinforce and reproduce race, class, and gender hierarchies and inequalities. I conclude with a discussion of how future research can apply a critical and intersectional lens to deconstruct the social, political, economic, and cultural dimensions of good health.

CHAPTER 2
NOT TOO SKINNY, NOT TOO FAT:
CONTESTING WEIGHT, INVOKING HEALTH,
AND REMAKING AN OLD IDEAL

INTRODUCTION

In what follows I describe how mothers navigate definitions of good health that are bound to an elusive weight ideal—what some mothers described as "not too skinny, but not too fat." All of the mothers I interviewed resisted the idea that adult women should have to look like models (i.e., be thin) to feel healthy, or to be seen as valued members of society. Against the backdrop in which they feel there is tremendous pressure for women to be thin, mothers express ambivalence about being overly concerned with their daughters' bodies. And yet they are well aware that their children's bodies are often interpreted as a sign of good (or bad) mothering. Mothers resolve this contradiction by focusing less on weight and more on the general pursuit of becoming healthy. In their efforts to redefine what constitutes a healthy weight, I argue mothers construct another elusive ideal.

WOMEN, WEIGHT, AND MOTHERHOOD

"Do you like your body?" I asked Tracy, a black middle-class mother who had agreed to be interviewed for my study. I held my breath, waiting for her response. As a woman, I know what a loaded question this is. Among American girls and young women, body dissatisfaction has reached what Grabe et al. (2008) call "normative levels." Approximately 50% of girls and undergraduate women report being dissatisfied with their bodies (Bearman et al. 2006) and 58% and 75% of high school girls and adults respectively reported having dieted at least once (Ackard 2002). After long pause Tracy shrugged the

shoulders of her 5'11" athletic frame and said, "Yeah, it's alright. It's good I think, for a 40 year old. Yeah, I'm fine with it." However, over the course of our interview, which lasted nearly 3 hours, I learned that weight is a fraught issue for Tracy. "See, for me, the problem when I was younger is that I was so skinny," she told me. "I got picked on. People said I looked like a boy, because I had nothing. I was long legs and flat chested. So for me, if anything, it was like, 'Why don't I have what everybody else has?'" Her feelings of inadequacy were only intensified when an elementary school classmate who took note of Tracy's underdeveloped breasts told her, "You'll never be able to breastfeed a baby!" Tracy's experience reminds us that although adult women face pressures to be thin, as children they may experience gender shaming for a range of body types. Girls' and women's bodies are subject to public scrutiny and stigma regardless of their size or shape (Elliott and Aseltine 2013).

The pressure women experience to maintain highly-prized thin, small, or sometimes subtly curvy bodies is complicated by the process of becoming a mother. Patience, a black middle-class mother told me, "I was pretty small, or a good size. And then after Keaton was born, I realized that he was only eight pounds and the other forty-two were mine to keep." Just as a woman's body is a cultural object of scrutiny, a mother's body seems to be nothing short of public property. After her son was born, Patience said family members told her, "Wow. You getting a little chunky." Even though her son was 6 years old at the time of our interview, Patience's eyes brimmed with tears as she discussed her struggles with weight. Patience said she tried to lose weight, but to no avail. "I didn't really have time. I was so focused on Keaton, and even now [I'm] still focused on him and my husband, and family

stuff like that." Patience's sentiments are in line with other studies that find women associate good mothering with putting the needs of children and men before their own (DeVault 1991; Elliott et al. forthcoming; Hughes et al. 2010).

Women are judged not only on the basis of their own body shape, they are also judged as mothers on the basis of their children's bodies. As I discussed earlier, experts, researchers, and public health campaigns view mothers as key players in the war on obesity (Coveney 2008), since they shoulder the lion's share of responsibility for feeding the family (DeVault 1990), and because consuming bad foods is thought to be the number one cause of overweight and obese bodies (Kessler 2009). Consequently, policy makers and scholars from an array of disciplines have sought to understand how mothers shape the bodies of America's future citizens. As I discussed in the introduction, these studies generally find that poor mothers and mothers of color are less likely to define their children's weight according to BMI categories than middle-class and white mothers. An analysis of how white and middle-class mothers assess their children's health and weight, or how they feed their children, however, is virtually absent from obesity research. This is despite the fact that 33% of adult white women are classified as obese (Flegal et al. 2010), as are 15% of white children (compared to 20% of black children and 21% of Latino children) (Ogden et al. 2010).

In what follows I feature the stories of two mothers: Kyla and Tricia. I chose these two mothers because, on the surface, they look different. They also appear to lead completely different lives. Kyla, single, poor, and black, is the mother of three daughters. Tricia is a married middle-class white mother of one daughter. Public discourse and research on obesity often portray mothers in these different race and class categories as fundamentally different.

Yet an in-depth discussion of their stories reveals their common concerns for their own weight, as well as the weight of their daughters. Their stories are therefore representative of the diverse mothers I interviewed, demonstrating how mothers challenge the notion that women and girls must be thin to be loved, which has implications for how they think and talk about their children's bodies. And yet their stories also demonstrate how their shared concerns as women and mothers diverge; being low-income and black (Kyla) and middle-class and white (Tricia) give these women different vantage points from which they construct meanings around health and weight. My focus therefore extends beyond these mothers' narratives to also examine what these interpretations can tell us about efforts to achieve contemporary health ideals.

Tricia & Kyla

When we spoke in April 2012, Kyla, an African American single mother, was 25 years old and living in Section 8 housing in a working-class community with her three daughters, Ignatia (age 10), LaShaina (age 8) and Jamiquia (age 6). She reported making $22,000 the previous year as a manager of a fast food restaurant, but was laid off. Kyla was looking for work at the time of our interview, but her high school diploma held little currency in a stagnant economy. Moreover, she was skeptical about the prospect of finding a job that would accommodate her family life:

> Right now I'm just trying to find something I can do around their schedule. I have to worry about a babysitter. But that's kind of hard, to find a babysitter between 8:00am and 2:00pm, and no weekends. And if they're out of school for a teacher's workday or something, like most jobs aren't willing to put up with all that.

Kyla said she picked up odd jobs when available, such as cleaning a neighbor's house, and was making ends meet by carefully rationing the meager amount she received in food stamps each month. Despite her best efforts, Kyla said they often ran out of food before the end of each month. Kyla didn't have a car, but she did have a reliable friend who gave her rides to the grocery store once a week. Though she told me she often feels despair to the point of not wanting to get out of bed in the morning, Kyla looks for the bright spots. She finds cooking to be a creative outlet, and emphasized the importance of making meals from scratch. At the time we spoke Kyla's children were not enrolled in school sports. "I just can't get them back and forth, and pay for things like is needed," she told me.

I interviewed Tricia, a 33-year-old white middle-class married mother, in August of the same year. Tricia was living in a gentrified urban neighborhood with her husband Jeb and their 2-year-old daughter Maya. Tricia has a master's degree and was working a part-time job in the health field with good pay and flexible hours. She was able to arrange her schedule so that she could stay home to care for Maya two days a week. At the time of our interview Tricia's household income was $130,000 a year. Tricia said she doesn't particularly enjoy cooking, but wistfully noted that someone has to do it since "It's not going to be my husband." Tricia's daughter Maya attends an expensive daycare. Tricia said they were willing to pay the extra money because she feels the "teachers really care about the kids." Tricia said Maya loves to be outside, and the school has "nice equipment" on the playground. Tricia said she spends her days off taking Maya to the gym, the pool, or story time at the local library.

CONTESTING AN IDEAL

On the surface, Kyla and Tricia appear to lead different lives. And to an extent, this is true. Yet despite their material differences, they also have some things in common. Both of these women live in a society in which appearance is considered to be a woman's most important attribute (Bordo 1993). Like many of the women I interviewed, they contested this ideal, for themselves and especially their daughters. When I asked Tricia if she had ever felt judged on account of her 2-year-old daughter Maya's body type, Tricia said that Maya, "definitely has, like, the little gut, which is super cute. But, you know, it's cute when they're little. I hope she always thinks it's so cute to have a little gut." Tricia's future concerns (it is okay for her daughter to be chubby and cute at two, but she may face body shaming later on if she maintains this body shape) are Kyla's current challenges. Kyla's middle daughter, LaShaina, has been the target of weight-based bullying at school since she was in kindergarten, yet Kyla said she personally likes LaShaina's "little chunk."

Kyla and Tricia's support for their daughters' "gut" and "chunk" respectively, stand in stark contrast to some mothers who described constantly worrying about how to slim down their children. For instance, Lanette, a white working-class single mother of five daughters, had been overweight her entire life. Now she was worried that her oldest daughter may be facing a similar situation. "There's lot of things that she'll miss out on because she's big," Lanette told me. "You know, dates and proms and—some of that don't really come natural to people who are big." Georgia, a black working-class mother who said that her family has a "fat gene," was adamant about preventing her five-year-old daughter from getting to the point Lanette described. "She's not going to be fat!" If her daughter began to shows signs of weight gain, Georgia said she planned to "put her on a little miniature diet or something."

Georgia perceptions of fat and the role she is expected to play in monitoring her daughter's body seemed to be informed, in part, by television shows like Jenny Jones:

> What's that show that used to come on, Jenny Jones? She used to do the show with fat kids all the time… she'd always do shows on overweight kids, and they'd be three and four years old looking like little baby sumo wrestlers...they'd have them sitting on the stage just wobbling around with a bag of chips and stuff. And the mom would be saying, "Well that's what they want to eat." And they're like, "But do you realize the baby's got a heart problem?" I'm like, it's okay to give them what they want sometimes, but not if it's going to make them sick, you know? And so yeah, [my daughter] would never get that fat.

Studies reveal how the media convey popular ideas about fat that incite panic and moralize the causes and consequences of obesity (Boero 2007). As I will discuss in chapter 4, the media and public health discourse also function to gender the obesity epidemic, portraying mothers of fat children as morally suspicious, weak, and ineffectual (Bell et al. 2009; Boero 2007; Lupton 2013). Within this context, Kyla and Tricia would appear to be challenging mainstream understandings of weight vis-à-vis their children's bodies, which some would consider outright alarming.

Yet Tricia and Kyla, like Georgia, would likely distinguish their own practices from those of the mothers on this show. Both women, for example, discursively aligned their parenting practices with mainstream understandings of responsible mothering: they emphasized the importance of cooking homemade meals and limiting unhealthy food choices like soda, chips, and ice cream. They also stressed the value of physical activity. Although

Kyla cannot afford to enroll her daughter in sports, she emphasizes the importance of physical activity; she plays "tennis" with the girls, using badminton rackets that she bought at Walmart. Tricia also noted how she was keeping her daughter active. "We've been swimming a lot this summer, playing in the sprinkler a lot, and she likes to garden with me a little bit, dig in the dirt."

As I will explain, the way that Tricia and Kyla interpret their children's bodies is deeply shaped by experiences of having their own bodies scrutinized. They contest the idea that a woman's worth should be tied to their weight. And yet they are negotiating the meaning of health and weight during a time period when the stakes are high; being thin not only garners women respect and positive social status, it is also generally regarded as a sign of good health (Aphramor 2005). Mothers felt they and other women were walking a fine line, however, as some regarded thinness with suspicion and as a sign of unhealthy eating habits. As I will discuss, while mothers feel like they are on strong moral ground in rejecting the prevailing assumption that a woman's worth should be tied to her weight, they are less sure about embracing a body size that may be associated with unhealthiness or bad mothering.

"I'm Not Really a Weight-Conscious Person": Constructing Resistance

American culture, according to Sharlene Hesse-Biber (2006:208), sends a powerful message to women: only the beautiful and the thin are valued and loved. This assertion is supported by decades of research, revealing how the media and social institutions reinforce a "cult of thinness" (Hesse-Beiber 2006; Kilbourne 1994). These findings resonate with my own experiences as a woman, therefore I anticipated hearing "confessions" like the one

Reece, a middle-class black mother, shared while we sat talking at her dining room table. I asked Reece how often she thinks about her weight. Without hesitation she candidly replied, "When I wake up in the morning. I think about it because there is a scale in our bathroom, so I get on it to see what it is. And then I'll be [like], 'I didn't need that doughnut.' I think about it often." I was therefore a bit surprised when Kyla and Tricia initially claimed to be impervious to the pressures women face to cultivate thin bodies. When I asked Kyla if she had she ever felt judged about her own body size, or her children's body sizes, she admitted that the pressure is there, but described herself as exempt from it:

> I mean, it just seems like in America, especially when you open up a book and a magazine and you see the celebs, you know, and the world say, "You're supposed to look like this and look like that." Sometimes it is hard because the world has this image that is supposed to be—but I feel like you should go according to how you feel. If you want to be 500 pounds, then be 500 pounds. I just feel like people should be whatever makes them happy, however it makes you happy. But at the same time, you should be healthy and not ruin your life, I guess…I mean if I gain weight, fine. If I lost weight, fine. Like I'm not really a weight-conscious person, I guess.

Kyla's desire to be "good with my size" contradicts images of thin bodies found in magazines, advertisements, and television shows (Kilbourne 1994) and the negative psychological impact these images have on women (Grabe et al. 2008). Gender scholars criticize the way fashion media in particular contribute to body-image and eating problems (Bordo 1993; Hesse-Biber 1996). Kyla's concern about living in a culture filled with unhealthy depictions of weight and beauty was not unique. Greely, a white middle-class

mother worried that her daughter will face the same pressures Kyla names. Greely told me, "Adelle watches very minimal television. I get physically angry, frustrated, ill sometimes, when I look at commercials and what just, what is projected out there. I'm nervous about the day when she wants some stupid teenager magazine."

Kyla's narrative reveals an additional problem she experiences by contesting mainstream beauty ideals. Challenging slim bodies also entails challenge the idea of good health these body types are regularly associated with. "But at the same time, you should be healthy," she said. I asked Kyla to describe someone she considers to be healthy. Her response reveals how it is nearly impossible to define health apart from weight:

> A healthy person to me? What a healthy person should look like? Okay, how can I put it? The bones showing and the—like you know how you can get a magazine or something with the celebrities and they're all paper thin? It looks like they're, you know what I'm saying, sick? It looks like they're sick. Like, everybody's not meant to be the same size. Like my mom, she's skinny as a toothpick, but, you know, she's healthy. You know, she has a *little* chunk on her…I don't think it's a problem per se, I guess, being overweight. I feel like it's a problem being obese, just like it's a problem being anorexic, you know?…I like myself personally a little bit bigger. I was like 190 [pounds] almost, and I didn't like myself *that* big…so I try to keep myself at least 150 to 160, just to keep myself functionable I guess. 'Cause it's like the bigger I get, the lazier I get.

Good and bad health are routinely linked to weight when doctors, pediatricians, and social service health agencies use standardized measurements such as the BMI as a proxy for

general health status (Lupton 2013). The penalty for falling outside the standard weight boundaries, as Kyla suggests in her earlier quote, may include accusations of irresponsibility and a willful attempt to "ruin your life." Kyla resists the idea that either end of the spectrum—obese bodies or anorexic bodies—represents health. Instead, she envisions a middle ground, a world in which women are able to intuitively "find your own balance to where your body feels good."

Similarly, Tricia shares Kyla's disdain for living in a society that equates a woman's worth with her pant size. In the following, Tricia reveals how gender ideals intersect with mothering ideals to ramp up the pressures women experience:

> Tricia: I think society in general, I think is just really, uh, crappy toward women these days. Especially young moms who are supposed to be super cute and skinny and quickly lose their [baby] weight, which is just kind of terrible.
>
> Joslyn: Did you feel that pressure?
>
> Tricia: I did. But I think at the same time I feel like I'm—it makes me mad enough that that's the pressure, and I feel like it's so ridiculous that I resisted. So I feel all the pressure, but I don't actually succumb to it.

Kyla and Tricia both acknowledged the pressure they feel to cultivate a thin body, but presented themselves as women who resist these pressures. However, later in their interviews, both Tricia and Kyla would contradict these images of resistance. When I asked Tricia if she was ever hard on herself about her weight, for example, she said:

> I think mentally, maybe sometimes. But again, I don't have the willpower to go through with it. Like, I don't deprive myself of anything. But it's not just a willpower

thing. I mean, I'm also realistic. And I realize I don't need to lose weight. So I don't

need to deprive myself of ice cream or a cupcake or whatever.

According to her body-mass index, Tricia would be categorized as a "normal weight." Yet

she still experiences some angst about her body and eating. Tricia is able to keep the worry at

bay because she perceives that she is an acceptable weight. If she needed "to lose weight,"

Tricia suggests she would discipline her body. Moreover, her quote illustrates how avoiding

foods that mothers commonly cited as "unhealthy," such as ice cream and cupcakes, is tied to

the pursuit of thinness, not necessarily health. In other words, even though women regularly

identified certain foods as "unhealthy," as Tricia demonstrates, they may continue to eat and

enjoy them as long as their bodies do not reveal their indulgence. Kyla, whose body-mass

index would categorize her as "obese," also monitors her body. Below she describes this as

"only natural" for women:

> Yeah, like especially when you go and try to find outfits…I got a dress that shows a
>
> little pudge on my stomach. When I go out I want to suck it in. But I mean that's only
>
> natural, especially [for] women….So it's just part of being a woman, I guess. Having
>
> that insecurities of, "Do I look good? Do these pants go with these shoes?" Or, "Does
>
> this shirt look right?" You know? It's just all being a woman, I guess…I mean,
>
> sometimes it's [about] my weight. Sometimes I'm like, "Gosh, if I was smaller I could
>
> get in those pants." So it just depends on how the wind is blowing, I guess.

Why did Tricia and Kyla initially present themselves as women who are above caring

about their weight? As their narratives reveal, they are caught in an ideological and gendered

bind. Women are trying to achieve an elusive balance; they should be healthy, and healthy

typically means lean, yet appearing overly preoccupied with weight can also indicate an unhealthy obsession. Moreover, to varying degrees, the women I interviewed were ambivalent about embracing a weight ideal that many had spent the better part of their lives striving to embody, but that continued to elude them well into adulthood. The ways mothers interpret their bodies—and those of their children—is shaped by a powerful trajectory of weight-based experiences that involve scrutiny, shame, and struggle. The following offers a glimpse into how the women I interviewed learned to experience their bodies and respond to social pressures to look a certain way.

FROM CHILDHOOD TO MOTHERHOOD: THE OBJECT OF PRIVATE AND PUBLIC SCRUTINY

Jean Kilbourne, a leading expert on how the media influences the way women and young girls interpret their bodies, argues that the "tyranny" of idealized images of thin and oftentimes white bodies "makes almost all of us feel inferior" (1994:396). Weight-based anxieties are all too often a standard feature of women's psyches. As Kilbourne tells us, these anxieties can stem from repeated exposure to unrealistic images of women found in magazines and movies. They also stem from the interaction we have with family members, classmates, and well as brothers, fathers, and husbands. As feminist philosopher Sandra Bartky (1990:73) explains, "In contemporary patriarchal culture, a panoptical male connoisseur resides within the consciousness of most women: They stand perpetually before his gaze and under his judgment." Tricia's narrative provides insight into this process.

Growing up, Tricia was a dancer and felt pressures to be thin. Yet it was from home that Tricia received explicit scrutiny. "I was the really skinny girl," she told me. "Probably because I didn't like to eat very much, just being a picky eater. Um, and my dad was always

telling me I was too skinny. So I think I almost had the opposite pressure, like to eat more."

Conversely, Rebecca, a white middle-class mother, said that she went through a "chubby stage" in third grade, which prompted her father to "Yell at me to get outside and exercise and constantly make comments about how I looked. He was embarrassed." Jeanie, another white middle-class mother, told me: "My dad introduced me to his friends as his *biggest* daughter. Not his tallest, not his oldest—his biggest daughter."

Nowadays, Tricia is worried about the way her husband scrutinizes their two-year-old daughter, Maya, whom Tricia described as having "a little gut." She told me:

> I worry a little bit, because I think my husband does not appreciate what it's like to be a woman...[he makes] kind of casual comments about being skinny. I can't think of any he said. I mean, maybe I finally got him to stop saying it. But, you know, just like casual things, which he does not mean. He would never judge Maya, [but he will say] "Oh you can't be too fat," or "We're gonna make you really fast! You're gonna be a fast runner!" Blah, blah, blah. And um, I do worry about that.

Tricia said that she was fine with Maya's body right now, but she is beginning to turn an eye toward the future. She had already begun to wonder, for example, what might happen if Maya is considered chubby when she goes to school. And her concerns are not unwarranted. Research finds weight-based teasing and shaming is common among school-age children and that it can be detrimental to children's self-esteem (Janssen et al. 2004; Puhl and Latner 2007). Many of the women I interviewed recalled stories of being the target of schoolyard shaming. "I went to one junior high, and they were really, really, mean to me. And I really hated every day I went," Lanette, a poor white mother told me. Later in our interview she

said, "I want to be small. It's not that I'm not happy with who I am, because it's fine. But I just want to experience being small one time, you know? I want to know what that's like, because I've always been big."

Lanette's quote illustrates how weight becomes a visible badge, conferring access and feelings of belonging and social desirability. Her experiences, and those of other mothers I interviewed, reveal how obtaining this badge requires achieving an elusive body size. Women cannot be too fat, like Lanette, but they are also rejected for being too skinny. Larissa, a working-class Latina mother, became agitated just thinking back to middle school. "Oh my God! When I was in middle school I used to be so skinny, like a toothpick. I'm like, oh my God! And my brother used to get into a lot of fights because of that." Whereas Lanette wished she could be "small" just once in her life, Larissa was one of the few women I interviewed who told me she wanted to gain weight. Larissa said she weighed one hundred and twenty pounds, but she was hoping that she could gain five or ten more pounds. "I've been skinny my whole life," she explained. "So I guess I just want to gain a little bit more weight. But everybody just tells me like, 'Oh, you need to stop. You're good where you're at.'"

Tracy, a black middle-class mother, recalled an experience similar to Larissa's. Except in her case, her brother was the one teasing her and telling her she looked like a "boy." As she grew into adulthood, however, Tracy learned from others to interpret her skinny body as a feminine asset:

> Eventually I got older and realized, "Okay, I'm not so much looking like a boy." And
> guys actually liked that I have really long legs, and that I'm skinny and tall. And, you

know, as I got older the things that I got picked on for is the things everybody wanted

to be… like when I went back for my twenty-year reunion, like I was the queen, you

know? It was like, "I always loved you! I always had a crush on you! Oh Tracy,

Tracy, Tracy!" You know? Because everyone else was fat! It was like all these little

cute girls, all these little petite little [girls], you know, [that] everyone had wanted to

be with were [now] fat!

These stories reveal the extent to which others evaluate women's bodies and suggest how the

body becomes a symbolic ticket, or barrier, to belonging. Lanette has yet to achieve this

sense of belonging, and as an adult still strives to "experience being small one time." Larissa,

in contrast, still hopes to gain a bit of weight, even though co-workers and friends remind her

that her thin body is desirable for an adult woman. And Tracy's story—retold as a symbolic

day of reckoning—powerfully demonstrates the importance of the male gaze. It also shows

us how ideas about the body change over a woman's life course.

According to mothers' narratives, women do not get a break from pressures to be

thin, even when pregnant. Some women experienced weight anxieties before their pregnancy

was visible. Maggie, a white middle-class mother, found the early phases of pregnancy to be

the most difficult "because you don't really look pregnant":

You don't fit into the maternity clothes and you just feel kind of fat and ugly, you

know? And you are feeling bad, and you're like, "Nobody knows I am pregnant, I just

look fat. My thighs are huge," whatever. But then after—once you're pregnant, or

people can tell, then you're like, "Ah, I have a reason [to look fat]."

48

Similarly, when I asked Simone, a black middle-class mother, how she felt about her body as it changed during pregnancy, she told me: "That was fine. Because I didn't gain a lot of weight. So I was okay with the body part. I had an excuse to have a gut, so that was okay [laughs]." In contrast, Christina, a middle-class Latina mother, felt especially self-conscious about the weight she gained during pregnancy. As she explains, her negative perceptions of her growing body were exacerbated when her co-workers commented on her weight gain:

> Oh my God! At work everybody was like, "Oh!" [Mock sympathetic voice]. And actually, when I started to get, like, kankles, the people that worked around me would always be like, "I feel so bad for you." Because I just would waddle. I was one of those that waddled and, like, my thighs just—it was just gross.

Taken together, these narratives demonstrate how women are called to account for deviations from a "normal" or relatively thin body, and how their value and self-worth may be contingent upon these accounts. Despite popular images that portray black and Latina women as valuing bigger bodies, and even though some mothers of color were particularly resistant to images of thin white celebrities and shared their suspicions that white women achieve thinness through disordered eating, they struggled to define health and weight in light of pervasive stereotypes about black and Latino preferences for larger bodies.

Thicker, But Not Bigger: Remaking an Old Ideal

Feminist and critical race scholars theorize that women of color embrace alternative images of weight and beauty. For some, these alternative constructions constitute acts of resistance to dominant white norms. Black women may resist definitions of weight associated with the white oppressor, for example by approving of curvy or larger bodies, or

by constructing alternative definitions of beauty that emphasize personality traits such as style and attitude (Collins 2000; Lovejoy 2001). Lovejoy (2001) refers to this as an "Afrocentric aesthetic." Such "theories of protection"—the idea that women of color benefit from a cultural buffer from the tyranny of thinness—have received only mixed empirical support (see Poran 2006 for a review). Recent research finds that body dissatisfaction is high among women, regardless of ethnicity, or that white women may be slightly more dissatisfied with their body size compared to black women, but that the difference is negligible (Demarest and Allen 2000; Grabe and Hyde 2006). Others find that the initial link between being black and having a higher acceptance of larger bodies disappears once age, education, and BMI are accounted for (Cachelin et al. 2002; Gluck and Geliebter 2002). Body acceptance may be shaped by additional factors as well, such as skin tone. Drawing on survey data from a sample of black women, Thompson and Keith (2001) find that self-esteem is linked to skin tone, with lighter-skinned black women reporting higher rates of self-esteem compared to darker-skinned women. The impact of skin tone on self-esteem, however, was much weaker for women from a higher social class. These authors posit that higher income allows people to buy other esteem-boosting signs of success. These findings demonstrate the need to avoid homogenizing groups and to instead examine how raced, classed, and gendered experiences and meanings intersect in complex ways.

Contrary to theories of protection, which argue that being underrepresented in the media has encouraged black women to dis-identify with pervasive representations of thin white women (Poran 2006), some of the mothers I spoke with said that black women are dealing with a different issue: being overrepresented by negative and controlling images that

depict them as uniformly large. As Patience, a black middle-class mother told me, "Yeah, black women on TV, to me they are always overweight. Like not even regular but just on the other side of the scale. And you rarely see an overweight white woman on TV." For Patience, persistent media representations of what scholars refer to as the African American "mammy" (West 1995) reinforces stereotypes that being large is universally normal, and even desirable, for women of color:

> Patience: I know we are not small. But, like, the majority of us are not like huge like *Big Momma's House* and *Norbit*, and you know all kinds of…perceptions of, like, you know [on shows like] *House of Pain* the mom is huge and nothing seems wrong. But it's like, that's not even reality. But yeah, when black women are shown on TV, nine times out of ten it's like they are really big.
>
> Joslyn: How do you feel about that?
>
> Patience: I don't like it. It's not a good representation. And there's not that many of us on TV, so even if it's one [negative image], unless you kind of balance it with another one that's not so huge. It's not sending a good sign or message of how we look you, know? As we age, as we get older, you know it looks like we just get too scary. It's not a good representation.

In light of stereotypes that black people have a carte blanche acceptance for big bodies, and that such bodies are universally unhealthy, women of color walk a fine line in articulating resistance to thin ideals. This is how Patience negotiates this dilemma:

> I don't think that tiny is attractive. That is just my opinion. I don't think obesity is attractive, you know? I think that somewhere in the middle, maybe a size twelve, ten,

ten/twelve is decent. Like, that's not obese to me, you know? I think if I lose one size

or two sizes I'll be fine. Any more than that, as a grown woman? I don't see that, you

know? I don't see that. I would think that—I would say that the majority of black

women that I know, and black men, they do [prefer] you know, not skinny, but

healthy. Yeah, bigger but not fat. I think that's a fair assumption.

While mothers of color may invoke concepts such as "health" and "healthy" to reject bodies

coded white and middle-class, it is possible that doing so constructs an equally elusive ideal.

As Patience defines it, this ideal is "not skinny, but healthy…bigger, but not fat." Patience

articulates a middle ground that she is careful to articulate as "not obese." Yet her ability to

"be fine" with herself remains contingent on a pre-determined weight range (a size 10/12).

Other stories I heard from mothers of color also revealed how elusive "middle-

ground" body ideals are for them. In Ana's experiences, for example, Latino men prefer

"thicker" women, but not "bigger" women. Growing up, Ana said her family routinely

compared her and her sisters. Ana was "the skinny one, the pretty one, the smart one," while

her sisters were disparaged by family members for being *too* big. Our conversation illustrates

how elusive this ideal is:

Joslyn: From what you're telling me, it sounds like your sisters are not being admired

for being bigger?

Ana: There's a fine line. I mean yes, I would [say] thicker, not bigger. I would use

thicker, meaning, if you're thick in the right places.

Joslyn: So what's the difference between thick and big?

Ana: Thick is like, you know, you have thicker thighs or bigger butt. Um, but I think it's mostly like from the waist down...in Latin cultures if you have thick legs or a big butt, you're considered more attractive. However, there is a fine line. You can't be like really huge or have a big stomach…you have to be pretty even here [indicates face] and, you know, have your attributes down here [indicates breasts and waist] and you're considered sexy and attractive. But my sisters are a little bit over that, like they're beyond just being thick. They're bigger. So, that's not looked at, you know, with good eyes.

Ana's experience challenges the idea that men of color share a universal appreciation for heavier body shapes, specifically those that have round or voluptuous hips, buttocks, and thighs (Jackson and McGill 1996; Thompson, Sargent, and Kemper 1996). Instead, her narrative is in keeping with a study that finds black women feel pressure from black men to cultivate a body that is not too slim, but not too fat (Poran 2006). Ana perceives Latino men hold elusive expectations for Latina women's bodies: they must be "thick in the right places," which entails large breasts, a small waist, flat stomach, "thick thighs," and a "big butt." Ana said that throughout their lives her sisters—and one in particular—has been subjected to "ridiculous comments" about their weight. Ana said she sympathizes with her sister; she does not feel her sister should be judged harshly on the basis of her weight. Yet she also believes her sister should lose weight, in order to be healthy:

I think all of that [teasing] has affected my older sister a lot, like, emotionally and just mentally. You know, just taking all that in and internalizing it, you know? Now she's just—I feel like her self-esteem has gotten better, but the weight issue is always going

to be an issue for her. I feel like if she were to set her mind—'cause she's kind of like, "Oh, it's my body, I feel happy with it." She's kind of in that mentality. But I feel like, for her own health, you know—more power to her if she feels good and everything—but I feel like for her own health…she needs someone to be there with her, like someone to motivate her and go to the gym with her and stuff, because it's hard! And I tell her, you know, I know it's hard, but you know, it's something that you need to do for your own health… You know, studies show that obesity is the cause—is one of the main causes of diabetes, and cholesterol, and hypertension, and just so many diseases that I don't want her in the future to be diagnosed with.

My conversation with Ana reveals the slippage that occurred in my discussions of weight and health with other mothers I interviewed. At the beginning of our conversation, Ana described Latino men's body expectations as difficult to achieve. She interprets her sister's history of weight as a largely aesthetic issue for her family, and, acknowledging the psychological harm this has caused, she sympathizes with her sister. Yet she also draws upon pervasive health and obesity discourse that frame fat as medical risk controllable through the right amount of willpower and exercise (Saguy 2013). The past two decades have seen a proliferation of obesity prevention campaigns and awareness programs that convey messages about the dangers of fat (Lupton 2013). Poor women and women of color are often portrayed as a major contributor to this problem, which may make it challenging for them to talk about weight without considering the health implications. Fat is no longer just an undesirable body type (itself a relatively recent phenomenon); it is considered an "unhealthy" body type that is associated with myriad negative health outcomes.

Despite advocating for an alternative body standard, these mothers still struggled to make sense of the fact that the version of healthy bodies they embrace is routinely invalidated by standardized weight assessment scales like the BMI. For Simone, a black middle-class mother, the BMI contains a double dilemma. After I showed Simone a video clip of a controversial anti-obesity campaign aired in the state of Georgia in which a boy asks his mother, "Mom. Why am I fat?" Simone had this to say:

> I mean, it's obvious to me. I don't know if anybody could deny that they're both overweight, you know? But, I've seen when people just kinda, [do] not get real about it. For instance, in the African American community there's always this whole, "Well, those indexes are based off of what white culture…" you know?...I just think there's a lot of this like sweeping [statements] like, "We don't need to worry about that cause that's kinda like how white folks define what's fit." But to me it's just too obvious that they are [overweight]. So that's probably not gonna be a concern with [my sons].

Simone distances herself from other African Americans who she feels are in denial, or who do not embrace biomedical understandings of healthy weight. In doing so, she also constructs herself as a responsible black mother who will ensure that weight will not be a concern for her young sons. Yet Simone is conflicted about interpreting her own weight according to BMI scales. Like Kyla and Tricia, she feels standards of acceptable weight are narrowly defined. She is also well aware of the unfair scrutiny women's bodies receive in light of these standards:

Well, I tend to think—and this is just my own personal belief—that when I see people being labeled as fat, like in popular media, it's like "Really?" Like Beyoncé for instance. When she gained a little weight, I'm like, "Fat? Where?"…So those kind of things are discouraging, because I think that is based on a very Hollywood perspective of how much meat you can have on your body, or fat, or whatever it is. Um, so, I personally tend to appreciate curvier figures, and I'm not a lesbian! [Laughs]. But I just tend to appreciate curvier figures, but not overweight. But, that being said, when I'm looking in the mirror at myself I think that I'm a pretty decent size. But then I know that the numbers say that I'm slightly overweight. And so it's like, "Really?" So mentally it doesn't fit, you know? The numbers don't fit my perspective.

Simone and other mothers of color articulate a complex relationship between race and weight. They contest the "one size fits all" approach often symbolized by body-mass index (BMI) scales ("the numbers" as Simone puts it), yet they are still held accountable to these scales. Simone is aware that many in the black community view the BMI as an arbitrary standard created by "white culture" and "how white folks define what's fit." Though she seems to agree, she is also reluctant to identify herself with a group whose perceptions may be perceived as uneducated or subversive (e.g., identifying the values of the dominant white group as the source of the women's suffering). Yet even though the BMI scales say she is "slightly overweight," Simone feels she is as "a pretty decent size." The alternative, what Simone defines as "curvy figures but not overweight," is perhaps no less elusive or hard to achieve. As these women's narratives demonstrate, according to this ideal, women cannot be

too thin, but they cannot be *too* fat either. As I discuss in the following section, these mothers' struggles with issues of gender inequality, and the psychological scars they experience as a result, deeply shape the process of interpreting their children's bodies.

NEGOTIATING WEIGHT, INVOKING HEALTH: INTERPRETING CHILDREN'S BODIES

As I have demonstrated thus far, interpreting the body is shaped by enduring racialized and gendered expectations. These expectations—that women maintain thin bodies or bodies that are curvy only in the "right" places—are further complicated by the fact that weight is often used as a proxy for assessing overall health status. Women internalize the meaning of weight through their interaction with others and over the life course, from childhood to motherhood. Here I return to the stories of Kyla and Tricia to illustrate how these experiences shape the way they, and other mothers, interpret their children's bodies.

Kyla's Daughter

Kyla, the low-income black mother I introduced at the beginning of the chapter, proudly described each of her three girls in detail. Igantia, her oldest, is bookish and responsible, a miniature mother hen. She referred to her middle child, LaShaina, as "my big mama" and a fashion "diva." The youngest, Jamiquia, is Kyla's "firecracker"—outspoken yet polite. Kyla described Ignatia and Jamiquia as "tall and slim," but said that LaShaina is teased at school because she is "chunky for her age." When LaShaina was 5 years old, Kyla discovered that her daughter was labeled as "the biggest person" in her class:

When [LaShaina] was in kindergarten she was walking around the house real fast. I'm like, "What are you doing?" Like, she was power walking…She's like, "I'm trying

to lose weight because I'm the biggest person in my class and they always pick at me." So she's good now, though, because she's "Ms. Diva" and she's pretty no matter how she is. And I told her, "Everybody's not meant to be the same size." And me personally, I like her little chunk on her. I personally like it. And I told her the older she gets, the taller she gets, the more she'll slim out. She'll slim out. But she feels bad about her weight.

Kyla feels strongly that her daughter should not worry about losing weight, but she is aware that being the target of fat stigma can have repercussions. Kyla's assertion that her daughter can be "pretty no matter how she is," defies dominant beauty standards and is in line with some research that finds women of color may liberate themselves from white-coded beauty standards by drawing upon alternative traits or characteristics, such as spunk—or, in LaShaina's case, being "Ms. Diva" (Lovejoy 2001). Yet the tension between rejecting a pervasive norm and a desire to protect her daughter from weight-based shaming is palpable. At the same time that Kyla expresses support for her daughter's body, she simultaneously reassures her daughter that she will likely "slim out" as she grows taller. Kyla is caught between competing discourses of self-acceptance on the one hand, and mother blame on the other:

Like, I tell her, "If you feel like you want to lose some weight, I'll help you. We'll get you some water, we'll start, you know what I'm saying, walking—we'll start getting your diet together. But I wouldn't want you to do it unless that's what you want to do. Don't do it because that's what people want you to do. Do it because that's what makes [you] happy.

Kyla wants to help her daughter achieve a self-acceptance that transcends weight, yet this task contradicts the idea that good mothers protect their children from becoming fat. Like all of the mothers I interviewed, Kyla is aware of television shows and media campaigns that routinely stigmatize overweight children and blame their parents. Echoing this powerful health discourse, Kyla informed me that LaShaina "doesn't eat no more than her sisters eat. If anything, she eats less. She just eats more variety, but if anything she eats less than her sisters eat." Perhaps as a way to affirm the merits of her own parenting practices in this particular regard, Kyla mentions other parents, who she suggests are to blame for their children's weight:

> I think parents should take responsibility, especially like those episodes with Maury: "I Feed My Kids Whatever They Want." You can't do that with children. There's plenty of times to tell them no, because it's not healthy for them. You got to be able to tell your child no, because it's not healthy.

Experts and pervasive obesity discourses reinforce the idea that mothers are responsible for their children's weight. Yet they rarely capture the complexities of mothering, or how these complexities shape mothers' interpretations of their children's bodies. Within the context, as I have described, the body becomes symbolic terrain. Taken as a whole, mothers' narratives suggest how their own bodies were a site of scrutiny from childhood to adulthood. Their narratives reveal how children's bodies are often interpreted as the physical evidence of good mothering, yet when it comes to their daughters' bodies especially, they are also the terrain upon which mothers can advocate for an alternative image of worth. Finally, the body is also a site for the experience of intersecting raced, classed, and gendered meanings. In the

following passage, Kyla notes that it is especially important that her daughters support one another and not tease LaShaina for her weight because "that's all they got is each other:"

Joslyn: Do the girls ever tease each other about her weight?

Kyla: They have. I get on them really bad about that though, because they're sisters and I really influence them to be—they're very close because, like I said, that's all they got is each other. That's all they got is each other. Like I tell them, "It's going to be enough with people out in the world that's going to make you feel bad about yourself, and call you names, and make you feel like you're nothing. The last person in the world that should do it is a family member, especially your sister." So I get on them really bad about that. "You shouldn't make—talk to your sisters and make them feel any type of way you don't want anybody else to make you feel." So I always get on them about staying close. I stay on them.

Kyla's response flows from her experiences as a poor black women and marginalized mother. Kyla has no illusions about a world where people of color and poor people are called names and made to feel "like you're nothing." She sees unconditional acceptance and mutual family support as a path to surviving these indignities. However, while conveying the message that she and her daughters can love their bodies the way they are, she must find a way to account for her (scrutinized) practices as a low-income black single mother. These findings add nuance to the scholarly argument that mothers (and mothers of color in particular) do not recognize when their children are classified as overweight. On the contrary, Kyla is aware that she and her daughter would be considered overweight in light of mainstream weight standards. Yet mothers perceive that pursuing this ideal may conflict with

60

their desire to help their daughters feel dignified and worthy, and to build their positive self-esteem in a world that will "make them feel bad about themselves." Their stories reveal how there is more to weight than meets the eye.

Tricia's Daughter

Tricia also rejects mainstream weight standards for her daughter. And like Kyla, she struggles to accept her own body and her daughter's in light of these standards. Kyla is fighting sexism and racism outside the home, and sees family unity as the front lines of defense. Meanwhile, Tricia struggles within her family to protect her daughter from weight stigma. Tricia's husband places what she called an "unsaid pressure" on her and her daughter to live up to his weight standards. Worried about the pressures Tricia's husband puts on her daughter to be thin, and anticipating that Maya will face the same pressure Tricia experienced growing up to look like a "perfect model," Tricia feels that becoming a "frumpy dorky little girl" may protect her daughter:

> I just feel like [she'd] be happier like that. I would like her to be happy in herself and not happy because she's popular, or because she has pretty hair or is popular with the boys. I would like her not to be popular with the boys. Maybe that's a big part of why I want her to be frumpy and dorky.

Like Kyla, Tricia wants her daughter to develop positive self-esteem and to be "happy in herself." Her hope that Maya will become a "frumpy dorky little girl," reveals a deep desire to protect her daughter from the male gaze—a gaze that has led the mothers I interviewed to feel a good deal of shame and guilt about their bodies. It also assumes, however, that frumpy and dorky are not attractive and will protect her daughter from boys' attention.

Remember that Tricia said her daughter has a small "gut." I asked Tricia how she might feel if her daughter's body shape remained the same as she got older. Her answer is telling of the multiple fears that shape how mothers interpret and resist hegemonic ideas about femininity and the body:

> Um, I think I would be fine with it as long as—as long as I felt like she was active and still knew she was eating a good diet. I mean, if that's her shape then I think I personally would be fine with it. I think that's when I would start worrying, if *she* would not be fine with it. 'Cause I mean it's sad that even at that age—maybe not for a tiny little belly—but I think for some of these obese kids, I think they do realize at that young age that they are fat. And kids start making fun of them for being fat. And they start hearing they're fat and things like that. Um, but I mean, I feel like as long as she was healthy, I would be okay with it.

Tricia and Kyla express two central concerns. The first relates to the pervasive phenomenon of women and young girls being judged on the basis of their body shape. Mothers struggle with their own bodies, and they do not want to pass this legacy on to their daughters. Thus they advocate for self-acceptance and a more inclusive definition of acceptable weight. Yet, as I have shown, there is much as stake for mothers who contest dominant weight ideals. Tricia fears that if her daughter's "tiny" belly becomes bigger, she may be the target of weight-based teasing and shaming common among school-aged children today (Janssen et al. 2004; Puhl and Latner 2007). Her fears are well-founded, as illustrated by Kyla's daughter's experiences at the tender age of 5. Herein lies the dilemma: For both Kyla and Tricia, being good mothers means fully accepting their daughter's bodies, especially if they deviate from

narrowly-defined norms. Yet this version of good mothering contradicts dominant understandings of good mothers as those who protect their children from becoming fat.

Tricia and Kyla strategically invoke the concept of health to negotiate this dilemma. Tricia says that she will continue to accept her daughter's slightly pudgy body, *but only if* it poses no risks to her health. Similarly, Kyla says she will help her daughter lose weight, *but only* if her daughter is doing it for herself and not because of social pressures. In this way Kyla and Tricia bridge the dilemma of positioning themselves as supportive and responsible mothers who promote the health of their children, while also confronting what they see as harmful weight expectations.

Employing the concept of "health" as a stand-in for weight was a strategy other mothers used to navigate their way through oppressive weight expectations. Maricela, a Latina working-class mother, and her co-worker were trying to lose weight and formed a support system to encourage each other. According to Maricela, her co-worker was not initially on board with changing her eating habits to lose weight. So Maricela changed her approach. "Let's not look at it as a diet," she told her co-worker. "Let's just look at it as getting healthy. So she agreed to do it with me."

Gwen Chapman (1999) argues that the term "dieting" has gone out of vogue, to be replaced by what she calls a "healthy-lifestyle approach." According to this approach, a holistic well-being or "healthiness" is privileged over the idea of dieting, which carries connotations of short-term benefits and eventual failure. Similar to the way Maricela refers to dieting as "getting healthy," Chapman finds that the women in her study reframed dieting in moral terms like "becoming aware" or "conscious" of the body. Far from signifying a radical

transformation in the way women view weight and the body, Chapman argues that "healthy eating" may simply be a new, and more socially acceptable, way for women to engage in self-regulation and self-monitoring.

Mothers' strategic use of the word health was also bound up in their fears that their daughters would learn to value excessively thin bodies. Maggie, Jeanie, Grace, and Greely—all white middle-class mothers—told stories of family members who battled with anorexia, in some instances to the point of hospitalization. Their fears that their daughters might succumb to social pressures to be excessively thin have led them to focus less on bodies and weight and more on "health" and "healthy." Maggie, a white middle-class mother, provides an example of how health is strategically employed in the context of fears about eating disorders. Maggie's sister-in-law had spent a good portion of her adolescence and early adulthood struggling to overcome anorexia. Maggie and her husband Mike had therefore developed a particular sensitivity to weight issues. Maggie told me:

> Mike's really conscious about not making any comments about weight, or body, or "finish your plate." 'Cause one time I [said to my daughter], "Well, we don't eat that, because it's fattening." And Mike was like, "Can we say unhealthy? Or, not a healthy choice? Or something like that? Can we not use the word fattening?" and I was like, "Yeah, that's a good point," especially having two daughters, and things like that. So we just don't focus on that. We just focus on what's healthy.

Maggie's description of this conversation reveals how "health" may be used to strategically circumvent the negative connotations of words like "fattening," for example.

Some mothers seemed to go a step further by employing the concept of health as a way to reject conventional ways of thinking about food and the body. Jeanie, a white middle-class mother, saw her step-daughter struggle with anorexia for years. Now, it is something that is on her radar with her own daughters, ages 7 and 5. "So it's definitely something that's on, you know, it's in our consciousness, and sort of paying attention to it and trying to set things up," she told me. Below Jeanie describes her attempts to reframe the meaning of weight by emphasizing strength and endurance:

> Some of this is very conscious on my part. So, things we tend to talk about are, you know, if we're out on a bike ride or we're hiking and [my daughters] start complaining about being tired…[I tell them] they're getting a little tired, "because you've been working your muscles. But you're growing stronger!" And it's sort of focusing on being strong, and on being healthy, and not focusing on looks [or] using the words "fat" and "skinny." And we purposefully don't use those. And actually it really annoys the living crap out of me that they call them skinny jeans and not something else!

Whereas Maggie replaces the negativity of "fattening" with the positivity of "healthy," Jeanie rejects the idea that her daughters should strive for thin bodies in the first place, and instead emphasizes the value of strength and endurance as indicators of good health. Yet not all mothers feel they can reject body mandates outright. It is possible that mothers like Jeanie and Maggie can do this because they already have relatively thin bodies. And yet, as I have tried to show, all mothers face the challenge of demonstrating good mothering vis-à-vis their children's bodies, but in ways that foster positive body image and high self-esteem.

CONCLUSION

Researchers construe mothers as the gatekeepers of their children's health, and are therefore perplexed by findings from surveys and focus groups that mothers often misclassify their children's weight according to the BMI. These findings are based on comparing the way mothers describe their children's bodies with their children's BMI measurements. This approach sets up a power dynamic in which researchers are privy to ostensibly objective interpretations of the child's weight, while mothers' subjective interpretations are assessed using a false dichotomy: they either correctly identify their children as fat, or they do not.

Examining mothers' narratives, I find a number of contradictions that complicate current understandings of the way mothers think about health and weight. Contrary to the prevailing idea that black and Latina women think differently about weight than white women, I find these mothers articulate a number of common concerns and beliefs. Moreover, I argue that the way they interpret their own and their children's weight is shaped by prevailing gender, health, and parenting expectations. Girls' and women's bodies are publicly and privately scrutinized, and they are penalized for not conforming to ideal body shapes. Further, mothers are warned about the risk of projecting negative body images onto their young children, especially their daughters, yet they are exhorted to produce healthy and fit children. These contradictory expectations create dilemmas and anxieties for these mothers.

The concept of "health" may offer mothers a way around the dilemma of monitoring their daughters' bodies, without overemphasizing weight. In a context in which mothers fear reproducing body dissatisfaction, "health" becomes a discursive way around thinking about the body only in terms of weight. Yet, as these women's narratives reveal, health is often

code for thin (or not "too fat"). The concept of health is thus constructed in relation to intense social pressures put on women to be thin and the social problems they are believed to lead to—such as low self-esteem and disordered eating. The tension mothers experience navigating weight ideals that they experience as harmful, but that are widely considered to be a proxy for good health, makes the embodiment of good health precarious and elusive. In what follows I discuss how mothers strive for good health through particular feeding strategies—a process that also reveals contradictions, struggle, and anxiety.

CHAPTER 3
INTENSIVE FEEDING AND PRACTICAL PROVISIONING: NEGOTIATING FOOD, HEALTH, AND MOTHERHOOD

INTRODUCTION

Previously, I argued that mothers are ambivalent about prompting their daughters to be overly concerned with eating and weight. Yet, their narratives also reveal a deep internalization of the notion—promulgated by health officials, public health campaigns, and even other mothers—that what they feed their children can have serious social and health repercussions. In this chapter, I discuss the feeding strategies that mothers articulate in response to obesity discourse as well what sociologist Sharon Hays (1996) calls an intensive mothering ideology—the widespread expectation that mothers spend extensive time and energy cultivating children and tending to their needs.

While writing this chapter, I encountered a poignant example of how intensive mothering mandates shape the feeding work mothers engage in. The following passage comes from the book *The Good Mother Myth* (2014: 53):

But I want to be a Good Mother; try as I might, I can't let go of the idea that I simply won't be one unless I somehow transform myself into that mother in the online cooking videos I have watched over and over again—you know her, she's the only one who smiles into the camera as she sautés vegetables from her own garden while her toddler sits happily on the high chair next to her, eagerly shoving lentils and spinach into his mouth. I've somehow convinced myself that unless I find my inner Julia Child, my daughters' taste buds will never properly develop, rendering them

completely unable to ever appreciate subtle tastes and complex flavors. Even if they

do somehow manage to survive their deprived childhoods, my girls will probably

grow up to be obese and sick, unable to become productive, capable members of

society. They'll never hold down jobs or develop and maintain healthy romantic

relationships. They will, quite simply, never be happy. All because I don't cook.

This passage was written by Carla Naumberg, a self-described PhD, mother of two, clinical

social worker, and writer. It illustrates how the work of feeding is shaped by an image of

perfection that all mothers are encouraged to aspire to—a mother happily exposing her

children to foods, and children happily eating these foods and developing an appreciation of

subtle tastes. Like Naumberg, some of the mothers I interviewed felt that failing to embody

the iconic Julia Child would inadvertently cultivate obese, and therefore unhappy and

unproductive children. And yet, there is something that this passage does not explicitly

articulate: This image may be one that speaks especially to affluent and highly educated

mothers. As I will discuss, while Naumberg's version of perfect feeding is an ideal all

mothers must contend with, it is not one that all mothers think is realistic or say they aspire

to.

To examine this issue, I highlight the stories of Marta and Jackie. Marta, a middle-

class Latina mother, articulates an *intensive feeding* strategy, which includes heavily

monitoring and restricting what her children eat. For Marta, food is the centerpiece of daily

life. It is also a cultural project that involves cultivating her children's food tastes and habits

in ways that express and reinforce middle-class values. The story of Jackie, a white working-

class mother, reveals a strategy of *practical provisioning*. This strategy is characterized by an

embrace of moderate eating practices and food ideologies. Jackie rejects the idea that good mothers must go to extremes to feed their children, and instead describes setting basic boundaries around food. Yet like intensive feeders, practical provisioners are well aware that they are being scrutinized for what they feed their children. The protection and monitoring strategies described by all of the women I spoke with reflect the intense pressures placed on mothers to cultivate healthy future citizens. They also reveal how uncertain mothers feel about this process.

Marta & Jackie

I interviewed Marta in her spacious two-story home on a balmy spring day in 2012. Marta, who is 36 years old, lives with her husband Jay and their two sons, 7-year-old Pablo and 2-year-old Christos. Marta grew up in Mexico and completed her graduate degree in the United States. Afterward she married Jay, an American, and they bought a house in a suburb outside a small city. Marta portrayed herself as someone who makes important decisions around food. For example, Marta said she and Jay chose their neighborhood because of its proximity to good walking trails and a grocery store. "I was particularly interested that I could actually walk to the grocery store if I really need to, or bike…I wanted to have the option of not feeling like I was stuck in the middle of nowhere and could only drive," Marta told me. She has lived in this neighborhood for eight years and has yet to walk to the grocery store, but she likes the feeling of choice.

Marta works in the health field and emphasized the importance of nutrition throughout our interview. She keeps up on the latest reports, many of them circulated in her workplace, about which foods are healthy and which ones to avoid. Combined, Marta and

Jay make $100,000 a year, which gives them the freedom to shop at various grocery stores in order to get what Marta feels is the best food for the best price. Marta and Jay also belong to a community supported agriculture program; each week they select foods from an online menu offered by a local farm. Sometimes they pay as much as $28 a week for these fresh fruits and vegetables to be delivered to their door.

I interviewed Jackie, a white working-class mother, the same spring. Jackie, her husband Larry, and their blended family live in a modest ranch-style home in a newly built subdivision on the outskirts of a small city. Jackie is 45 years old and has three daughters from a previous marriage, two of whom live with her and Larry (24-year-old Heather and 18-year-old Hope). Larry is Jackie's second husband and together they had Leo, who is now 4 years old. Jackie likes the neighborhood they live in. It is safe and quiet, although she wishes there were more children for Leo to play with. Although Jackie was financially better off than many of the low-income and poor mothers I interviewed, she was just getting by. Jackie stayed home to care for Leo and the family tried to make ends meet on Larry's annual salary of $40,000.

Jackie said that she liked to cook, explaining to me, "I guess it's a nurturing thing." Yet she also discussed the downside of this work: "It can be fun, or it can be just another task, like doing dishes and laundry. Sometimes [it's] like, 'Oh geez! Now I got to cook,' you know?" Unlike Marta, Jackie said she and her family rarely sit down for a meal together. "I never know what Larry's schedule is going to be. It would be nice if it was like the good old days when everybody just sat down at the table for dinner, you know? It's just not like that." Although Jackie acknowledges the importance people place on family meals, she also

pointed to their impracticality given the demands of money shortages and unpredictable work schedules.

As I will argue, these mothers' stories reveal how food and feeding are powerful symbols of social status. They also illustrate how mothers draw upon widely shared beliefs about certain food and feeding practices that both reflect and reinforce class divisions. Marta's emphasis on taking control and heavily monitoring everything her children eat speaks to a middle-class parenting style of intensely cultivating children with an eye toward the future (Lareau 2003). Mothers invested in an intensive feeding strategy see themselves as responsible and educated consumers compared to other parents who allow their children to eat Cheetos and bring pre-packed lunches to school. Some of these mothers characterize other mothers as "thoughtless" for not engaging in intensive feeding strategies and for missing the opportunity to advance their children's health, as well as their futures more generally.

Mothers like Jackie, in contrast, say they shop for convenience, buy based on price, and eschew the notion that people can completely purchase their way to good health or that mothers can always control children's eating. Those who articulate a practical provisioning strategy see themselves as balanced and practical in comparison to those mothers who they feel go to extremes when feeding their children. And yet Marta and Jackie face common struggles: both measure their worth as mothers against an elusive health ideal, and both face criticism despite their best efforts to achieve this ideal. Mothers such as Jackie worry their feeding strategies may be interpreted by WIC staff, pediatricians, and those mothers who subscribe to intensive feeding as too permissive. Meanwhile, mothers engaged in intensive

feeding, like Marta, often face criticism from friends, family members, or media for being too extreme in their feeding efforts.

MOTHERING AND FOOD

In her landmark book *Unequal Childhoods*, Annette Lareau (2003) describes distinct parenting styles that reflect, and ultimately reinforce, deep class divisions in U.S. society. Lareau observed that the middle-class parents in her study engaged in a parenting style she refers to as concerted cultivation. These parents actively fostered and assessed their children's talents, opinions, and skills, managed their leisure time, engaged children in extended negotiations, and intervened in all areas of the child's life. Through this time-consuming strategy, Lareau argues, middle-class parents transmit values and skills that typically have high currency in middle-class institutions, and that also foster a sense of entitlement in their children. In doing so, they are preparing their children to assume a position among the middle-class.

In contrast, working-class and poor families enact a style of parenting Lareau calls the accomplishment of natural growth. Growth under this parenting style is often self-directed. Parents provided children with basic sets of rules and boundaries, and allowed them the freedom to develop from there. While this strategy privileges the development of independence and problem-solving, Lareau argues it did not always translate successfully in educational settings and other areas dominated by middle-class values. This set the stage for conflicts that often resulted in a sense of powerlessness and frustration for the poor and working-class parents she observed.

My data suggest that, in many ways, the feeding practices articulated by the mothers I interviewed are an extension of the parenting styles Lareau describes. *Intensive feeding* involves time-consuming food production and consumption, as well as concerted efforts to instill in children a middle-class eating identity. In contrast, *practical provisioning* captures a practical stance toward food, and entails setting basic boundaries around where and when food can be eaten and otherwise letting children grow into their tastes.

Lareau argues that the two parenting styles she delineates do not necessarily involve conscious attempts to reinforce class boundaries. She writes that, "Like breathing, child-rearing usually seemed automatic and unconscious. Parents were scarcely aware that they were orienting their children in specific ways" (2003:239). Yet the mothers I spoke with often expressly contrasted their feeding strategies to those of others. Mothers who described intensively feeding their children frequently distinguished their own feeding strategies by contrasting them with the practices of mothers who they assumed to be less educated. Similarly, those who described a practical provisioning approach articulated an acute awareness of "rich people's foods" and critiqued what they considered to be excessive or obsessive behaviors of middle-class parents. My analysis reveals how mothers' feeding strategies, and the meanings of food, are also shaped by women's experiences in racial hierarchies.

INTENSIVE FEEDING AND PRACTICAL PROVISIONING

Intensive Food Labor

An intensive feeding strategy is underscored by a belief that good mothers devote significant amounts of time to developing children's tastes and protecting their health. This

strategy involves shopping at multiple grocery stores for the best deals on foods thought to be healthy, buying organic food when possible, reading labels in order to avoid consuming chemicals, dyes, or hormones, and teaching children about nutrition, including how to read labels and value and devalue certain foods. These mothers often described their efforts as nothing short of an exhausting daily routine. Yet they continued to strive toward this version of eating, in the hopes that their efforts will produce healthy, distinct, and ethical eaters.

The behind the scenes labor involved in women's feeding work is well documented (DeVault 1991). Among the mothers I interviewed, those who subscribe to intensive feeding talked about surveying family members' food preferences, searching for online recipes, and grocery shopping at multiple locations in between and around hectic work schedules. As Marta explains, she and Jay are "one of those families" that shop at different grocery stores:

> We take turns in the sense that we're one of those families who buys in different stores. So, my husband is usually in Boardwalk Heights on the weekend. And so he'll go to Trader Joes, 'cause there's some things that we like there, like the cereal is cheaper. He can get organic apples that we try to get for the kids. So, he'll do that trip.

Despite the fact that the middle-class mothers I interviewed reported an average annual household income of $100,000, they still talked about the prohibitive cost of food, especially organic food. Shopping around for the best deals was time-consuming. As Marta describes below, it also required mothers to expend a significant amount of mental and emotional labor:

I try to figure it out. For years we've been going back and forth with the whole

organic thing. Like, for a while I was like, "Oh, it can't be that bad." But when I had

kids I started thinking, "Well, they're so little and everything that they're eating over

the years—." So, for both of them I bought either the organic baby food that was

already pre-made, or we bought organic stuff and made the food.

Part of what makes intensive food labor so intensive is the amount of time and energy

mothers described dedicating to food work. This involves mental calculations that account

for ever-changing food advice, as well as physical labor, like making baby food from scratch.

And yet mothers felt like this was the best model to follow if they wanted their kids to be

healthy.

These mothers' practices and beliefs are reinforced by their peers. Rebecca, a white

middle-class mother was the first among her peer group to have a child. After her daughter

Grayson was born, Rebecca said she "hardly made any of her food." But when Rebecca had

her second child a few years later, she decided to do things differently. She explained, "By

the time Jax came around we knew tons of people with kids. And you've spent all this time

talking to other moms, and I just heard of people that had made their baby food. And I cook

and garden, so we get fresh vegetables. I don't know, it was appealing to me."

The change in Rebecca's feeding strategies after having her first child parallel recent

calls for mothers to intensify their feeding labor (Cairns et al. 2013). In the context of what

experts define as an obesity epidemic, there has been a concomitant call for mothers to return

to the kitchen (Bowen, Elliott, and Brenton forthcoming; Maher et al. 2010). These cultural

messages are bolstered by elite food pundits and gurus who suggest that people will be

happier and healthier if they slow down and take up cooking meals from scratch (Pollan 2013). Julie Guthman (2003) argues that proponents of health food movements strategically contrast images of a healthy organic food consumer with images of an unwitting and slovenly consumer of fast food. In doing so, they reinforce the idea that people who buy organic are reflective and responsible, while those who eat fast food are lacking basic knowledge and self-control. As Elaine, a white middle-class mother illustrates, mothers who embrace an intensive feeding strategy draw upon these concepts to make sense of the time investments they make on behalf of their families:

> [I shop at] Kroger and Costco, and once in a while Harris Teeter if they have, like, the super triple coupons or super double coupons or something. [I] just try to watch money as best we can just 'cause, you know, I'd rather spend less money and have to work harder to prepare it, because I feel like it's, you know, the convenience is really great and all, but it's more money and sometimes not as healthy and more packaging. So I have to weigh [it out]. Usually I put my time as the least important factor, which sucks, but, you know, whatever.

Elaine's description of her intensive food provisioning echoes other studies, which find that sacrifice is seen as a hallmark of good mothering (Elliott et al. forthcoming) and that feeding the family is a gendered form of labor that privileges the needs of the family over women's personal needs (DeVault 1991). The intensive feeding strategies that Marta and Elaine describe also speak to cultural imperatives to protect what Viviana Zelizer (1985) refers to as the "priceless child." Zelizer argues that historical events beginning in the late 1800s— including changes in child labor laws and compulsory education—shifted cultural views of

children's value. Whereas children were once viewed as productive members of the household economy, by the turn of the century they were increasingly being seen as emotionally priceless members of society, whose childhoods were to be protected (Rutherford 2011; Zelizer 1985).

Skipping ahead to the 21st century, the mothers I interviewed described engaging in time-consuming efforts, such as buying what they perceived to be the healthiest foods in order to protect their children from potentially harmful hormones or additives. Their narratives of food provisioning also reveal an interesting paradox. Food is considered to be a source of potential harm on the one hand. On the other hand, food can be used to promote or fix health. This process is illustrated by Maggie, a white middle-class stay-at-home mother. Maggie worries that her oldest child, Fern, is beginning to exhibit early signs of an attention disorder. When friends and family suggested to Maggie that eliminating certain foods from Fern's diet might help calm her daughter down, Maggie embarked on the time-intensive process she describes below:

> [Fern's] been having all these behavior issues. I'm kind of like, "Maybe it's diet?" So that was one of the reasons for giving up the sugar. And [then] I was like, "That doesn't really seem to be helping." And so I'm definitely giving up foods with dye— which I'm now realizing tons of things have dye, like marshmallows have dye in them—'cause there's been the correlation between that and increasing ADHD in people who already have it, like making it worse. So we're cutting out the dyes and then trying to not do dairy with her. But that just started yesterday, until I realized that there was dairy in the waffles I give her. And so, it's started today. And so, I think

78

that while I was [already] cooking most of the stuff, I'm going to be doing more,

because everything has dairy in it.

Narratives of intensive feeding reveal a seemingly never-ending anxiety surrounding the work of feeding the family and protecting children. Maggie's efforts can be understood as part of a broader project of intensive mothering and risk-reduction in the 21st century (Faircloth 2010; Wall 2001). As Maggie demonstrates, mothers may feel pressed to continuously expand the boundaries of their intensive labor to include ever-shifting nutritional advice coming from a variety of sources.

While this feeding strategy engenders a certain amount of pride, as well as a hopefulness that children are receiving the best start in life, many of the mothers I interviewed who embraced intensive feeding had to defend their practices from others who accused them of being over the top or too obsessive. Michelle, a black middle-class mother, said she was criticized by her husband's sister, who thinks Michelle's food policies deprive her daughter of happiness:

One of the ladies [in his family] says, "Oh, Myra, she should come, let her stay with me for the day or something. And then she can get out of the cage that you have her in, so she can have fun." I say, "What do you mean? She has fun. Are you saying because she's not eating chocolate and ice cream"—Granny gives her ice cream at 10am.Yes, I'm completely against that.

And yet, not all middle-class mothers embraced the intensive food labor that characterizes this feeding strategy. Tracy, a black middle-class mother, is a good example. Tracy grew up in a family of modest means. She had plans to go to college, but had delayed her entrance

when, shortly before graduating from high school, she discovered she was pregnant. Not long

after her son was born, and with help from family and social service programs, Tracy

enrolled in a full-time nursing program at a local community college. By the time I

interviewed Tracy she had all of the accoutrements of middle-class life: a spacious home in a

middle-class suburb, an expensive car, professional dress clothes, and a job as a nurse.

Despite all outward appearances, however, Tracy did not always feel like an authentic

member of the middle-class. She told numerous stories of the race-based discrimination she

had experienced in various institutions, such as the workplace and at her children's school.

White people in particular, Tracy explained, routinely reminded her that she was not a *real*

member of the middle-class because she was black.

Tracy described a mix of skepticism and resentment when it came to the intensive

feeding practices she witnessed among her white peers. As she describes below, unlike her

white counterparts, Tracy feels it is important to place limits on the time she devotes to her

children. She invests a lot of time in her work, which she likes and finds rewarding. She is

also the primary breadwinner in her family. And yet she also suggests that resisting intensive

mothering is difficult:

> Nutrition is a really big topic, because it has a lot to do with tradition, and culture, and
>
> finances, and lifestyle, and whether the parent works or not. I can tell you, I have felt
>
> inadequate at times in that area, especially if I'm talking to a mother who is like a
>
> stay-at- home mom. [Imitating stay-at-home mother] "And I baked cookies last night
>
> for little Suzie, and I get up and I made the biscuits and I was like making them from
>
> scratch, and I've been up since so and so, and I made them breakfast and I packed it

and now I'm going to make this from scratch." And I'm like, seriously? Like really? [My kids are] lucky if I go to Food Lion to buy it. Like, that is a hassle for me, to make me go to the store when I don't feel like going. Like, I would rather just go online and have it shipped to where it's supposed to be than have to just do it. And then there's a mother up the street who's like that. She had this birthday party for her daughter and she made everything from scratch. They made their own cupcakes. She did a beautiful job with the birthday party for her daughter. But then, you know, I hear how stressed out she is and how she's got so many obligations and she can never say no and [she says to me] "Tracy, I just don't know how you do it!" And I was like, "Because I have learned the art of saying no. I ain't gonna. And I don't have to give you a reason why. Like, I don't owe you an explanation, I just don't want to do it." And I was like, "People will impede on your time, especially when you're a stay-at-home mom. They're gonna impede on your time."

Tracy is proud of having earned a nursing degree, while being a single mother. "It turned out to be a very good thing," she explained. "I had moved a lot, and had a lot of different things happen, so I've always been able to have a job. So it's been a blessing." However, competing demands, in particular the mandate that good mothers should spend intensive time laboring at home in service of the family, sometimes leave Tracy feeling inadequate. Tracy's use of the name Suzie, also makes it clear that she is comparing her own worth as a mother to the intensive food efforts she feels are the hallmark of her *white* middle-class female counterparts, such as making food from scratch for all occasions. Tracy's discussion of the seemingly never-ending boundaries of intensive food work reveals how intensive food work

is negotiated at the intersection of race, class, and gender.

Practical Food Labor

A practical provisioning strategy is underscored by the philosophy that good mothers make sure their children have enough to eat, and that they are eating relatively balanced meals. Those engaged in a strategy of practical provisioning articulated a skepticism of the extremes they perceived intensive feeders going to in order to put a meal on the table. For these mothers, there is great wisdom in the adage "everything in moderation."

A practical provisioning strategy is also shaped by complex work, childcare, and transportation arrangements. Recall that Jackie never knew when her husband would be home for dinner, which made it impossible to sit down for family meals. Similarly, Lanette, a white working-class mother worked the night shift at a job thirty-five miles away from her home. Lanette relied on her sister to watch her children after school each day, and to feed them dinner in the evenings. Some of the mothers who articulate a practical provisioning approach timed grocery shopping around social service programs, such as WIC and food stamps benefits that are distributed at the same time once a month. Kyla and Keisha, both poor black mothers, described having to negotiate complex transportation arrangements in order to buy food. Both of these mothers told me they preferred to shop once a month, stocking up on everything they needed in one trip. Keisha usually caught a ride with her uncle to the grocery store. If he was not available, she would have to take the bus, toting her two small children and whatever groceries she could carry back to her house.

Time, money, and transportation contingencies necessitate an approach to provisioning that is cost-effective and that does not deplete a mother's precious network

resources. In this context, the goal of feeding is to provide children with *enough* nutritious foods. Practical provisioning entails a combination of making foods from scratch, and also using boxed, canned, and pre-packaged foods in order to make mealtimes nutritionally balanced and convenient. And yet a practical provisioning strategy is not just about money. Descriptions of practical provisioning also suggest that the mothers who embrace this strategy place a premium on their own time.

Like Marta, Jackie said that she used to grocery shop at multiple stores. But eventually Jackie stopped, noting that the process wasn't worth her time and energy:

I used to try to go to different stores and get the better deals, but that's such a headache. And it really comes down to if you go to Walmart, you're—I mean there might be a couple things that are a little off in price, but I think in general you're going to get a better price. And I don't care anything about name brands, you know, or anything like that. If you look at the backs of the product it's the same as the well-known name brand. It's the same exact thing.

Mothers like Jackie described a sense of pride in treating food as a matter of practicality— striking a balance between cooking good meals and stretching a dollar. Jackie said, "You kind of feel proud of yourself for making something yourself, and stretching the money to make it go further… I mean I've always felt that if I was to win the lotto or something I would still do the things the way I'm doing it because it works." Jackie later told me that if she were to change anything about the way she shopped, it would be to maximize her efficiency and food security:

[I would] probably make one grand list, get me a couple huge freezers, and go and

buy everything that I had to get, so I could be stocked up for like a month at a time,

and be organized about it…I don't know if it's a real good deal going to Sam's or not.

I've had people say they save money, but I don't know if it is or not. But there's not

one anywhere near here. It would be too hard to plan to go there and get things in that

big a bulk, but if you could go somewhere like Walmart and get a good deal and stock

up on enough so you're not constantly running back and forth to the store and stock

up on all your, you know, household items, it would be nice not to have to keep

running back and forth all the time, you know?

Unlike an intensive feeding strategy, those who valued a practical approach to provisioning

rarely described micro-managing their children's eating. Nor did they worry about engaging

their children in extensive discussions about nutrition. The approach they described consists

of making rules about where food could be eaten, or how much could be eaten. Like those

engaged in intensive feeding, mothers who embraced practical provisioning also had an eye

to the future. These mothers felt that teaching children to develop moderate eating habits

would enable them to enjoy food, but not in excess. For example, Jackie described trying to

find a balance between preparing foods she knew Leo liked, and making sure he was getting

good nutrition:

[Leo] loves apples and peanut butter. You know, I try to steer him away from, you

know, too much of something. Like, he loves chicken nuggets, but I try not to give

him that too often. And I try to introduce new foods to him because he doesn't know

what's good and what isn't. And he changes his appetite a lot.

84

Like an intensive feeding strategy, practical provisioning is informed by the ubiquitous

expectation that mothers steer their children toward good eating habits. Practical eating

strategies further involve setting basic boundaries, and rarely include banning foods entirely.

Mothers' narratives of practical provisioning also delineate the limits of food labor. Janelle, a

black working-class mother told me, "We not people that be in that kitchen constantly. We

don't do that. At certain time a night I'm turning the lights off in the kitchen." Janelle

emphasized instead the importance of fostering self-control when it comes to eating:

> Like I said, I do try to make sure that they do eat healthy. I don't try to force a lot of
>
> fast food on them…I don't let them go in there and just eat cookies after cookies after
>
> cookies. I don't like stuff like that. I really hope that when they do grow up and
>
> become young men that they will keep the right ideas in their head about eating. I
>
> hope they don't just start eating, eating, eating, to the point that they can't walk
>
> through that door. But I'm hoping that they keep the right little minds and eat pretty
>
> healthy.

Practical provisioners emphasize the value of all things in moderation. This means that

children are allowed to eat some processed foods, like chicken nuggets, fast food, and

cookies, as long as they do not eat it all the time. In contrast to the ever-expanding

boundaries of intensive feeding, a practical provisioning strategy is underscored by the belief

that putting boundaries around food labor is both convenient for mothers and teaches

children important lessons about moderate food consumption.

These mothers did not see their provisioning strategy as making tradeoffs when it

comes to the quality of their food. They saw their approach as one that was relatively healthy

and mainstream. Although few mothers actually mentioned the iconic Food Pyramid (replaced in 2011 by "MyPlate"), they nonetheless described ideal meals that nearly always included a combination of fruits and vegetables, grains, meat and some dairy. This is how Melissa, a working-class white mother, described her version of ideal health:

> Just to kind of keep a healthy balance of your own weight—I know obesity is a big thing these days, obviously, especially with kids—just really about eating healthy and eating in proportion…just eating everything that's in the food groups really. Meats, you know, you got your vegetables and fruits, and your wheat, and like breads and pasta. And just eating a little bit of everything, making sure you get you know all the nutrition out of them—every part of the food group.

Moderate eating centers around the notion of balance. And balance includes eating "a little bit of everything," including sweets. Melissa explained: "People think that, you know, you have to cut out sweets when you're on a diet. That is so not true. Really, it's all about proportion." Those who articulated a practical provisioning stance reject the idea that cutting out particular foods altogether is realistic or desirable. They also emphasized the value of what some mothers referee to as "regular" foods, both in terms of being economical and nutritious. In contrast to one study, which finds that low-income mothers strived to eat like the middle class (Cairns et al. 2013), as I will show, mothers who embraced a practical approach to provisioning rarely expressed a desire to engage in intensive or elite feeding strategies.

FOOD AS DISTINCTION

Mothers' discussions of food provisioning and preparation reveal how food is about more than filling children's bellies. In his germinal book *Distinction*, Pierre Bourdieu (1984) argues that food, among other things, is a medium through which people distinguish themselves as belonging to a particular class. The production of class differences through food occurs at the institutional level as well. Expensive potato chips, for example, are marketed to upscale consumers by using complex language and by emphasizing the product as "natural" and authentic (Freedman and Jurafsky 2011). In these marketing practices, food companies and advertisers draw upon and reproduce the idea that achieving good health is a distinctly middle-class concern. The mothers I interviewed similarly draw upon classed meanings of food in order to construct a particular identity as a "good" mother. Moreover, I show how mothers grapple with "othering" and being "othered" (Schwalbe et al. 2000) through discussions of food from their particular race, class, and gender locations.

Intensive Feeding: "I Gotta be Very Thoughtful."

The mothers who articulated an intensive feeding strategy, with a handful of exceptions, were predominantly middle class and highly educated. Their narratives illustrate how intensive feeding is about transmitting middle-class values and tastes. This process of building a middle-class identity through talk of food is reflected in Marta's use of terms such as feeding "repertoires" and children's "palates":

Joslyn: And what sort of things do you make [for dinner]?

Marta: Um, pasta is a popular one. Um, chicken, um, I'm trying to think, what else do we make? Uh, we eat a lot of rice and beans. Um, sometimes if it's something quick, we'll do tostadas with beans and cheese. That's usually the repertoire. I've been

trying to introduce new things, but they're not kind of taking with the kids. So, like

quinoa, they were like, "I don't know what this is. I'm not eating this." I've done,

like, a barley risotto, and they say, "Okay, I'll eat it," but they weren't super excited

[laughs].

For Marta, feeding is not about slapping any meal on the table. Her use of the word

"repertoire" signals that mealtimes are not haphazard events, but are created using a stock of

skills and techniques. Throughout the interview, Marta described spending a significant

amount of time figuring out what combinations of foods her children would eat, and said she

tries "different presentations" to get her youngest to eat sweet potatoes. "I gotta be very

thoughtful," she told me. Despite feeling that she hasn't had much success, Marta perseveres

at introducing new foods like quinoa and barley risotto into her children's diets. And she was

not unusual in this regard.

Other mothers emphasized the importance of feeding children a variety of foods early

in life with the aim of cultivating diverse eaters. These findings resonate with Shamus

Kahn's (2011) ethnographic study of an elite boarding school. Kahn argues that the old elite

distinguished themselves through highly refined and expensive tastes (e.g., opera and fine

dining) while eschewing the vulgar tastes of the lower classes. In contrast, Kahn and others

(Turner and Edmunds 2002) assert that today's elite maintain their status by being "cultural

omnivores." Elite consumers carve out social distinction through cultivating diverse tastes.

And as Kahn notes, people rarely acknowledge the resources required to be a cultural

omnivore—such as cultural capital, time and money. Diverse tastes are thus often interpreted

as a matter of idiosyncratic preference or personal choice.

Cynthia, a white middle-class mother, emphasized the importance of her 2-year-old daughter Violet learning to eat a diversity of foods. Cynthia believed that she should start as early as possible because, she said, "Right now [Violet's] learning different flavors." Cynthia boasted that Violet already liked a variety of foods and has a good palate. "She will eat hummus, she'll eat guacamole, she loves peppers, she loves raw cauliflower, carrots, broccoli. Um, she loves green beans, she loves asparagus," Cynthia told me. Cynthia also takes great pride in having taught her teenage daughter Natalie how to eat a variety of foods:

> If Natalie is going over to her boyfriend's house, we want her to be able to sit down to the meal and eat what the mother-in-law or the, you know, his mother has fixed, without being picky about it. And she can do that. And most of her friends' parents will comment on what a great eater she is, because she has to eat things that she doesn't particularly care for...I mean Natalie has one friend that comes to our house to spend the night and she brings her own Pop Tart, because the only thing she'll eat for breakfast is a Pop Tart. Which, a Pop Tart has partially hydrogenated oils in it, so I'm never gonna buy a Pop Tart. She will eat spaghetti with butter on it. Only spaghetti noodles! That's the only pasta she'll eat, is spaghetti noodles. And no red sauce, butter, and no parmesan cheese! Butter. That's it. I mean, come on now!

For Cynthia, teaching her children how to eat a variety of foods, even foods they dislike, is part and parcel of instilling a middle-class habitus (Bourdieu 1984) in which the ability to suppress desires and tastes is seen as a sign of refined social skills and politeness. While Cynthia's approach to feeding parallels Kahn's (2011) analysis of how modern elites maintain their privilege through being cultural omnivores, her narrative also reveals that

distinction through consumption has its limits. Privileged social actors may outwardly value diversity only to the extent that it does not threaten or undermine their privileged social status (Kahn 2011; Wilkins 2008). As Cynthia demonstrates, intensive feeding is not a value-neutral strategy. An articulation of this position hinges on distinguishing one's own food preferences and feeding strategies from those of a "bad other."

This process was also illustrated in my conversations with mothers about fast food and school lunches, which seem to have become a bellwether of good parenting for some. In recent years Americans have experienced the emergence of an elite food landscape, replete with celebrity chefs, food experts, pundits, gurus, and foodie intellectuals like Michael Pollan, many of whom advise the public to buy locally-sourced, organically produced foods (Johnston and Baumann 2010). At the same, these elite foodies indict those who create and consume fast food, school lunches, and processed foods for contributing to an obesity epidemic (Nestle and Jacobson 2000). As Marta does below, mothers who embrace intensive feeding routinely contrasted their own children with others who eat school lunches, fast food, and prepackaged meals:

> I think most people don't think about what their kids eat, you know? And I see that with my son because he'll say things to me like, "How come you don't send Lunchables for me to school?"…And I haven't even looked at Lunchables to see whether they are good or bad, but just the idea of somebody packaging lunch meat and cheese into something that's more attractive—but, you know, he tells me that his friends have made fun of him because he has carrots or fruit or something. And they

tend to have Cheetos or Doritos. He used to ask for Doritos in his lunchbox. And I

was like, "No. I'm sorry." So, I mean, I think that other parents don't think about it.

Marta portrays herself as a mother who is not easily swayed by sly marketing techniques,

such as attractive food packaging. Marta recognizes that her policies may leave her son

hamstrung in the politics of cafeteria popularity, yet she constructs her choice as one that is

thoughtful and forward thinking compared to the parents who let their children eat Doritos.

Like Marta, other mothers who embrace intensive feeding acknowledge that rejecting

what they perceive as mainstream feeding practices may come at a price (e.g., their child's

popularity or children's complaints about the foods they are served). Yet an articulation of

these food preferences also means staking a claim to a particular kind of mothering identity.

That is, by disassociating themselves with mainstream eating, mothers distinguish their own

practices as more thoughtful, and thus healthier. For instance, Camilla, a middle-class Latina

mother, strongly feels that the iconic Food Pyramid is fundamentally flawed. Camilla

explained to me that for the past year she and her family had been adhering to a "Paleo Diet"

(Cordain 2011). Camilla liked this particular diet, which advises consumers to avoid eating

processed foods and starch, because it mimics the diets of "our ancestors":

I think that the traditional Food Pyramid is not—you cannot base your diet, your

whole nourishment for your everyday life, on slices of bread. I really go against that. I

mean, knowing what I know now, and eating what I have been eating for the past year

and a half, it goes against me. I would say it's even harmful. So, when I hear "well-

balanced diet" I sort of smile, because it's like, well, they all say the same thing and

it's just very ambiguous, you know? And it's just not giving you a right direction,

right? Or a clearer direction on what you should eat.

Camilla's eating regime contradicts the logic of mainstream feeding practices, such as those found in school cafeterias, which are largely guided by the Food Pyramid (Nestle 2007). Camilla packs her daughter's lunch each day. She told me, "I send her to school with a little bit of deli meat—turkey breast—and some cheese, and it's all no added hormones, no nitrates, anything like that, and strawberries, grapes, coconut flakes, you know, things that are dry and that'll stay okay if they're pulled out of the lunchbox."

Those who describe intensive feeding efforts construct themselves as educated and distinct eaters. This process is both supported by and reinforced through the adoption of strict or esoteric feeding practices like Marta and Camilla each describe. Such claims to distinction are also largely supported by the social milieu in which mothers work and live, and the resources to which they have access. Marta suggests that she knows more than the average person because of her line of work; she gets most of her information about health from the Internet. "I look it up, because I work in the health field," Marta told me. "You know you'll hear something and so I'll kind of go look and do some research." Similarly, Greely, a white middle-class mother who was teaching her daughter about the value of consuming "ethically produced" foods, has a "background in non-profit." Greely said that in her previous job she "used to teach kids about this stuff, you know, like about the food system. So, I know more than most people care to know [laughs]."

Marta, Camilla, and Greely distinguish their feeding practices by contrasting them to what they perceive as a large proportion of uneducated or unconcerned parents. Julie

Guthman (2007) argues that middle-class white food gurus, such as Michael Pollan, construct a similar argument: their food advice imagines a mainstream consumer with an insatiable urge to eat bad food, which, Guthman notes, Pollan himself seems to be impervious to. Guthman argues that this stance—devoid of an acknowledgement of the structural inequalities or cultural values that shape the way people eat and feed others—reinforces privileged and apolitical notions of the family meal.

Kristi, a white middle-class mother, told me that she usually makes meals from scratch, and with organic ingredients when she can afford to. Lately she said she had been trying to cook "more healthy," which includes carefully selecting her meat products. "I don't have any problem with consuming meat, I just want to make sure I know where it comes from. So I won't buy meat at the grocery store," she told me. For Kristi, feeding efforts are not simply about filling a child's belly with nutritional food. It is about cultivating children's tastes with foods that are imbued with a sense of ethics and social responsibility.

Mothers who endorsed intensive feeding felt especially guilty about feeding their kids fast food (and claimed to rarely do so). Marta said that she and her family ate fast food only on road trips. As of late, she was attempting to eliminate even these occasional visits to McDonald's. Her son was protesting the recent cutback. Marta gets flack about her fast food policy from other family members as well:

> I would tell [my son] that it was not healthy food, that it's bad for his heart, it's bad for your arteries if you eat too much of it. And I remember my sister one time saying something about McDonald's, and he said—I think he was like four—and he said, "But you know you could have a heart attack if you eat there too much." So I was

like, "Well, good, it's kind of sinking in"…[but] she just thought I was way too healthy. So, she just thought it was funny. She was like, "Okay, whatever. You have your four year old repeating this mantra." I'm like, "It's fine. I want him to know the difference."

Marta's retelling of her sister's reaction to her food rules illustrates how she and other mothers walk a fine ideological line. Marta's efforts to, as she sees it, teach her sons "the difference" between good and bad foods means she may also risk accusations of going to extremes. As I wrote this chapter, I was struck by the sudden proliferation of magazine and newspaper articles chastising mothers for going too far. *Parenting* magazine featured an article entitled *"How to Stop Helicopter Parenting,"* (Skolnik 2014) which claimed to help parents reconcile seeming contradictory pursuits: "Learn how to raise independent kids and stop micromanaging their every move." Similarly, one blog post entitled *"Helicopter Feeding: parents, you're working too hard and it's not helping!"* warns intensive parents that their efforts in the realm of feeding may have negative consequences (Rowell 2010).

And yet these messages contradict myriad others that link bad food and poor feeding to poor health outcomes. It is within this context that all of the mothers I interviewed mentioned fast food in hushed voices, issuing pre-emptive apologies. These moments, like the one I had with Kristi—a white middle-class mother who hopes her daughter will equate school lunch with the taste of cardboard—took on the overtones of a confession. "I hate to mention this," Kristi told me, averting her eyes to the floor, "but sometimes we did occasionally eat at Chick-fil-A. But I don't think we are going to be eating there anymore.

For a while, like every time I went there with [my daughter] I just felt horrible. I felt like I was being a horrible mom, feeding my daughter poison."

An intensive feeding strategy articulates something beyond putting food on the table. Mothers' accounts reveal how this strategy is tied to intensive mothering mandates. Narratives of intensive feeding also capture a cultural project tied to class. When mothers emphasize the importance of diversifying children's palates, or conversely when they describe teaching children to reject food found in mainstream social settings like schools, they are reinforcing important lessons about taste, class hierarchies, and distinction.

Practical Provisioning: "There's a Fine Line between Obsessed and Just Taking Care of Yourself"

Much like intensive feeding, practical provisioning is not a value-free ideology. These mothers contrasted what they described as a moderate and practical approach to putting food on the table to its ideological opposite: A person who harbors an unhealthy obsession with food. For example, Jackie mentioned that she wanted to lose some weight, but invokes an overly preoccupied "other" by noting that her efforts do not amount to a "life or death thing." Jackie constructs her own practices as more moderate and balanced:

It's more like, I'm not completely upset about a little bit of extra weight, but it would be nice if I could lose it. But I'm not going to hurt myself trying to lose it, you know? Like, being obsessive about working out and all those kinds of things and neglect— and not enjoy life in the meantime. Because if the reason to lose the weight is to be happy, it wouldn't make sense to completely ignore the foods I like and the things that I like to do and be unhappy in the process. You know what I'm saying? Like, if I

knew that there was—if I knew it was detrimental to my health, then I would be

aggressive about it, but I don't feel it is.

While intensive feeders describe their food strategies as their responsible attempts to instill

good eating habits and ward off health problems, Jackie suggests that caring *too* much about

food and weight result in another extreme: depriving people of joy in their lives. Jackie told

me, "Like, we've laughed about we're kidding ourselves if we try to say we'll never eat pizza

again, because it's not going to happen. We're going to eat pizza, right? That's just an

automatic. But we don't eat it all the time. You just have to, you know, take it as it goes."

Mothers who articulate a practical provisioning strategy emphasize the value of eating and

feeding in moderation, and suggest the futility of trying to achieve physical, or moral,

perfection through food. These mothers described consuming what a person likes and needs,

but doing neither in excess. This stance is also predicated on the belief, as Jackie reasons

below, that minimizing all risk is nearly impossible:

> [T]here's so many contaminants in the food, you know, hormones in hamburger and
>
> milk, different things like that. I mean you can't completely avoid all those foods. It's
>
> all in our system, you know? I try to take, you know, vitamins and supplements. I
>
> think that helps you, but I mean there's a fine line between being obsessive about
>
> things and just trying to take good care of yourself.

For intensive feeders, responsible mothering entails making a concerted effort to develop

children's palates, cultivating habits and tastes around food that distinguish them from

ostensibly "low-brow" eaters who prefer the taste of "unhealthy" foods. For those who

articulate a practical provisioning strategy, responsible mothering involves a careful balance

of paying attention to what and how much children eat. This strategy also includes periodic attempts to counter harm when possible. Yet they too walk a fine line between constructing their eating practices as realistic and emotionally beneficial, and acknowledging that they are not advocating a carte blanche approach to eating. Georgia, a black working-class mother, was emphatic about not giving up foods that taste good, even if some of them are construed as "bad." She explained, "See, that's why my kids should be okay, because I don't mind pizza and hamburgers and hot dogs and all that stuff. I'm okay with that, but not every day. Not every day." Georgia prides herself on allowing her children to eat what she later called "regular food," such as hot dogs, as long as it's not every day. Her feeling that her kids "should be okay" *because* she allows them to have "regular food" resonates with a concern expressed by mothers who embraced intensive feeding, who worried that this strategy might inadvertently lead their children to crave "bad" foods.

Mothers who advance an intensive feeding approach portrayed other mothers as dupes of pre-packed lunches, while those who advance a practical provisioning strategy portray intensive feeders as dupes of fancy marketing. Jackie explained, "I am always shocked when I see the things that people buy at stores and they just waste money." "Like what?" I asked her:

> Like pizza crust. Why do you spend all that money buying a pizza crust and doing it all in this big fancy way when you can buy a box of jiffy mix and make, you know, in a couple minutes make pizza crust, have more left in the box to make other things, you know, and when you make a homemade pizza you can use your leftovers of different things, you know? I mean, there's so many ways to cut corners, and then

people say that they're so broke and they buy nothing but name brand things, you

know, because they think it's better. It's just in their head that it's better…and it's not

that I'm a genius. I just paid attention, you know. So I don't get that. And then people

run out of food and things because they don't think ahead. I think it's silly, you know.

And I guess it's probably because I always had to pinch pennies, so I guess that was

just a way to do that.

Jackie compares herself to both "fancy," high-status consumers as well as the poor "who run

out of food and things because they don't think ahead." She is critical of mothers

(presumably middle-class) who play the status game of buying name brands, but is equally

critical of mothers who waste scarce resources and fail to plan ahead. In this way, practical

provisioners carve out identities as good feeders and good mothers amid the prevailing

assumption that good health is purchased through the consumption of name brand, organic,

and distinctive foods.

GOING ORGANIC AND BEING PURE: RACIALIZED, CLASSED, AND GENDERED
MEANINGS OF FOOD

In recent years concerns about feeding children have been intensified by consumers'

skepticism about the quality and safety of conventional foods (Magkos et al. 2006). Marta,

the middle-class Latina mother I feature in this chapter, said she started buying organic

among the foods that are currently listed among "the most contaminated," such as apples,

spinach, celery, and strawberries. Marta is not alone. One study of Canadian mothers finds

that intersecting ideals of motherhood and an ethical food movement encourage mothers to

purchase organic foods in an effort to preserve children's safety and purity (Cairns et al.

2013). Organic foods offer more than just a sense of protection, however. Organic food is

also a symbolic resource that mothers used to construct their identities as educated and "conscious" mothers. In this section I will build upon this analysis to show how the meanings of organic are interpreted from an intersecting raced, classed, and gendered standpoint . For some poor and minority mothers, pro-organic messages challenge the logic of their eating practices or cultural food identity, and they in turn say they resist embracing these foods.

Poor and working-class mothers are clearly aware of pro-organic messages, even if they can't afford to buy organic food, or if they resist these messages. Jordan, a poor white mother, surmised that others buy organic "because they don't have all the preservatives, the things that we can't read that's in them. You know what I mean? Like the different things that you can't even pronounce. Like, okay, that's probably not good for me in some way." Pricilla, a poor white mother, said she doesn't buy organic because she simply cannot afford to. But more than that, organic food seems to belong to a class of people that she feels are distinctly different from her. "The way I see it," she explained, "organic is rich people's food." Like Jordan, Pricilla imagines people buy organic food because "it has less preservatives and chemicals." Given this stance, I asked Pricilla if she worries about the foods she eats, and whether these foods have chemicals in them. She told me:

> Not necessarily. I mean, I don't let anybody here overeat…I mean, I'm not a scientist
> or anything but I don't feel it's as dangerous if it's regulated. Now if you want to go
> and eat junk all the time, then yeah, it's going to make you really unhealthy. Like,
> you got to kind of mix it in there.

Pricilla's narrative reveals how the food landscape is not dominated by a single discourse. Instead, consumers make sense of their food choices taking into consideration competing

discourses. In addition to the messages they receive from magazines, friends, and television, practical provisioners get messages from credible government agencies such as WIC. Ideas about moderation are drawn from these agencies, as well as national health campaigns that advocate eating a diverse plate, with grains, vegetables, fruit, and dairy, and meat, as well as smaller amounts of fat and sugar. Federal agencies in charge of regulating the foods Americans eat are essentially advocating an "all things in moderation" policy. They also do not stress a pro-organic message.

My conversations with mothers about the expensive grocery store Whole Foods illustrate how organic and "health" food does not appeal to all. When I asked Georgia, a working-class black mother, to describe someone she thought of as healthy, she offered the example of her sister-in-law, who shops at Whole Foods:

Georgia: Let's see. Probably the only person I know is my sister-in-law. She shops at like World Market—not World Market. What's the little health food store?

Joslyn: Whole Foods?

Georgia: Yeah, that one. Yeah, she eats the veggie chips and stuff like that… That's what I mean when I say filthy food, that veggie chips and the baked chips and all that stuff. Yeah, everything that has "light" in front of it. [My brother's wife] eats all that stuff. Her mother is a vegan or whatever, so she eats the tofu. I always said, "the tofu and the grass roots"…that's all I ever see her eat. I'm like, "What is that?" Yeah, some kind of little bean sprouts stuff and tofu and all that stuff. Yeah, holidays were always funny because, you know, [my brother] has to go down there with her family…and he'd come back with funny stories about what was served. And I'm like,

"Eew." Me and my sister would always take pictures of our plate and send it to him. "I bet you wish you had some of this, don't you? We'll save you a plate." We always make sure he's got a plate, because he's got to eat. You got to eat.

Compared to other mothers who described non-organic food as contaminated or poisonous, and who suggested eating organic food symbolized a particularly pure and wholesome way of life, Georgia characterizes organic food as dirty or "filthy"—as alien and unappetizing and even disgusting. Georgia grew up eating southern soul food: ham hocks, collard greens cooked with fatback, and biscuits. Georgia's mother-in-law, with whom she lives, cooks these same meals for dinner. Georgia described soul food as filling and a great source of pleasure. In contrast, organic foods, or what Georgia calls "tofu and grass roots," symbolize meals that are not only financially out of reach for many of these mothers, they are the practices of people who deprive themselves by going to extremes.

Intensive feeding expectations were also problematic for Yama, a black middle-class mother who, like Georgia, grew up eating soul food. Yama prided herself on eating and feeding her daughter balanced meals, which she told me consisted of "chicken, rice, and vegetables." Yet she also enjoys eating fried foods from time to time. Below Yama describes how fried is ideologically incompatible with organic foods:

It was probably like three years ago. Everything [I ate] was organic. I was a Whole Foods freak, but it was just too expensive. I remember we had organic turkey during Thanksgiving time. I was going to get those organic chicken, and now I'm like, Mmmm [no]—'cause now I'm like, "Why would you get organic but you still gonna fry it?" Does that make sense?

Yama reveals an important feature about organic foods: they represent a pure way of life and health, and should therefore be cooked in a pure manner. Conversely, public health campaigns have successfully conveyed the message that fried foods represent a less healthy way of eating. Yama poses an insightful question that lays bare this juxtaposition between healthy and unhealthy foods: "Why would you get organic but you still gonna fry it? Does that make sense?" Yama's question reflects the "all-or-nothing" character of modern health ideals, which speaks to images of perfection.

Given the historical association of fried foods with African American culture, it is not surprising that discussions of fried food were a prevalent theme among the black mothers I interviewed. For Yama, becoming a "Whole Foods freak" supported her identity as a middle-class mother. Yet it challenged her identity as a *black* middle-class mother. Patience, another black middle-class mother, makes the connection between "black" foods and "healthy white" foods more explicit:

A lot of us grew up eating those things we learned how to cook…it depends on where you grew up and what you could afford to eat. And you just carry that on from one generation to the other generation. So from the outside looking in it's like, "Why don't you just eat more broccoli? Do you know how to eat vegetables and fruit?" and stuff like that. I guess it's kind of difficult to explain. We want to be healthy. We want to know how to cook better, but not at the—a lot of us—not at the risk of starving or eating small tiny portions, or eating food that does not taste good. You know you trying to retrain your whole way that you do things. And there's really not

a whole bunch of black folks that can say, "You know what? If you like fried chicken,

you should really try this recipe that doesn't consist of fried chicken."

Patience's narrative illustrates a powerful tension she experiences in the middle-class

kitchen. She imagines an ostensibly white critic who questions why she doesn't eat more

broccoli, fruits, and vegetables. Patience invokes the collective black voice in defending

herself. "We" want to be healthy, but "We" are not going to starve ourselves (an implicit

critique of white women's eating practices). Like Yama, Patience struggles with a seemingly

impossible contradiction: How do you make fried chicken that doesn't consist of fried

chicken? The issue for middle-class mothers of color is that adopting (implicitly white)

eating practices may require rejecting the (explicitly black) foods many have fond memories

of. According to Patience, this requires nothing less than trying to "retrain your whole way of

doing things."

Eating organic was also foreign to working-class and some middle-class Latina

mothers, especially those who were relative newcomers to the United States. Isabella, a

Latina middle-class mother who moved from Mexico to the United States nine years ago,

observed a widespread concern among Americans about food contamination: "I believe that,

the hormones and everything. But we don't worry about it. When we moved here it's

amazing how much people worries about all this stuff. I don't think I was as stressed when I

was in Mexico. People [here] worries too much and I'm worried too much now." Cora, a

middle-class Latina mother, also grew up in Mexico. She said her son and husband prefer to

eat the traditional Mexican dishes she prepares. Cora never mentioned organic food, so I

asked her if she ever bought it. She recounted the one and only time she went to Whole

Foods with her husband Juan and their son Felipe:

> I still remember the day that we walked in there. I had won a $50 gift card from work.
> And I remember my co-worker Ted, he said, "Cora, I need you to go to Whole Foods.
> I said, "Ted, why do you want me to go?" He said, "Cora, I just need you to go." So I
> ended up going…I said, "God, it's so small in here." And then I said, "Okay Juan,
> let's buy meat or hamburgers," and then it was soy. We couldn't find no regular meat.
> I was like, "Okay, forget that." And then Felipe came out, "Can I get some chips?"
> When he went down the aisle to get chips [he said], "Mommy, they're all black,
> green, and different color." I said, "We can forget that." He said, "Mommy, can I get
> a candy bar?" I said, "Okay." He said, "Well where are the candy bars?" I said, "I
> don't know, forget that too"… Ted asked me, "How was it, Cora? I said, "It was
> horrible." I said, "It's not for me. It's just not. I mean, it's healthy. It's just not—
> organic food is not for me."

Not all middle-class mothers embraced a model of intensive organic feeding. For Cora,
organic foods are alien compared to the "regular meat" she is familiar with. Yet rejecting
these foods poses a tension—the same one Patience and Yama articulate—given that white
middle-class mothers and food gurus routinely associate organic foods with the production of
good health. As Cora puts it, "it's healthy. It's just not…for me." These mothers' narratives
demonstrate that feeding strategies are about far more than health; they are intimately linked
to class, race, and gender hierarchies and inequalities. Middle-class mothers of color
expressed ambivalence about embracing intensive feeding ideologies that reinforce dominant
white values while devaluing eating and feeding practices historically associated with people

of color. Poor and working-class mothers may likewise feel alienated from an elite eating culture that is financially beyond their reach or which embraces foods and feeding practices poor and working-class mothers view as tasteless or extreme.

CONCLUSION

The mothers I interviewed articulate intensive feeding and practical provisioning strategies that can only be understood by considering how larger race, class, and gender inequalities intersect with dominant cultural values and pervasive health discourses, such as a widespread belief in the merits of intensive mothering as well as rising concerns about a childhood obesity epidemic. It is against this backdrop, and from their particular social locations, that mothers interpret the meaning of food and articulate certain feeding strategies.

Pressures to keep children healthy and to be good mothers inform feeding strategies, and in ways that reproduce inequality. *Intensive feeding* involves teaching children how to think about and interact with food in ways that distinguish them from "common" eaters who do not mind the taste of "unhealthy" foods. In doing so, intensive feeding is partly about expressing and reinforcing one's membership to the middle-class. Just as Lareau (2003) finds that, through their concerted cultivation strategies, the middle-class parents in her study were preparing their children for future middle-class status, I argue that intensive feeding involves a similar cultural project. As other scholars have noted, such cultural projects of protection and monitoring are shaped by the broader concerns parents hold about their children's future success in the context of high income inequality and stagnating wages (Elliott 2012). In this context, middle-class mothers interpret food and eating as an important ticket to future success. And yet these mothers' narratives suggest intensive feeding is an elusive ideal,

characterized by a never-ending display of motherly love and intensive food labor. Elaine, a white middle-class mother, is working hard to do everything right according to this ideal. And yet, at the end of the day, she feels she still comes up short:

> Like I said, I just don't know what happens to the time. I am so frustrated! That's why I get so angry! I get frustrated cause I'm like, "I'm gonna make this good meal that's really healthy." I like to cook, 'cause it's kind of my way to show them that I love them. "This is my love for you guys!" And then I wind up at the end just, you know, grrr!, mad at the food because it takes me so long. Its like, how can it take an hour for me to do this when I've already cut up the carrots and the celery and all I'm doing is shoving it into a bowl?

Practical provisioning is underscored by an ideological emphasis on "everything in moderation," and is articulated in relation to intensive feeding strategies. Practical provisioners emphasize the value of setting boundaries around their food labor, contrasting the merits of this approach with what they perceive to be the excessive and potentially harmful approach of intensive feeding. The goal of this strategy is to learn self-control through food. Despite the practicality of this approach, making reasonable feeding seemingly attainable, mothers' narratives suggest that practical provisioning is also an elusive health ideal. The idea of perfection looms in the background even for mothers who subscribe to an "everything in moderation" ideology. Jackie told me:

> I don't know. I mean it's like I was saying before, you can drive yourself crazy trying to think and, you know, [ask yourself], "What does my lifestyle do to my health?"

But you still got to live. You got to do the best with what you're given, and try not to worry too much, which is my biggest cross I bear.

Even though mothers like Jackie feel strongly that being overly concerned about the foods you eat can have the opposite effect of good health, leading to self-deprivation and general unhappiness, Jackie suggests some lingering worries. These mothers may also experience surveillance by government agencies for the way they feed their children. Poor mothers and mothers of color are also scrutinized and demonized in the press for being the perpetrators of the obesity epidemic (Saguy and Gruys 2010). Just as Lareau (2003) finds that poor and working-class styles of parenting butt up against middle-class ways of parenting, creating frustration and a sense of powerlessness, I find that efforts to define the value of practical provisioning in the midst of dominant discourses of intensive feeding create a tension for these mothers.

Regardless of whether mothers embraced an intensive feeding or practical provisioning ideology, all articulated the belief that mothers have, or should have, 100-percent control over what they feed their kids. Yet every mother I interviewed described multiple barriers they faced when it came to feeding their children. I was baffled and wondered how it could be that despite identifying myriad barriers, mothers could still say health was a simple matter of individual choice and responsibility. In the following chapter, I examine how and why mothers rely on a rhetoric of choice when it comes to making sense of why some people are healthy and other are not. Moreover, I show how the idea of choice is both convenient and problematic when it comes to accounting for children's health.

CHAPTER 4
MAKING GOOD CHOICES:
ACCOUNTING FOR HEALTH IN A NEOLIBERAL ERA

INTRODUCTION

[A boy and his mother enter from opposite sides of a stage. They meet in the middle].

[The boy and his mother sit down and the chairs squeak].

[Dramatic pause].

[Boy asks mother]: "Mom, why am I fat?"

[Silence].

[Cut to bold white words against a black screen]:

75% of Georgia Parents with overweight kids

don't recognize the problem."

[cut to next screen]

"Stop sugarcoating it, Georgia."

[cut to final screen]

"Stop childhood obesity.

Strong4life.com"

At the same time I was interviewing mothers in North Carolina in 2012, Children's

Healthcare hospital of Atlanta launched what became an extremely controversial media

campaign called Strong4Life. The campaign, which still runs today, includes special weight

assessment clinics for children, school programming, and billboards with pictures of children

and statements underneath that read: "Big Bones Didn't Make Me This Way, Big Meals

Did." The campaign also involves a series of videos, including the one described above, that

depict children's emotional and physical struggles with weight.

I showed this video to each of the mothers I interviewed and asked them what they thought of it. Although mothers' reactions to the video varied to some degree, their responses expressed a common belief: mothers are primarily to blame for their overweight children. The following response from Kristi, a white middle-class mother, illustrates this common reaction:

Kristi: I didn't see any problems with it.

Joslyn: Meaning you think it's an effective commercial?

Kristi: Yeah.

Joslyn: What's some of the controversy you've heard about it?

Kristi: That um, it could cause people to feel worse about themselves, which would cause them to eat more. Um, and people that are fat are generally more susceptible to being depressed and stuff, so that could just be a vicious cycle. But I honestly think that something like that should be done. I mean, it really angers me when I'm out in a store and I see a child that is overweight. I'm just like, "What are these parents [doing]?" I mean, it's bad parenting. I know that's a judgment on my part. I haven't walked in their shoes. But to me it's like, "Why would you not want your child to have the best start at life?" And being overweight is not giving your child the best opportunity in life.

Laura, a black working-class mother of four, had a similar reaction. Laura was barely getting by. Her only source of income came from the student loans she took out each semester while working toward her bachelor's degree. Laura said she and her children

sometimes ate fast food three times a week because she didn't have time to cook and keep up with school. Yet she too was critical of the mother in the video:

> It has to be because of the food choices that his parents are making. Some parents want their kids to be a reflection of them, I guess. So if you're overweight, or if you don't eat healthy, then your kids don't have a choice but to not eat healthy.

The overall uniformity in mothers' responses to the video captures pervasive understandings of individual responsibility, choice, and risk management that, as I will discuss below, are the hallmark of modern neoliberal societies. As a white middle-class mother, Kristi imagines that she and the mother in the video are different. "I haven't walked in their shoes," she says, suggesting there may be important social and economic differences that shape health. Yet the potential importance of these differences is glossed over when Kristi questions the mother's morality; referring to the mother in the video she assumes "parents" are *choosing* not to give her child the best start in life. Her statement reflects and reproduces contemporary understandings of fatness as a sign of a mother's unwillingness to control her children's bodies (Lupton 2013). Laura also expresses an individualized understanding of the mother's and child's weight, suggesting the cause of obesity resides in both a mother's poor choices and her own psychology (she wants her child to be a reflection of her). Both statements illustrate the pervasive belief that overweight children are the product of the choices individual parents make and that their bodies reflect a broader unloosening of Americans' moral anchor (Bell et al. 2009; Coveney 2008; Lupton 2013).

Kristi and Laura are the exception to other women I interviewed in one regard: they blame the "parents" of the child in the video. As I will discuss, the media and public health

campaigns oftentimes target mothers of children specifically (Bell et al. 2009; Maher et al. 2010), as the Strong4Life video does. In a content analysis of childrearing magazines geared toward "parents," Sunderland (2006) finds that in the context of child rearing, child safety, and child health, "parent" is often used as code for mother. Kristi questions the mother in the video: "Why would you not want your child to have the best start at life?" And Laura attributes the boy's size to, "the food choices that his parents are making." Combined, these ideas convey a powerful "rhetoric of choice" which serves to reinforce gendered ideas about women's responsibility for the current and future health of the nation.

CONCEPTUALIZING CHOICE IN A NEOLIBERAL ERA: OBESITY DISCOURSE AND THE MEDIA

Responses to the Strong4Life video show how health beliefs are shaped by the neoliberal climate in which the women I interviewed mother and attempt to accomplish health for themselves and their families. The goal of neoliberal forms of governmentality, as described by Foucault (1991), is to get people to take individual responsibility for health at the same time that social support and collective responsibility for citizen health has weakened. The shift away from state intervention—defunding of social services, cutbacks to children's daily physical education at school, deregulation of corporate influence in education and health institutions, and failing to mandate maternity leave, for example—is accompanied by an increase in health information, which individuals are expected to consume in order to manage health risks and make good health choices (Lupton 2013).

The landscape of consumption in neoliberal societies is paradoxical: fast and cheap foods with little nutritional content, alcohol, cigarettes, and the 40-hour work week are

promoted alongside diet pills, exercise equipment, weight loss programs, expensive organic food, and restorative health spas. Those who achieve thinness "amid this plenty" (Guthman and DuPuis 2006:444) are portrayed in the media and by health promotion campaigns as rational and self-disciplined, while the media portrays fat people as morally corrupt and as lacking the ability to self-govern (Boero 2007; LaBesco 2011; Lupton 1995; Rich and Evans 2005). Representations of good and bad health are oversimplified by the idea that people are either completely disciplined about eating and exercise, or they are completely lazy. These all-or-nothing ideas of health are conveyed in the following passages. The first comes from my conversation with Patience, a black middle-class mother, who describes a person she considers to be the "picture of health":

> Someone who eats well, doesn't starve themselves, exercises, and drinks the right things—water and non-sugary drinks. Oh! My cousin Debbie. Yeah, I think she is a really good example of health…she walks at least two miles every single morning. *Every* single morning. She cooks breakfast, brings her lunch to work, she cooks dinner. She does not overdo it. Even at birthday parties she'll have a bite of cake, not a slice of cake. She's just really focused and dedicated.

Kristi, the white middle-class mother I introduce above, describes what she feels are common stereotypes of fat people:

> I mean, like it or not, being fat is—people stereotypically [believe] fat people are lazy, which is not always true, but that's the message a lot of times people take from someone that's fat. Or, that, you know, they just don't care.

Although Kristi says the stereotype is that fat people are lazy, she also reveals that she subscribes, to an extent, to this stereotype when she notes that it "is not always true." This implies that there can be fat people who are not lazy, but that fatness and laziness are connected.

Neoliberal policies are tied to corporatization and are driven by a capitalist economy's goal of constantly expanding its consumer base. Rather than focusing on the cause of health problems, corporations and experts step in, offering advice and costly services that demand consumption by the responsible, health conscious, neoliberal citizen (Ayo 2012:102). Health experts and the media also convey messages about the risks of fat (Ayo 2012; Lupton 2014). The media has been an important tool in portraying obesity as an "epidemic," casting poor and minority citizens as the cause of the epidemic, shaming fat bodies, and conveying the idea that mothers are responsible for overweight children (Bell et al. 2009; Boero 2007; Saguy and Almeling 2008; Saguy and Gruys 2010). While mothers receive information about what it means to be a good mother and to promote child health from a variety of sources, including doctors, pediatricians, family, friends, and schools, media are also an important source of information. The mothers I spoke with described learning about health and nutrition from celebrity chefs like Jamie Oliver and Rachel Ray, websites like Yahoo, and online breastfeeding forums, for example.

Public health campaigns like Strong4Life have drawn both praise and criticism from experts and the public. There is a concern that such tactics, in Kristi's words, "could cause people to feel worse about themselves, which would cause them to eat more." There is in fact evidence that the use of stigma and shaming is an ineffective strategy for reducing rates of

obesity (see Puhl and Heuer 2010). Moreover, scholars criticize such health campaigns for overemphasizing eating as the source of weight gain when studies find that weight gain is also linked to genetics (Friedman 2003), depression (Blaine 2008), stigma (Puhl and Heuer 2010), and income inequality (Pickett et al. 2005), among other factors. Urging fat people to slim down for health reasons is also problematic in light of findings that being overweight is not associated with excess rates of mortality (Campos et al. 2006; Flegal et al. 2005).

So why then do public health campaigns continue to use these tactics? And why do they seem to resonate with Americans? As I will show, these strategies tap into a widely shared and valued American ideal: the notion that individual health and happiness depend on responsible citizenship and making the right choices. The image of responsible consumption and making informed choices is not inherently damaging to the production of health. Yet, as I will show, in a neoliberal era concepts like personal choice and responsibility conveniently direct attention away from increasing income inequality and privatization of healthcare (Maskovsky 2010), and also form the basis of "straw man" arguments that mask the real sources of Americans' health problems. My findings demonstrate why neoliberal discourses of personal responsibility and choice are inadequate for understanding how mothers attempt to accomplish health for themselves and their children. Taken as a whole, my conversations with a diverse group of mothers reveal that decisions-making is a relational process that is shaped and constrained by the organization of daily life and structural inequalities. To demonstrate these complexities I feature the stories of Elaine (white and middle class) and Josette (white and poor).

CHOOSING HEALTH: ELAINE'S STORY

I interviewed Elaine at her home on a sunny day in June. I got her name and contact information from Ann, a white middle-class mother I had interviewed the previous week. Elaine, her husband Scott, and their son Isaac live in a two-story house nestled in a quiet suburban neighborhood comprised of identical houses and small manicured lawns—a typical looking neighborhood among the middle-class mothers I interviewed. I pulled into the paved driveway and a young child with a mop of thick sandy blond hair promptly appeared, stopping short near the corner of the garage. The boy stood staring at me sucking his fingers while I shut off my engine and gathered my interview materials. This was 7-year-old Isaac. When I stepped out of my car he dashed into the garage out of view.

Elaine greeted me at the door, swinging it open with one hand while managing a rambunctious black Labrador with the other. Elaine is 41 years old. She stands about 5'6" and has an athletic build. She wore her medium-length black hair pulled back into a ponytail. Elaine was dressed casually in a navy blue t-shirt with two beer steins on the front and a beige cotton skirt. She suggested we conduct the interview on the patio and quickly led me through the house, apologizing for the "mess." She explained that she was "in the middle of cleaning." Passing through the living room I noted a basket of unfolded laundry, a blue towel draped over a flat screen television, and toys strewn about the coffee table and across the hardwood floor. Dirty dishes sat in piles across her granite kitchen countertops. The patio overlooked a modest backyard, complete with an above ground swimming that Elaine said cost $5,000 to install. Near the pool stood an elaborate climbing structure that Scott built at Elaine's request when she discovered Isaac's budding aptitude for gymnastics.

Elaine talked about achieving good health as a matter of making the right choices. And she is not alone. Choice is a central feature of modern health discourse, which urges consumers to take control of their blood pressure, their weight, or a chronic illness, usually with the help of a product, support group, piece of exercise equipment (e.g., a pool or a jungle gym), or diet program (Ayo 2012). Statewide health campaigns like North Carolina's "Eat Smart, Move More" feature this slogan on roadside billboards and in children's school cafeterias. These campaigns promote a ubiquitous message that individual effort is both the cause of and the solution to good and bad health respectively.

The rhetoric of choice also supports a broader social agenda to present modern democratic societies as meritocratic. In meritocracies people are thought to advance through personal effort. According to this philosophy, inequalities result from personal efforts, decisions, and choices and not from fundamentally unequal and durable differences in starting points (McNamee and Miller Jr. 2009). To the extent that unequal life chances are acknowledged, there is an expectation that by making the right choices and persevering people can overcome the liabilities of being born into a poor family. It is within this context that Elaine emphasizes the importance of *choice* when it comes to working toward health:

> [If] you start to gain weight, you've got to be aware of it…I mean, there's people in my [work] building who get off [the elevator] on the second floor! Just start taking the stairs!...it's hard when you're heavy 'cause it hurts…but you gotta start somewhere. So, yeah, I think people could definitely be making better choices.

As I will discuss, constructing health as a matter of choice seems to make Elaine feel like she is in control of her body, her health, and that of her family. Yet such convictions are also

problematic. Like most of the mothers I interviewed, Elaine struggles to live up to her notion of the healthy ideal. She wants to believe that hard work is what makes a person healthy, and her narrative illustrates how, ultimately, she feels she has no one but herself to blame for failing to achieve this ideal. Yet Elaine's story is replete with examples of the people and circumstances in her life that undermine her efforts and choices. Her unwavering belief that individual choice trumps all results in contradictions that have clearly left Elaine, and other mothers I interviewed, feeling anxious and frustrated.

The Rhetoric of Choice: Breast is Best

The rhetoric of choice first appeared in Elaine's discussion of breastfeeding. Elaine said she breastfed because, "I just thought it would be healthier and cheaper, and better for [Isaac]. And [I] wanted to give it a shot, you know, just do the best I could for him." Some mothers described their decision to breastfeed as something they never really had to think about. Michelle, a black middle-class mother said, "Oh, that's just automatically 100% knew I'm gonna breastfeed. There was no question." Similarly, Rebecca, a white middle-class mother told me, "It was never a question in my mind." For some mothers, the question "How did you decide to breastfeed?" seemed odd, eliciting a blank stare and a pause to think.

Both types of responses suggest that breastfeeding was either something that was automatic (not even a question), or that it was assumed (and therefore the origins of the decision was hard to think about). This was my first hint that something was going on. Mothers generally talked about good health—which entailed feeding, buying, and cooking certain foods and exercising—as a matter of choice. Yet the concept of choice connotes that there are at least two or more options to *choose* among. The way the mothers I interviewed

talked about breastfeeding illustrates how an ostensibly individualized personal choice may in reality be experienced as a moral imperative (Lupton 1995).

By my third or fourth interview, mothers' responses seemed to take on the quality of a mantra: breastfeeding is "natural," and therefore the best way to give babies the best start in life; it provides babies with essential nutrients and boosts their immunity. "It's just a more natural way to go," said Kelly, a poor white mother. "I mean it's better for the kids in the long run." Larissa, a working-class Latina mother received a pro-breastfeeding message from hospital staff: "What they told me was that it's better for you to breastfeed. It's better. So that's why I wanted to try that." Mothers were given feeding advice from friends, doctors, nurses, lactation consultants and popular books like *What to Expect When You're Expecting.* The message they were getting was consistent and clear: If you want your child to be happy and healthy, breastfeeding is the *only choice.*

Elaine embraced an intensive feeding strategy, which I discussed in the previous chapter. For the mothers I interviewed, this strategy begins before children are born. Many mothers described taking prenatal vitamins and carefully monitoring their diets during pregnancy, a strategy that then continues for mothers who described a firm commitment to breastfeeding. Elaine felt it was important to stay current on the latest information about breastfeeding. "I think I was the first one of the friends that got pregnant," she told me. "I joined Expecting Mommies and a couple of young [online] groups, so we were all discussing [breastfeeding]." Through her participation in these online groups Elaine encountered a strict breastfeeding ideology:

Elaine: There was this one lady who was a breastfeeding Nazi who was pretty funny.

Joslyn: What do you mean?

Elaine: She was just very pro breastfeeding, to the point that she was nuts. And I can't

remember any examples, it's just, you know, you just hear people who are just crazy

about it. And it's like, "Okay, you're not gonna die if you don't breastfeed your kid."

I think I was breastfed, but [my husband] wasn't. It's whatever you can do for your

kid. You don't have to do it. And she was like, "You must!"

Elaine conveys an image of herself as someone not easily swayed by social pressures to

breastfeed. Compared to the hyperbole of the "breastfeeding Nazi," Elaine's assertion that

breastfeeding is not a life or death matter, and that it is an individual choice ("It's whatever

you can do for your kid. You don't have to do it") suggests that people should be free to

make choices that they feel are personally beneficial.

However, Elaine would soon contradict this initial portrayal of her beliefs. She went

on to describe the early days of breastfeeding as very difficult. She said she was tired and had

difficulty getting her son to feed correctly. She became frustrated and overwhelmed, which

prompted me to ask, "Do you ever think about just giving up and just, okay, screw this?" It

seemed to me like Elaine might have *chosen* to switch to formula, since it might have made

her life a bit easier. But this is what she told me:

You know, I took three months off. So I was like, "Okay, I'm sure it will get better."

And I had already invested so much time, and blood, and money with the breast

pump, and I was like, "I'm doing this! I don't care what happens. I'm gonna do it."

'Cause I'm stubborn.

Later, when I asked Elaine if she liked breastfeeding she told me:

[Pause] Yeah. Yeah. I mean I probably would have rather just pulled a bottle out of the fridge, you know…but it was something I felt like I had to do. And at the end of it, some of those nighttime—you know, when [Isaac] was a little older, like six months old or something, and you know, rocking him and feeding him, that was a nice time; or in the morning, you just kind of cuddle with him all the time. But overall it was just a lot of work. But it was worth it! But it was still a lot of work. Um, [it required] a lot of time. But again, I would do it again.

Elaine wasn't alone in describing breastfeeding as a painful, emotional, arduous, and frustrating process. One mother told me, "There is nothing natural about this!" suggesting that women frequently receive messages that breastfeeding *is* natural and easy. Elaine initially described breastfeeding as her choice—one she felt enabled to make in part because of the resources, such as paid leave and expensive breastfeeding equipment, she had at her disposal—but later revealed "it was something I felt I had to do." Scholars have long recognized that individual behavior is regulated less by coercion than by people's active engagement with recommended, and sometimes imposed, practices that gain them social respect and status (Foucault 1991; LeBesco 2011; Petersen 2003). Despite emerging arguments and scientific evidence that challenge the claim that breastfeeding has long-term benefits (Colon and Ramey 2014; Wolf 2011), public health campaigns, WIC offices, pediatricians, and hospitals continue to promote breastfeeding as the best feeding choice mothers can make for their children. These campaigns are especially powerful as they fuel women's anxieties about being good mothers (Wolf 2011). For example, the website for the

national anti-obesity campaign "Let's Move," endorsed and spearheaded by First Lady

Michelle Obama, tells mothers:

> The first step you can take towards a healthy family is starting your child on a path to
>
> a healthy life by eating well during pregnancy and breastfeeding…children who are
>
> breastfed have a 22% lower risk of becoming obese. So, start your child on a path to a
>
> healthy weight by eating well at the start.

While breastfeeding is technically a choice mothers can make, it is a constrained one. Some

of the mothers I interviewed described feeling stigmatized for "choosing" not to breastfeed.

After struggles to breastfeed her first child left Christina, a middle-class Latina mother, in

tears and pain, she decided to forgo breastfeeding with her second child. Christina said other

breastfeeding mothers routinely attempted to persuade her otherwise. "Like, if other mothers

would talk to me about it, I usually just don't say much. Because I don't want to get into

that." Christina's decision to prioritize her own needs and body left her feeling stigmatized

and "pushed back into more of a shell." She also received pressure from family. Before the

baby was born, Christina's husband warned her, "My mom is probably going to think it's bad

if you don't breastfeed."

The women I interviewed had also learned about the stigma of formula feeding

through other women's cautionary tales. Rebecca, a white middle-class mother who breastfed

both her children, shared a story about her next-door neighbor who decided not to breastfeed

her second child. I asked Rebecca what she thought of her neighbor's decision. As Elaine

did, Rebecca couches her neighbor's choice in terms of what is best for mothers. Yet, like

Elaine, she also reveals that mothers are expected to do what is "best" for the baby and suggests that most women will do this unless they are incapable of it:

> Well, I think it's up to the person. I don't really see a problem with not breastfeeding. I have several friends that had breast surgery, which made it almost impossible for them to breastfeed. And so their kids were formula fed. And they seem fine, you know, well-adjusted, close with their parents, nutritionally, you know, all their needs seemed to be met. And I see for her that it's just so much easier. I mean, she sort of [pauses to exhale] thought about it through the pregnancy and felt guilt over the fact that she didn't want to do it. [She's] still now talking about it feels like, "Oh, I'm a bad mom, but this is better for me." So, I think you do what's best for you.

Rebecca says she sees no problems with "not breastfeeding," but then refers to mothers who opt out because of a biological incapability (they had breast surgery). She also notes that her neighbor regularly apologizes for her "choice" not to breastfeed and continues to feel guilty about it. Rebecca herself insinuates that there can be dire consequences of not breastfeeding: maladjusted children who lack an emotional bond with their parents and do not have their nutritional needs met. Moreover, she indicates that her neighbor's choice makes her life "easier" for mothers who choose to breastfeed, revealing how breastfeeding is accorded high moral status because it complies with mandates to mother intensively. As Christina's story reveals, formula feeding is often viewed as a last resort: the choice mothers are left with when the "best" choice doesn't work out. These narratives reveal how making "good" choices, such as breastfeeding, are constrained and shaped by other social actors and broader

cultural expectations. Mothers who deviate from making the "right choice" or who dare to prioritize their own needs may suffer for their choices.

Holding Others Accountable

Elaine described herself as a mother who is making the best health choices she can and feels other people should enact a similar level of responsibility. She defines healthy people as those that are "fit." "You know, exercising, eating, making good choices with the food they eat. Um, just that lifestyle of, you know, not eating a lot. Not anyone that's obese!" Elaine gave many examples of the choices that she feels lead to good health: she breastfed her son through the pain and tears; she uses coupons and shops at multiple stores to get the best deals on healthy food; she works overtime on the weekends prepping ingredients and healthy snacks for the week; she makes meals from scratch nearly every night; and she walks on her treadmill at 9:30 at night—the only free time she has in her day.

The idea of choice is woven into the center of Elaine's self-image as a responsible and thus deserving member of the middle-class. This became clear when we discussed the controversial soda ban proposed by New York City mayor Michael Bloomberg. Elaine imagines that the ban targets those who do not responsibly consume health information designed to tell people how to individually mitigate health risks:

> The whole thing with the outlawing the soda—the large-sized soda in New York— it's just like, people just go and grab and they don't think. And if I was drinking a soda that big, I would not be drinking all of it, you know? I would know that there's a million calories in that thing. I just, I don't understand how people can be so ignorant as to what they're doing. They don't read! They don't read labels, they don't care.

I asked Elaine if she thought they should pass the law:

> I'm torn because I really think people need to take care of themselves and be
>
> responsible for what they do and, um, I know that laws are there to protect the stupid.
>
> And, either we pass a law to protect them or we pay for them later when they're
>
> having issues and they can't afford their medical care. So you know, I don't—I like
>
> government, sort of, and I think they do need to be involved in stuff. I know there are
>
> a lot of people who think the government's too involved and maybe they are, at some
>
> point. But sometimes they go step in and smack people around, but then, you know, I
>
> don't want them to have to do that. They can't—you're not 5! You don't need your
>
> mommy to tell you shouldn't drink that soda, I mean Jesus! I mean, I don't know
>
> what to do. I'm just frustrated. But, you know, now they want to outlaw like bath salts
>
> and stuff like that. It's like one person does something stupid and they want to stop
>
> everybody from, you know, we need to make a law, we need to spend money to pass
>
> a law so that this dumb person doesn't kill themselves. It's frustrating.

Elaine draws upon well-established neoliberal rhetorics of choice and responsibility to

construct her own identity as a responsible member of the middle-class. She feels her own

position in the middle-class is being economically threatened by uneducated people who

cannot afford medical care. Elaine's sentiments reflect a tendency among health policies,

campaigns, and research reports to homogenize racialized minorities and the poor as "at risk"

groups assumed to be in need of education about appropriate behaviors for weight control

(Lupton 2013:47). Further, her view that people need to "take care of themselves and be

responsible for what they do" also reflects neoliberal ideologies and practices designed to

"produce citizens as individual entrepreneurs and consumers whose moral autonomy is measured by their capacity for 'self-care'" (Brown 2006:694).

Yet Elaine's narrative hints at the elusiveness of this explanatory framework. Later in our interview she told me she is frustrated with soda companies that rely on sly marketing techniques to promote sugary drinks: "[The soda companies] make people's choices. It's difficult to choose something good for you," she told me. Like many mothers I interviewed, Elaine also felt it was difficult to control what her son ate when he was away from home. She and her husband both worked, and her son Isaac spent a significant amount of time each week at an afterschool program. Elaine was upset with Isaac's afterschool program because it served the kids Pop Tarts as a snack. She told me she was gathering evidence to present to the school in an attempt to get them to change the menu. "Why give [the kids] all this crap?" Elaine asked rhetorically. "You're trying to establish healthy choices and they're hard enough to establish because, why would you—I would rather eat a bowl full of ice cream then, you know."

Elaine captures a central tension that results from neoliberal discourses of responsibility and self-control. Individual consumers are asked to correctly eat their way, through self-discipline, into a fit body. And yet this pursuit is complicated by contradictory food images and food practices. Guthman and Dupuis (2006:444) argue that neoliberal governmentality produces "contradictory impulses"—a proliferation of food commercials and other advertisements encourage citizens to feel pleasure in consumption, while at the same time maintaining self-control. Berlant (2010:26) argues that finding pleasure in food is an especially salient feature of modern lifestyles that leave people feeling perpetually

exhausted from work and continuous attempts to discipline themselves. If eating helps

people feel resilient in this context, Berlant argues, the pleasure people may feel in "letting

themselves go" can be understood as a pleasure that is "both for and against health." Elaine

and other mothers described feeling overwhelmed and tired from struggling to establish

healthy eating habits for their children. This task is elusive not only because mothers' efforts

are constantly undermined by advertising, deregulation of food safety and quality, and the

selection of foods available to children at school and daycares, but also because this version

of health may require denying the emotional fulfillment and happiness many Americans

associate with "bad" foods.

Elaine appears poised to create her ideal image of health—she has money, education,

work autonomy, and presents herself as a responsible citizen. Yet these economic and

personal characteristics seemed to afford her less security and comfort than one would

imagine. Her narrative shows how contemporary notions of ideal health—a person who eats

mainly fruits and vegetables, drinks water, is dedicated to an exhausting exercise regimen in

pursuit of the sculpted body, and seeks out health information—are deceptively elusive. As

the following conversation reveals, Elaine is far from confident that her efforts will

necessarily translate into good health for her son:

> Joslyn: Do you think that what you're doing now is like, hopefully, going to set
>
> [Isaac] on this healthy path?
>
> Elaine: Yes. Yes! I'm scared that I'm—I mean, I'm doing the best I can. I think. I
>
> mean, I am doing the best I can. And I'm hoping that what I'm doing is not driving
>
> him crazy, but he doesn't seem to be, like, annoyed by me when I talk about it. Right

now, you know, at 7, they kind of repeat what you're saying, and they're all happy and proud. But I'm hoping that I'm not setting him up to be like, "Mom's an idiot," down the road, like, "I'm just going to eat whatever the hell I want cause she's crazy." So you know, right now it seems like I'm doing a good job. So, hopefully.

There is a paradox in the way mothers such as Elaine construct the meaning of health: health is something that mothers feel strongly that individuals should be in control of, yet as I discuss in more detail in the next chapter, their narratives reveal how health outcomes are contingent upon a number of social actors and institutions. Elaine's narrative reveals a precarious balance: She feels like she *should* be in control, and perhaps therefore that she *is* in control. Yet she can't exhibit *too much control*, or else she will drive her son away and he will "eat whatever the hell [he] wants." So if Elaine can manage to "do it correctly," she will produce a child who adopts her "health" beliefs and practices. As I discuss below, Josette, a poor white mother of four children, also emphasizes the importance of making good health choices. And, like Elaine, she faces a number of barriers.

THE CONTINGENCIES OF CHOICE: JOSETTE'S STORY

One month before my interview with Elaine, I wound my way through the barren-looking streets of a subdivision dotted with doublewide trailers. Many of the homes I passed had windows that were boarded up and foreclosure notices taped on the doors. Despite a few thin trees here and there, the area looked desolate. The lawns consisted of scratchy clumps of grass—not the kind a kid would want to tumble around on, I imagined.

Finally I arrived at Josette's lot. She and her boyfriend Keith stood outside on the small front porch, two little heads bobbing around them. These were Josette's twin boys,

Lyle and Liam. I parked behind a dented navy blue van, gathered my backpack, and stepped out of the car. Josette stood squinting against the sun and took a long drag from her cigarette. I walked up to the deck, and said hello to the twins. They stared back at me shyly from behind their mother. Josette is a little taller than me, about 5' 8" I would guess. She wore flannel pajama pants and a tank top that revealed her thick pale arms and two layers of fat around her belly. Her striking light blue eyes were offset by her thick hair, dyed blond and pulled back into a loose ponytail. Josette is 41, the same age as Elaine, but looks older on account of the grey at the roots of her hair and the lines around her eyes.

Inside, Josette's house looks like many of the trailers I have been in: the floor is covered with thin carpeting and the kitchen walls are lined by standard issue particle board cabinets. Josette's kitchen was basic, lacking expensive appliances like choppers, blenders, or a cutting board. Looking around I didn't see a kitchen table. Josette later explained that they had only been there a month and hadn't been able to come up with the money to buy a dining set. "I wouldn't want to buy a house around here or anything. It's just kind of a temporary thing until we figure out where we want to go," Josette told me. Previously, she and the kids had been living with her father. When Josette discovered her father was "being kind of mean to the kids," she decided to move. "We just took the first place we could find."

Contrary to the idea of a neoliberal actor who makes choices independently (or despite of) others, Josette's story highlights the contingent nature of choice-making in an interdependent society. For Josette, making choices requires assessing how small streams of income may be enhanced or interrupted by uncertain people and institutions (Levine 2013).

Like Elaine, Josette's choices are constrained by a number of factors, including the very institutions that are designed to help those living in poverty.

Making "Good" and "Bad" Choices

Making good and bad health-related choices is a fraught process. In a neoliberal context, mothers are expected to assume responsibility for myriad health risks and are held accountable by schools, government agencies, and other mothers, to name a few, for making good choices on behalf of their children. They are also blamed for making bad choices or failing to minimize health risks, regardless of the source of these risks. My interviews with mothers demonstrate how health-related choices are not easily made. Furthermore, they reveal how this process is embedded within a larger network of relationships and daily stressors, complicating images of a rational health consumer.

Josette feels a sense of urgency when it comes to making choices. At the time of our interview, she and her family were barely surviving on an income of $11,000. Their only source of cash flow (with the exception of her daughter's boyfriend, who Josette said occasionally helps out with the bills) was Josette's disability checks, which she received once a month. Josette's account of her circumstances reveals how her choice-making process is imbued with a sense of powerlessness:

> It's difficult because I'm constantly worried about money, worried if the kids are going to have food to eat. Are they going to have diapers? Lots of time I don't have any money, and I have no diapers. I mean I even went and sold plasma last week just to get $50, because it's like two weeks and I don't get paid, you know? And I'm like,

"It's going to be two weeks with no money. What do I do? I don't have money. I have

doctor's appointments and I need gas to get there."

Drawing on dominant discourses of "good" mothering (Elliott et al. forthcoming), Josette

emphasizes sacrificing her own needs to make sure her kids are fed: "I just make, you know,

I make sure [the kids] eat three meals a day and whatnot, and then I just eat whenever I get

hungry." Similarly, Pricilla, a poor white mother of two children who regularly ran out of

food, also said she didn't eat regular meals. "I'm normally not hungry until lunch time," she

told me. Although Pricilla frames this in terms of hunger, she also described forgoing her

own needs. If the household is low on cereal, she said "[I'll] be like, 'All right, I'll leave that

cereal [for the kids] for tomorrow.'" Studies show mothers who are food insecure routinely

cut back on their own food consumption, sometimes eating only one meal at the end of the

day in order to provide food for children, spouses, and boyfriends (Heflin et al. 2011;

Kempson et al. 2002).

Josette invokes what I call the health mantra—the idea that good health can be

achieved through the consumption of fresh fruits, vegetables, water, and exercise—to show

me how she is making the best choices available to her. In alignment with my discussion of a

practical provisioning strategy in the previous chapter, Josette emphasizes providing snacks

she considers to be healthy, but said that she also allows for some pleasurable treats:

I mean, most of it is healthy. You know, sometimes they'll have gummy worms and,

you know, junk. You know, I give them a few potato chips here and there, but most

of the time it's, you know, pretty healthy, like cheese, yogurt, fruit, stuff like that…I

try to buy like the fruit snacks. Like, they came out with new ones like—what brand

is that? I know they have Welch's and then they have Ocean Spray. So it has more

fruit juice in it or more natural or something. I thought that would be better.

Like other mothers I discuss in the previous chapter, Josette presents herself as working to

cultivate her children's preferences for good foods. "I do try to give the kids vegetables and

fruit every day. They love carrots. They like baked potatoes." In line with the image of a

responsible neoliberal citizen whose choices are guided by health experts and information

(Ayo 2012; LeBesco 2011), she also said that she appreciates when the pediatrician "writes

down everything that you should give [the kids]," so that she can make sure they are "getting

their nutrients."

Despite the positive efforts Josette feels she is making, she is aware that she is being

scrutinized and held responsible for her choices. Josette went to great lengths to account for

health behaviors that are stigmatized (Bell et al. 2009). She smokes, for example, and was

quick to say that she should choose to stop:

I know I should quit smoking. I could save a lot of money if I wasn't smoking, but

you know, with the stress, it's like you want to smoke. So that's like the only outlet—I

don't drink and all that kind of stuff so, you know? If I want to smoke a cigarette—

but I'm always worried about, you know, having money for them. And, you know,

lots of times I feel bad because they can't go to [pre]school because I can't afford it.

Or I don't have the money to take them different places, you know? So I feel bad

about that.

Rebecca, a white middle-class mother who also stays home with her children (which she

refers to below as work) said she occasionally smokes (and more frequently drinks). She

offered a lengthy account of these practices, which she considers to be a source of

embarrassment *particularly* because she is a mother:

> Rebecca: I have some bad habits…I occasionally smoke cigarettes and I've never
>
> been able to just 100% give that up. And that's terrible!...I can't believe I'm sharing
>
> this on your research study. But I know you need me to be honest!... I'm embarrassed
>
> by it. So that is unhealthy and I, I probably drink too much. Not like it's super
>
> excessive but um, you know, I would say probably five out of seven days of the
>
> week—[I] have several glasses of wine or beer after work and I think cutting that
>
> back would make me healthier.
>
> Joslyn: You said you're sort of embarrassed to admit that you still occasionally
>
> smoke cigarettes. How come?
>
> Rebecca: Oh, because it's terribly unhealthy for you. I'm a mother. And those are the
>
> two reasons. It's just a stupid habit. There's nothing healthy about it…I think that as a
>
> parent you should be doing everything you can to take care of yourself so that you
>
> can be there for your children. So it disappoints me that I do that occasionally and
>
> that I consider it a treat for myself when I'm [exhales]…if it's been kind of a crazy
>
> stressful day. Like yesterday I just had a hard day with [my daughter] and uh, I don't
>
> know there's something so relaxing to me about sitting outside on the porch and
>
> having a cigarette.

Rebecca and Josette interpret the meaning of smoking through the moral gaze of others. Bell

et al. (2009) find that smoking around children has become increasingly stigmatized to the

extent that some see it a form of child abuse. Josette says she "should quit smoking," because

she could save money. Importantly, Josette suggests her choice to smoke is at least partly to blame for her children's inability to attend preschools—at the time of our interview Josette's sons had been on the wait-list for Head Start for over a year—or to diversify their play experiences. Like Rebecca, she also frames her consumption in terms of intensive mothering mandates; smoking is irresponsible because it takes resources (money) away from her children. Rebecca feels that "as a parent" she has a responsibility to take care of herself, so that she can devote *even more* time to her children. Rebecca and Josette both allude to the stress-relieving properties of nicotine, but feel "disappointed" for being "bad" mothers who cope with stress in harmful ways. Both women implicate their own shortcomings as health-conscious citizens and mothers in the production of family health. This internalization of blame demonstrates the emphasis on "responsible" consumption, effectively masking the broader ways in which hectic work schedules, poverty, health issues, and a lack of affordable daycare shape the choices people make.

Dilemmas with Social Services

Josette lives in a three bedroom double wide trailer with family and extended relations. She cares for three small children: her four year-old twins Liam and Lyle, and her one-year-old daughter Lilly. Josette's 18-year-old daughter and her boyfriend also live with her. Josette's daughter is taking online classes toward a degree while her boyfriend works at a local fast food chain. Recently Josette's mother moved in with them to help out with the kids. But she has rheumatoid arthritis and experiences joint pain, which Josette's said makes it hard for her to look after the kids for long periods of time. Josette has been unable to maintain steady employment since being diagnosed with obsessive compulsive disorder

shortly after her first daughter was born. She also has chronic back pain, which the doctors think is linked to degenerative disk disease. She receives a small disability check, which doesn't go far.

Josette's boyfriend Keith helps out with the kids, but is currently not working for pay. Keith was diagnosed with PTSD after serving in the U.S. military. As Josette explains, he is currently awaiting news about his application to receive disability:

> [Keith's] got a lot of problems. You know, like mental problems and stuff from being in the military and doing everything that he did and everything he saw. He's got PTSD. And then he's got like psychosis and depression and different stuff. So, I mean, his psychiatrist said that he can't work, but who knows. I mean, he got offered a job and he's still waiting to see. I don't know what he should do, you know? Like if he should take this job or if he should wait and see if his disability comes through because, you know, it's hard when you don't have the money. But the disability takes several months to, you know, find out whether you're going to be approved or not. So you don't know what to do. And then I don't know if he can maintain a job, you know, because he has a lot of anxiety problems and stuff like that, you know? I don't know if he'll be able to hold a job for a long time anyway.

Josette's description of Keith's situation contains the elements of a reoccurring theme in her life: a narrow range of choices. In many instances, her options seem to each come with potentially detrimental consequences: *If* Keith qualifies for disability that would be a much-needed and hopefully reliable source of income. *If* disability denies his request *and* he didn't take the job then they will have no money. *But,* if Keith accepts the job he will need to report

this to the disability office, which will effectively terminate his request for disability. *However,* if the job doesn't work out—if Keith gets anxious and is unable to fulfill the job requirements, which is plausible considering Keith's long list of mental health conditions— *then* they will be back to the drawing board. This process is complicated by the amount of time it takes large government agencies to process paperwork.

Within this context, making choices about whether or not to work is weighed against a number of contingencies, complicating the notion that making the best choice is easily identifiable. In her study of small-scale Nigerian women traders, Andrea Cornwall (2007) finds that local developmental agencies advance a philosophy of women's empowerment by constructing Nigerian women traders as having the ability to make free and autonomous choices. Contrary to this philosophy, Cornwall finds that the women she studied made choices that are configured and "reconfigured in relation to others." Understanding of how women make choices, Cornwall argues, is incomplete without considering the relational dimensions of women's agency. The mothers I interviewed similarly were making health-related decisions with, and sometimes *around*, the needs of other family members, husbands, schools, and daycares. Whereas Elaine's choices are contingent upon her husband who does not cook, and getting her son to acquiesce to her version of good eating and good health, Josette's choices are highly contingent upon a variety of actors, including her boyfriend and the disability office.

Josette also has a fraught relationship with government-sponsored programs like Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP), whose stated goals are to help mothers—especially mothers of small children—

make healthier choices for their children. Josette told me that she is thankful for the help, though she is barely able to keep food in the cupboards even after combining food stamps and WIC benefits:

> [WIC is] pretty good. I mean, it fills in the gaps. Because even with the food stamps, you know, it's not enough to make it through the month, you know? Especially when they were little, I mean, the formula is a big expense so that helped out a lot. I mean, I would have to buy some of it. It wasn't really enough to, you know, cover the whole month. But, I mean, I guess with the food stamps at least you're able to make it. You know, between WIC and food stamps you're able to make it through the month.

While Josette received formula vouchers and food stamps at no cost, I soon began to realize how these programs weren't exactly free. They required mothers to jump through hoops that they felt were more like a moving target than a steady source of support (Hays 2003; Levine 2013). Like other mothers I interviewed, Josette talked about the emotional price she paid for the assistance she received from government agencies. For mothers like Josette, who had trouble keeping gas in their cars and who were worn out from the day-to-day of barely getting enough to eat, these trips added more stress to their lives. "So, I kind of dread it," Josette said. "But, you know, when you need the food, it's not like you have a choice."

Josette relies on the services she receives through WIC and SNAP to help keep her family healthy, and therefore felt she had little recourse for challenging or questioning the benefits she received (or didn't receive). A failure to comply with appointments and rules leads to penalties, such as the suspension of benefits (Hays 2003; Levine 2013). For example, Josette described the struggle that ensued when a WIC staff member told her that Liam, one

of her 4-year-old twins, was "too skinny" and that she should be giving him PediaSure—a

dietary supplement designed to help children receive additional nutrients and gain weight:

> Josette: I took them to this doctor, and he's telling me he doesn't think Liam needs
> [PediaSure], whereas WIC is telling me that he's skinny. And the doctor is telling me
> he's fine.
>
> Joslyn: WIC is telling you he's underweight?
>
> Josette: Yeah. Liam's only like 30 pounds. I mean, you can see his ribs and
> everything else [nervous laugh].
>
> Joslyn: And so does WIC give you the PediaSure?
>
> Josette: No, they can't give it to me without the doctor, you know, signing the
> prescription. Sometimes I'll just buy it with my food stamps, you know, and just give
> it to him. And then, like, when they first get up in the morning, we usually buy the
> Carnation Instant Breakfast, the vanilla, and put that in their milk. It's like a meal
> replacement. Kind of like similar to PediaSure or whatever, but it's just the powder
> that you put in the milk, because the doctor told me that's one thing I could give them,
> to try to fatten him up, because it's cheaper than the PediaSure.

As Josette describes, choice-making can be complicated by contradictory information and

power imbalances. Even though the pediatrician tells her that her son is fine, he nonetheless

suggests she buy another product to "fatten" him up. Josette is suspicious of the quality of

care her current pediatrician provides. However, as she describes below, her options to seek

care elsewhere are contingent on a number of factors:

> Joslyn: So what do you think of the WIC workers? How do you find them?

Josette: Yeah, some of them are nice. Some of them are, you know, it's like

anywhere. I'm taking [the kids] to a family practice right now…and I'm not really

crazy about this family practice, though. [Joslyn: How come?] I don't know, they

don't seem very knowledgeable...like [Lilly] had a problem where her vagina closed

up. I guess she doesn't have enough hormones or something. And, I mean, this

happened in Alabama and the doctor down there gave me some cream and told me if

it kept happening she might have to have surgery. So I took her to this doctor over

here and he was like asking me what to do, you know? And I'm like, "I don't have

much confidence in a doctor that's asking me what we should do. Oh my god!" So I'm

not crazy about this idea.

Joslyn: So will you keep going to that family practice or…

Josette: I don't know. I'll have to call Medicaid because I don't know if there's a

certain time of year where you have to change providers, or if you can do it at any

time, or what it is. But—and then I heard some bad things about—well, some people

say good things and bad things about Grindle Pediatrics. So I don't know if I should

go there. You know, you really have to know somebody to ask them, you know, like

who's a good pediatrician. You know?

Josette's recounting of this story reveals how she understands her choice in this situation as

only partially under her control—she anticipates there will be some paperwork to fill out, she

suspects Medicaid has rules about the time of year she can make such requests, and she feels

she needs referrals from others in order to make a good choice about changing doctors.

Despite the complex context in which Josette is making choices, the following

narrative reveals how she is torn between acknowledging the factors that constrain her

choices on the one hand and presenting herself as a responsible citizen who is in control of

her own health. Keith, Josette's boyfriend, as well as Josette's mother, were in and out during

the course of our interview, which took place in the living room. All three were present when

I asked Josette to describe a person she considers healthy. The following excerpt illustrates a

group process in which Josette, Keith, and her mother make sense of this question:

> Joslyn: If you think about a person that you consider healthy who comes to mind?
>
> Josette: A person who's healthy? Probably people on TV, like Arnold
>
> Schwarzenegger, or something like that. A woman? I don't know, Jane Fonda, she's
>
> always been in shape and she's still like in her, she's what, in her 60s? And she's
>
> always taken care of herself.
>
> Keith: Jane Fonda.
>
> Josette: Yeah.
>
> Keith: [She's] 65 years old and looks 30.
>
> Grandmother: Uh-huh when you got money.
>
> Josette: Yeah.
>
> Joslyn: It helps.
>
> Josette: Especially after you have, you know, like Demi Moore and a lot of these
>
> other people, they have kids and then they got a personal trainer and a cook and
>
> everything else. So it's real easy for them to get back in shape, you know, and they
>
> got nannies to take care of their kids…They probably exercise at least three to four

139

times a week if not every day, you know, and eat a lot of fruits and vegetables. I

guess [they] get a decent amount of rest. But I mean, that's easy to do I guess when

you have a cook to plan out all your meals and to cook for you, and then you have a

fitness instructor that tells you what kind of exercises to do you know?

Josette's narrative—constructed with the help of her family—reveals several features of

modern neoliberal health discourses. The first is that ideal health is embodied by (white) men

and women—Arnold Schwarzenegger and Jane Fonda—whose bodies symbolize the

strength and perfected sculpting of the responsible citizen who engages in self-care (Brown

2006). Josette and her family collectively construct ideal health as something that is

accomplished through the consumption of expensive resources (a personal trainer, cook,

nannies to care for children) and certain kinds of foods (fruits and vegetables). Given this

image, they perceive ideal health as something that is incredibly difficult to achieve. Josette

imagines that this version of health is embodied by wealthy citizens and celebrities who can

pay for other people to make health choices *for* them, such as a cook to "plan out all your

meals and cook for you" and a fitness instructor who "tells you what to do."

Yet Josette is unwilling to fully relinquish the idea that people *should* have full

control over their health. Despite acknowledging the expensive resources associated with

celebrity status, which facilitate striving for this ideal, Josette also supports the idea that

responsible health consumers are those who take advantage of health information vis-à-vis

their education and knowledge. Further, when I asked Josette to describe a person who is

unhealthy, she draws upon contemporary images of the fat and uneducated poor:

Josette: Unhealthy? Oh, there's a lot of people. I mean, every time you go to Walmart you can look around and you see all the overweight people and everything like that. But then you kind of feel good about yourself when you see how many people are [overweight].

Joslyn: So what makes them unhealthy then?

Josette: Their eating habits I guess. You know, lack of exercise.

Feeling like an accomplished healthy subject is an ongoing and relational process. As Elaine and Josette's stories illustrate, this process contradicts an imagined neoliberal rational actor who is unbounded by structural inequalities. Both mothers describe engaging with a number of barriers and contradictions, which trouble dominant understandings of the all-powerful social actor. Poor and working-class mothers, such as Josette, feel a tremendous pressure to convert their resources into good decisions and hence avoid the stigma of the undeserving poor (Hancock 2004; Reutter et al. 2009). Both women interpret their value as mothers and citizens through the promulgation of elusive health ideals, fraught with good and bad choices, conflicting advice, and multiple contingencies. Perceptions of healthy eating, as I discuss below, are further complicated by understandings of healthiness that are associated with a culture of whiteness.

WHITENESS AND THE CONSTRUCTION OF "GOOD" HEALTH

It was not always the case that the mothers I interviewed fully blamed other mothers for their children's health outcomes. Some expressed sympathy for the poor, identifying what sociologists argue are the fundamental causes of disease and illness (Link and Phelan 1995), such as an unequal distribution of power and resources, poverty, hectic work schedules, and

the popularity of sedentary activities like video games. Yet these instances also reveal how mothers conceptualize bad health as something experienced by only poor, uneducated, and/or minority citizens. Moreover, by identifying certain barriers—such as a lack of access to organic vegetables or a space to garden—as essential to good health, mothers legitimize a narrow understanding of healthy eating advanced by dominant white groups (Guthman 2008; Slocum 2007).

I shared a vignette with Camilla, a Latina middle-class mother, about a situation in which a child became so large that state child protective authorities stepped in and removed the child from the home. I asked Camilla what she thought. Her initial response illustrates how, as a mother, she sympathizes with the mother in this scenario. However, although the vignette offered no information about the mother's work status, income, or whether or not she even has videogames in her house, Camilla draws from pervasive understandings of *who* is in need of surveillance:

> You know, as a parent it's really tough when somebody comes home—comes into your house and tells you you're doing this wrong. Obviously it would be horrible for that to happen [if] someone criticizes you that way… it's really difficult to balance those things out because if you don't have enough money to feed them the right stuff, then it's—you still have to feed them. Or, you're not home or your work prevents you from being a full-time parent, [and] you cannot see what they're doing and they're sitting at the TV or at the videogame just playing their lives out in front of the fool box right? So, it's kinda difficult. It's kinda difficult to evaluate that. So, as a parent, it would be really rough.

What Camilla assumes to be the cause of large bodies—a lack of money, parental supervision, and video games—constructs good health and the production of socially acceptable bodies as the purview of financially secure (and preferable stay-at-home) mothers who fastidiously monitor their children's consumption of television and video games. Ana, a middle-class Latina mother, adds to this discussion of structural limits that constrain the choice people makes. Below she focuses on how high levels of education translate into responsible consumption and "awareness":

> I think education is a big factor. Like, the more you become educated on just, you know, what certain food do to your body and how they will affect your health in the future…I think it goes along the lines of socioeconomic [status] because the higher you are, the more education you're bound to probably get, and the more aware you are.

The necessary requisites for the production of good health begin to emerge in my discussions with mothers. Camilla equates healthy eating with having ample financial resources and intensive mothering, while Ana asserts that education is what enables people to make good choices vis-à-vis a heightened awareness of risk. Both mothers acknowledge that money and education enable people to purchase foods, what Camilla calls "the right stuff," considered to promote good health. As Ana continued to talk about the link between income, education, and health outcomes, she reveals exactly what the "right stuff" is:

> I think it's resources as well…I mean, I wish I could buy everything organic. But everything is so expensive lately. And if you live in a low-income area, and there's an organic supermarket and there's Walmart, you're not going to go to the organic

supermarket. So it's just—I think it has a lot to do with, you know, the supplies are there. If only they were more affordable for the population…having more supermarkets, more shops that bring all that fresh food, and all that good food, and all that healthy food.

Ana's narrative illustrates a growing trend in modern obesity discourse: if "fresh food," "all that good food," "all that healthy food" available in an "organic supermarket" were made more available to people in low-income neighborhoods, *then* people could make better choices. This environmental mode of intervention, according to Kirkland (2010:466), has the aim of "making poor food environments more like elite ones." Perhaps this model would be tenable if a single model of food consumption were shown to invariably lead to good health outcomes. Yet an array of experts acknowledge that health status is shaped by much more than just what people eat (Friedman 2003; Link and Phelan 1995). Changing the food environment by increasing access to organic food is a also a questionable approach, considering the dearth of clear scientific evidence that organic food is actually more nutritious or that it causes good health (Bourn and Prescott 2002; Magkos et al. 2003; Smith-Spangler et al. 2012). The policy agenda of bringing good food to others (Guthman 2008) is a model of social justice that some scholars argue contains an unacknowledged moralism (Kirkland 2010; Slocum 2007), embodying a "micropolitics of food choice" that privilege elite norms of consumption (Kirkland 2010). This process is illustrated by Greely, a white middle-class mother.

Greely told me she had worked with non-profit sustainable food movements for the better part of her adult life. She felt strongly that America's mainstream culture of

144

consumption is responsible for producing bad health, and talked at length about what she would like to see change. For Greely, the way out of a "horrible cycle" of unhealthy eating and concomitant health problems is to make "good" food more accessible:

> I personally feel like—you know, I have a non-profit background and whatever, but I think kind of empowering people to know how to kind of grow their food if that's the only way they can have health—you know, fresh food or to have community farmer markets where they accept food stamps, or, you know, to make good food accessible and affordable and then, to pair that with early exposure [to healthy eating education].

In her study of a progressive non-profit Community Food Security Coalition, Rachel Slocum (2007) examines how whiteness is created and reproduced through US alternative food spatially (whites visibly coming together to work toward a common goal), as well as ideologically (through advocating particular ways of eating), and materially (through their economic ability to consume). Slocum asserts (2007:526) that "while the ideals of healthy food, people and land are not intrinsically white, the objectives, tendencies, and strategies, the emphases and things overlooked in community food make them so." Slocum and others (see Guthman 2008; 2011) argue that community food movements are typically spearheaded by whites, who tend to advance a privileged understanding of eating that requires significant resources of money and time. When the predominant actors in these movements are whites, the values and activities they promote are associated with whiteness, as are practices like shopping local or shopping at expensive grocery stores like Whole Foods. Whites have become the visible face of food movements that, although ostensibly created with good intentions to make access to safely produced food more equal, advocate for solutions that

require social and economic resources to begin with (Bowen et al. forthcoming; Guthman 2007). Given their dominant position in U.S. society, whites are also able to spread the notion that certain ways of shopping and eating are superior to others and produce moral, healthy citizens. The very notion of "community food," Slocum (2007) argues, centers around food practices made white when food is packaged, processed, and marketed to engage a white middle-class consumer base. In her analysis of her students' participation in local food programs Julie Guthman (2008) finds that these movements tend to reflect the desires of whites and fail to resonate with the values and meanings of the poor, Black, and Hispanic communities they are designed for.

The association between whiteness and food practices is illustrated in Grzanka and Maher's (2012) analysis of the popular blog *Stuff White People Like*, which satirically chronicles the products and practices associated with the stereotypical white North American middle-class. According to the blog, middle-class whiteness is epitomized by the consumption of products like "Farmer's markets," "organic food," and "Whole Foods and Co-ops," as well as practices such as "awareness," "picking their own fruit," and "knowing what's best for the poor" (Grzanka and Maher 2012:376). Granzka and Maher argue that the blog's contents, along with the comments posted by readers, reveals how whiteness is a "site of discursive silence" in neoliberal hegemony that downplays how the differential distribution of power and resources shapes people's choices and the position they occupy in the social and economic hierarchy. In other words, the advancement of neoliberal ideologies requires continually downplaying or ignoring the structural inequalities that undermine the notion that individuals can achieve their goals through independent and responsible effort

146

alone. Attributing white practices to harmless idiosyncrasies, the authors argue, fails to

challenge the fact that being white confers status and resources that whites can use to acquire

further status and resources. Contrary to the blog's attempt to present white tastes and values

as merely humorous and innocuous, the practices and tastes associated with whites—real and

perceived—create a hierarchy of values and tastes (Bourdieu 1984) that have real

consequences for non-whites.

The politics of middle-class whiteness (knowing what's best for the poor), white

tastes (organic food, farmer's markets), and preferences (picking their own fruit) are

conveyed in food movements, community-based action programs, and public health

campaigns that ask consumers to make better health choices that oftentimes lack clear

scientific efficacy, but that are strongly associated with the food practices and ideologies

embraced and advanced by privileged whites. These efforts are often promulgated using the

language of "empowerment." For example, Greely believes in "empowering people to know

how to kind of grow their food if that's the only way they can have health." Yet some

scholars argue that the prominent use of an "empowerment" ideology in alternative food

movements masks the fact that subordinate groups are continually asked to find individual

solutions to problems caused by structural inequalities (Guthman 2008). For example, one

study of a battered women's shelter (Gengler 2012) finds that the staff's use of the

empowerment rhetoric masked a paternalistic approach to controlling residents and

reproduced popularized notions of women as dependent and lacking control over their lives.

Like other social movements whose participants may have sincere intentions (see Schwalbe

1996), food movements designed to bring "good food" to others may also be reproducing

inequality. This occurs through promoting the idea that good health depends on the consumption of particular foods that may not be attainable, or even desirable, for many people. An array of health experts acknowledge that the production of good health is more complicated than simply eating certain kinds of foods (although this narrative remains popular in public health campaigns). Moreover, proponents of food movements may be inadvertently playing into a neoliberal agenda of asking individuals to consume their way to better health instead of holding the food producers and the food system accountable (Guthman 2011).

DISCUSSION

Mothers use the concept of choice to make sense of why some mothers and their children are healthier than others. I argue that emphasizing individual choice is at once convenient and problematic for mothers, as illustrated by the stories of Elaine and Josette. Elaine, a white middle-class mother of one child, fully embraces the idea that people have a responsibility to make good choices. However her own narrative of caring for herself and her family reveals the myriad barriers that prevent her from embodying the image of perfect health she desires. Moreover, while Elaine acknowledges that some of the barriers in her life are products of a deregulated state, such as the ubiquity of high fructose corn syrup in drinks marketed as healthy to children and loose regulation of school food, the strong ethos of personal responsibility that surrounds discussions of health in the U.S. prevent her from seeing how the challenges she experiences are universal and thus legitimate barriers facing all mothers.

Josette, a poor white mother of four children, also emphasizes the importance of making good health choices, and yet her story also provides a rich account of the barriers she faces in this pursuit. For Josette, poverty, severe health problems, and experiences with social service agencies shape her understanding and exercise of choice in important ways. Josette struggles to make sense of the neoliberal rational choice-making rhetoric that has become a powerful frame for understanding the self and one's success in American society (Rangel and Adam 2014). Like Elaine, Josette is reluctant to challenge neoliberal understandings of the rational and responsible consumer, for example by pointing out how WIC and SNAP bureaucracy may actually prevent her for advocating for her child's health, or how living in poverty undermines her ability to enact ideas she holds about good nutrition.

Finally, I argue that narratives of making good health choices—namely the consumption of fresh and organic foods—implicitly privileges the values, tastes, and practices of middle-class whites. While identifying the structural barriers implicated in the production of health is important, my analysis bolsters that of other scholars who point to the unintended consequences of this approach. Namely, what begins as a call for addressing large-scale inequalities—for example improving access to food—reverts to a model of better individual choice-making that supports a neoliberal agenda and an (implicitly white) elusive model of health production.

The proposition that slim bodies, intensive feeding, and ostensibly rational consumption are realistic for all people, or that each one of these things is a silver bullet for overcoming poor health is tenuous. And, as a growing body of science shows, so is the evidence of a definitive link between obesity and health problems or claims that a collective

weight gain constitutes an "epidemic" (Campos et al. 2006; Flegal et al. 2005; Gard and Wright 2005). Even if these links could be made irrefutable, what are the costs and consequences of promoting health ideal that remains elusive for most citizens? I take up this question in the concluding chapter.

CHAPTER 5
CONCLUSION

I began this dissertation with a discussion of the "crisis" of obesity. I assert that this pervasive discourse reflects how policy makers, healthcare professionals, and public health campaigns hold mothers accountable for their children's health, thus reproducing a gendering of the obesity epidemic (Boero 2007). Moreover, I suggest that implicated in this process is research that systematically calls attention to how poor mothers and mothers of color refuse to accept definitions of health that are bound to standardized weight assessments, without acknowledging the complex reasons why this may be. Many of these studies posit that there may be a cultural component to this phenomenon and conclude by prioritizing the need for more interventions to teach mothers about making "healthy choices." These findings became the starting point for this dissertation, as I felt there was a need for more research to privilege the voices of mothers since they are the target of individualized attempts to improve population health. Interviews with 60 mothers allowed me to identify the complex meanings, contradictions, and inequalities that undergird perceptions and realities of health in American culture. My in-depth discussions with a diverse group of mothers of young children about weight and health, feeding, and making "healthy" choices, revealed an elusive health ideal that may be counterproductive to the production of good health. Here I review what this elusive ideal consists of.

An Elusive Health Ideal

As I discuss in chapter 2, contrary to the assertion that mothers do not know how to correctly assess their children's weight, the mothers I interviewed were acutely aware of how

they and their children were being categorized according to the BMI. The stories of Kyla (poor black mother) and Tricia (middle-class white mother) reveal the inherent tensions involved in using weight as a primary indicator of health in a culture where being relatively thin, or at least average weight, is considered a prerequisite for good health and a valued social status. And yet so many mothers relayed stories of being psychologically damaged by this ideal. Countless experiences of being shamed for being too skinny, or conversely, too fat, left mothers wanting to reject the idea that a woman's worth should be tied to her weight. The tension mothers experience navigating weight ideals they experience as harmful, but that are widely considered to be a proxy for good health, make the embodiment of good health precarious and elusive. I argue that the concept of "health" offers mothers a discursive way around the dilemma of demonstrating good mothering by monitoring their children's bodies, without overemphasizing weight. Some attempted to redefine the meaning of healthy bodies, for example, by focusing on strength and endurance, or the value of being muscular and curvy. Yet these definitions still conjure up elusive body images that may continue to elude women and lead to poor self-esteem and body image. Moreover, if this version of health remains tied to an elite health eating agenda that reinforces dominant white values surrounding food, as I discuss next, then we have done little to dismantle the racism, sexism, and class inequalities that have historically underwritten the production of health in the United States.

In chapter 3 I highlight the stories of Marta (middle-class Latina mother) and Jackie (working-class white mother) to examine how two feeding strategies—intensive feeding and practical provisioning respectively—reflect mothers' negotiations with intensive mothering

mandates (Hays 1996) in the context of a moral panic about weight (Saguy 2013). Further, I

demonstrate how the articulation of these particular feeding strategies is tied to processes of

differentiation and class distinction. Narratives of intensive feeding reveal how this strategy

is a cultural project that involves cultivating children's food tastes and habits in ways that

express and reinforce middle-class values. Mothers who articulate this strategy describe

consuming health information and devoting endless time and energy to the work of

feeding—strategies that resonate with neoliberal agendas that seek to shift responsibility for

health to individual consumers (discussed in chapter 4). And yet narratives of intensive

feeding demonstrate how a successful enactment of this feeding strategy eludes mothers, as it

requires never-ending effort to the meet the demands of changing and often contradictory

information about nutrition and parenting. In contrast, a strategy of *practical provisioning* is

characterized by an embrace of moderate eating practices and food ideologies. Mothers who

articulate this approach to feeding reject the idea that good mothers must go to extremes to

feed and produce healthy children. Further, these mothers resisted the idea that mothers *can*

or *should* control every aspect of childhood and instead focused on what they saw as the

virtues of moderation. Yet refusing to embody intensive mothering ideals through feeding

may have real consequences considering that positive social status is often conferred on those

who successfully uphold this model of feeding and mothering. Moreover, an ideological

emphasis on "everything in moderation" does little to dismantle the gendered work of

feeding that was a significant source of stress for all of the mothers I interviewed.

In chapter 4 I analyze how the mothers I interviewed, regardless of race or class

position, hold themselves, and other mothers, personally responsible for their own health and

that of their children. I highlight the stories of Elaine (middle-class white mother) and Josette (poor white mother) to illustrate this process. I assert that, contrary to pervasive neoliberal discourses of personal responsibility and rational independent choice-making, my discussions with mothers reveal how choice-making is contingent and relational. These findings mirror the work of others which demonstrate how neoliberal understandings of the rational actor are inadequate for understanding how people make choices (Elliott forthcoming). In the context of my own research, I argue that the food choices widely promoted to be healthy further underwrite definitions of health that privilege values, tastes, and body aesthetics of middle-class whites.

My goal was to privilege the voices of women and mothers—a group held accountable for producing healthy future citizens in an unhealthy culture. However, future research should examine the role men, especially those in power, play in creating and reproducing elusive health ideals. Future research can also benefit from using an intersectional approach to examining the production of ideas about health and health practices. As I have shown, this approach helps us to break down tendencies in academic research to homogenize groups of people by race, class, and gender, or assume that these groups think in similar ways. It also helps us to see how the production of health is implicated in the production and reproduction of race, class, and gender inequality.

Implications

In this dissertation I have argued that my interviews with a diverse group of mothers provide insight into the social, political, cultural, and economic processes that underscore an elusive health ideal. This finding has several important implications. These mothers' stories

suggest the need to change cultural messages about health and weight, which are so powerfully conveyed through health discourse. To the extent that phenomenon such as AIDS, smoking, drunk driving, and obesity are linked to death or experiences with a lifetime of chronic illness, the public should receive information about them. Yet as critical scholars argue, public health campaigns preserve the status quo as neoliberal governmentality has shifted the responsibility of weight and health to the individual (LaBesco 2011), in some cases scapegoating particular groups such as mothers, the poor, and racialized minorities (Bell et al. 2009; Saguy and Gruys 2010). While individual behaviors are surely an important element of social change, the media and public health campaigns have historically overemphasized the power of individual choice (Kersh and Monroe 2005) while ignoring broader epidemics of racism, sexism, and poverty, as well how access to cutting-edge healthcare, knowledge, and social networks are fundamental causes of disease (Link and Phelan 1995).

Taken together, my interviews with a diverse group of mothers demonstrate how they have systematically been harmed by the high value dominant white groups place on a thin body size, especially for women. Given that women's bodies are already heavily scrutinized, continuing to use ("normal") weight as a proxy for good health will continue to gender the production of health in ways that have physical and psychological consequences for women and young girls especially. Obesity discourse and health promotion campaigns portray fat as unequivocally shameful and thus undesirable, while also linking it to a variety of poor health outcomes, including diabetes, heart disease, and high cholesterol. Yet a growing, and increasingly acknowledged, body of science refutes these claims as universal truths (see

Campos 2004; Gard and Wright 2005). Instead, the science paints a complicated picture of

health that can help us to think, for example, about the risks associated with weight in more

complex ways. Using data from the National Health Examination Survey, Flegal et al. (2005)

find that obesity is associated with excess deaths, but so is being underweight. Importantly,

the same study finds that being overweight is not associated with excess mortality. New

research suggests that all fat is not equally dangerous either. Some people classified as obese

can be metabolically healthy, meaning they have normal levels of cholesterol blood pressure

and blood sugar, normal sensitivity to insulin and good physical fitness (Ortega et al. 2013),

which means it is possible that being obese can be healthy, contrary to popular belief (Ortega

et al. 2013; Stefan 2008). Researchers are currently grappling with the idea of an "obesity

paradox," wherein people who are obese may fare better than those who are not obese health-

wise if they develop cardiovascular or renal disease (see Morse et al. 2010 for a review).

There is also little evidence that one way of eating—this goes for diets considered to be

"bad" and those considered to be "good"—necessarily leads to good health. Considering the

harm that promoting thin bodies does to people psychologically and physically (for example

disordered or restricted eating), and considering that genes play a big role in people's body

shape and size (Friedman 2003), it appears that the time has come to change the cultural

message about fat. Members of fat activism and fat acceptance movements, such as Health at

Every size (see Lupton 2013), reject the idea that all people classified above "normal weight"

according to the BMI are necessarily unhealthy and point to the negative impact of focusing

solely on weight as a measure of health, which can lead to an unhealthy preoccupation with

food and the body, repeated cycles of weight loss and gain, and disordered eating (Bacon and

Aphramor 2011; Campos 2004). Proponents of this movement argue that we need a better way to assess health at every size. This approach, they argue, would be a first step in normalizing diverse body images.

Feeding is central to what I have argued is an elusive health ideal. As narratives of intensive feeding demonstrate, the mothers who embraced this strategy were caught in a never-ending cycle of food production and worry that seemed to have significant consequences for their own physical and mental health. Even mothers who embraced a practical provisioning approach were affected by this widely promoted practice in negative ways to the extent that it has become a standard by which powerful others, such as physicians and WIC staff, determine a woman's value and worth as a mother. Moreover, the widespread promotion of feeding as a central task of good mothering, as well as a path to good health, reproduces the gendered division of feeding labor Marjorie DeVault (1991) identified over two decades ago.

Asking mothers to strive for an elusive health ideal means that, almost invariably, they will fail to meet these standards. Moreover, as long as definitions of good health are tied to practices of exercise and food consumption that are expensive, and thus are largely out of reach for most poor and working-class, failing to meet these standards may produce feelings of personal failure and also further contribute to class divisions—what Richard Sennett and Jonathan Cobb (1972) call the hidden injuries of class. In reality, the opportunities people have to accomplish good health are varied. Continuing to promote health as an individual achievement effectively precludes examining how structural inequalities shape access to healthiness. We can all benefit from better analyzing and understanding these complexities.

My research also has implications for understanding how science itself reproduces widespread moral meanings about health. For example, it is telling that most of the research on what mothers think about health and weight is limited to poor women and women of color, even though obesity is portrayed as a crisis that all Americans experience. My research demonstrates the value of thinking critically about how the foods and practices—for example organic food, fresh fruits and vegetables, and going to the gym—reproduce the values of dominant groups.

Finally, my findings lead me to argue that we need to rethink what it means to be healthy in contemporary American society. Asking that we rethink what it means to be healthy does not involve a rejection of biomedicine or science. What it does entail, however, is examining how ideas about the body and medical practices are shaped by cultural value systems that may be toxic to health. Deconstructing the meaning of health means understanding how modern elusive health ideals—and the choices thought to represent them—are shaped by and reproduce race, class, and gender privilege. This way of understanding health, in turn, has important implications for thinking about creating a truly health-promoting society. I argue that we need to shift our attention away from focusing on individual behaviors and move upstream to the practices that inform cultural anxieties about weight, an unequal division of feeding labor, and the social arrangements that constrain the health-related choices people can make for themselves and for their children. This shift would require nothing less than directing our attention to reducing race, class, and gender inequalities that sociologists have long noted are the fundamental causes of poor health and health disparities.

REFERENCES

Ackard, Diann M., Jillian K. Croll, and Ann Kearney-Cooke. 2002. "Dieting Frequency among College Females: Association with Disordered Eating, Body Image, and Related Psychological Problems." *Journal of Psychosomatic Research* 52(3):129–36.

Aphramor, Lucy. 2005. "Is a Weight-Centered Health Gramework Salutogenic? Some Thoughts on Unhinging Certain Dietary Ideologies." *Social Theory & Health* 3:315-340.

Arendell, Terry. 2000. "Conceiving and Investigating Motherhood: The Decade's Scholarship." *Journal of Marriage and the Family* 62:1192-1207.

Ayo, Nike. 2012. "Understanding Health Promotion in a Neoliberal Climate and the Making of Health Conscious Citizens." *Critical Public Health* 22(1):99–105.

Bacon, Linda and Lucy Aphramor. 2011. "Weight Science: Evaluating the Evidence for a Paradigm Shift." *Nutrition Journal* 10(9): 1-13.

Bartky, Sandra Lee. 1990. *Femininity and Domination: Studies in the Phenomenology of Oppression*. New York: Routledge.

Baughcum, Amy E., Leigh A. Chamberlin, Cindy M. Deeks, Scott W. Powers, and Robert C. Whitaker. 2000. "Maternal Perceptions of Overweight Preschool Children." *Pediatrics* 106(6):1380-1386.

Bearman, Sarah Kate, Katherine Presnell, Erin Martinez, and Eric Stice. 2006. "The Skinny on Body Dissatisfaction: A Longitudinal Study of Adolescent Girls and Boys." *Journal of Youth and Adolescence* 35(2):217–29.

Bell, Kristen, Darlene McNaughton, and Amy Salmon. 2009. "Medicine, Morality and Mothering: Public Health Discourses on Foetal Alcohol Exposure, Smoking Around Chidlren and Childhood Overnutrition." *Critical Public Health* 19(2):155-170.

Berlant, Lauren. 2010. "Risky Bigness: On Obesity, Eating, and the Ambiguity of 'Health.'" Pp. 26-39 in *Against Health: How Health Became the New Morality*, edited by Jonathan M. Metzl and Anna Kirkland. New York: New York University Press.

Blaine, Bruce. 2008. "Does Depression Cause Obesity?: A Meta-Analysis of Longitudinal Studies of Depression and Weight Control. *Journal of Health Psychology* 13(8):1190-1197.

Blee, Kathleen M. 1998. "White-Knuckle Research: Emotional Dynamics in Fieldwork with Racist Activists." *Qualitative Sociology* 21(4):381-399.

Blumer, Herbert. 1969. *Symbolic Interactionism: Perspective and Method*. Berkeley: University of California Press.

Boero, Natalie. 2007. "All the News that's Fat to Print: The American "Obesity Epidemic" and the Media." *Qualitative Sociology* 30:41-60.

Bordo, Susan. 2003. *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley: University of California Press.

Bourdieu, Pierre. 1984. *Distinction: A Social Critique of the Judgement of Taste*. Cambridge: Harvard University Press.

Bourn, Diane and John Prescott. 2010. "A Comparison of Nutritional Value, Sensory Qualities, and Food Safety of Organically and Conventionally Produced Foods." *Critical Reviews in Food Science and Nutrition* (42)1:1-34.

Bowen, Sarah, Sinikka Elliott, and Joslyn Brenton. Forthcoming. "The Joy of Cooking and Other Kitchen Lies." *Contexts*.

Brenton, Joslyn and Sinikka Elliott. 2014. "Undoing Gender?: The Case of Complementary and Alternative Medicine." *Sociology of Health & Illness* 36(1):91-107.

Brown, Wendy. 2006. "American Nightmare: Neoliberalism, Neoconservatism, and De-democratization." *Political Theory* 34(6):690-714.

Bureau of Labor Statistics. "Employment Status of Parents, 2011." Washington, DC. Viewed April 24, 2014 (http://www.bls.gov/opub/ted/2012/ted_20120427.htm)

Cachelin, Fary M., Ramona M. Rebeck, Grace H. Chung, and Elizabeth Pelayo. 2002. "Does Ethnicity Influence Body-Size Preference? A Comparison of Body Image and Body Size." *Obesity Research* 10(3):158-166.

Cairns, Kate, Josée Johnston, and Shyon Baumann. 2010. "Caring About Food: Doing Gender in the Foodie Kitchen." *Gender & Society* 24(5):591-615.

Cairns, Kate, Josée Johnston, and Norah MacKendrick. 2013. "Feeding the 'Organic Child': Mothering through Ethical Consumption." *Journal of Consumer Culture* 13(2):97–118.

Campos, Paul. 2004. *The Obesity Myth: Why America's Obsession with Weight is Hazardous to your Health*. New York: Gotham Books.

Campos, Paul, Abigail Saguy, Paul Ernsberger, Eric Oliver, and Glenn Gaesser. 2006. "The Epidemiology of Overweight and Obesity: Public Health Crisis or Moral Panic?" *International Journal of Epidemiology* 35(1):55–60.

Caprio, Sonia, Stephen R. Daniels, Adam Drewnowski, Francine R. Kaufman, Lawrence A. Palinkas, Arlan L. Rosenbloom and Jeffery B. Schwimmer. 2008. "Influence of Race, Ethnicity, and Culture on Childhood Obesity: Implications for Prevention and Treatment." *Diabetes Care* 31(11):2211-2221.

Carmona, Richard. 2004. "The Growing Epidemic of Childhood Obesity." Testimony Before the Subcommittee on Competition, Infrastructure, and Foreign Commerce Committee on Commerce, Science, and Transportation, United States Senate. Retrieved March 30, 2014. (http://www.surgeongeneral.gov/news/testimony/childobesity03022004.html).

Centers for Disease Control and Prevention. 2011. "Childhood Obesity Facts" Viewed: October 5, 2011 (http://www.cdc.gov/healthyyouth/obesity/facts.htm)

Chapman, Gwen E. 1999. "From 'Dieting' to 'Healthy Eating': An Exploration of Shifting Constructions of Eating for Weight Control." Pp. 73-88 in *Interpreting Weight: The Social Management of Fatness and Thinness*, edited by Jeffery Sobal and Donna Maurer. New York: Aldine de Gruyter.

Charmaz, Kathy. 2006. *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. Thousand Oaks: Sage Publications Inc.

ChildStats. 2013. "Family Structure and Children's Living Arrangements." Federal Interagency Forum on Child and Family Statistics. Retrieved April 4, 2014. (http://www.childstats.gov/americaschildren/famsoc1.asp).

Collins, Patricia Hill. 2000. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. New York: Routledge.

Colen, Cynthia G. and David M. Ramey. 2014. "Is Breast Truly Best? Estimating the Effects of Breastfeeding on Long-Term Child Health and Wellbeing in the United States Using Sibling Comparisons." *Social Science & Medicine* 109:55-65.

Cordain, Lauren. 2011. *The Paleo Diet: Lose Weight and Get Healthy by Eating the Foods You Were Designed to Eat.* Hoboken: John Wiley and Sons, Inc.

Cornwall, Andrea. 2007. "Of Choice, Chance and Contingency: 'Career Strategies' and Tactics for Survival among Yoruba Women Traders." *Social Anthropology* 15(1):27–46.

Courtenay, W. H. 2000. "Constructions of Masculinity and Their Influences on Men's Well-Being: A Theory of Gender and Health. *Social Science & Medicine* (50)10:1385-1401.

Coveney, John. 2008. "The Government of Girth." *Health Sociology Review* 17(2):199-213.

Cutler, David M., Edward L. Glaeser, and Jesse M. Shapiro. 2003. "Why Have Americans Become More Obese?" *Journal of Economic Perspectives* 17(3):93-118.

Czaja Ronald and Johnny Blair. 2005. *Designing Surveys*. Thousand Oaks: Sage Publications.

Demarest, Jack and Rita Allen. 2000. "Body Image: Gender, Ethnic, and Age Differences." *The Journal of Social Psychology* 140(4): 465-472.

DeVault, Marjorie L. 1991. *Feeding the Family: The Social Organization of Caring as Gendered Work*. Chicago: The University of Chicago Press.

Drewnowski, Adam. 2009. "Obesity, Diets, and Social Inequalities." *Nutrition Reviews* 67(suppl.): S36-S39.

Ebbeling, Cara B., Dorota B. Pawlak and David S. Ludwig. 2002. "Childhood Obesity: Public-Health Crisis, Common Sense Cure." *Lancet* 360:473-482.

Eckstein, Kathryn C., Laura M. Mikhail, Adolfo J. Ariza, J. Schott Thomson, Scott C. Millard, and Helen J. Binns. 2006. "Parents' Perceptions of their Child's Weight and Health." *Pediatrics* 117(3): 681-690.

Edmunds, L. D. 2005. "Parents' Perceptions of Health Professionals' Responses When Seeking Help for Their Overweight Children." *Family Practice* 22(3):287–92.

Elliott, Sinikka. 2012. *Not My Kid: What Parents Believe about the Sex Lives of Their Teenagers*. New York: New York University Press.

Elliott, Sinikka. Forthcoming. "'Who's to Blame?': Constructing the Responsible Sexual Agent in Neoliberal Sex Education." *Sexuality Research and Social Policy.* http://dx.doi.org/10.1007/s13178-014-0158-5

Elliott, Sinikka, and Elyshia Aseltine. 2013. "Raising Teenagers in Hostile Environments How Race, Class, and Gender Matter for Mothers' Protective Carework." *Journal of Family Issues* 34(6):719–44.

Elliott, Sinikka, Rachel Powell and Joslyn Brenton. Forthcoming. "Being a Good Mom: Low-Income, Black Single Mothers Negotiate Intensive Mothering." *Journal of Family Issues.* http://jfi.sagepub.com/content/early/2013/05/22/0192513X13490279.

Emerson, Robert M., Rachel L. Fretz, and Linda L. Shaw. 1995. *Writing Ethnographic Fieldnotes*. Chicago: University of Chicago Press.

Esterberg, Kristin G. 2002. *Qualitative Methods in Social Research.* Boston: McGraw-Hill Companies, Inc.

Faircloth, Charlotte R. 2010. "'If They Want to Risk the Health and Well-Being of Their Child, That's up to Them': Long-Term Breastfeeding, Risk and Maternal Identity." *Health, Risk & Society* 12(4):357–67.

Flegal, Katherine M., Barry I. Graubard, David F. Williamson, and Mitchell H. Gail. 2005. "Excess Deaths Associated with Underweight, Overweight, and Obesity." *Journal of the American Medical Association* 293(15):1861-1867.

Flegal, Katherine M., Margaret D. Carroll, Cynthia L. Ogden, and Lester R. Curtin. 2010. "Prevalence and Trends in Obesity Among US Adults, 1999-2008." *Journal of the American Medical Association* 303(3):235-241.

Flynn Kristin J. and Marian Fitzgibon. 1998. "Body Images and Obesity Risk Among Black Females: A Review of the Literature." *Annals of Behavioral Medicine* 20(1):13-24.

Foucault, Michael. 1988. "Technologies of Self," in L. Martin, H. Gutman, and P. Hutton (Eds.) *Technologies of Self: A Seminar with Michael Foucault*, London: Tavistock,145-162.

_____. 1991."Governmentality." Pp. 87-104 in *the Foucault Effect: Studies in Governmentality*, edited by Graham Burchell, Colin Gordon, and Peter Miller. Chicago: Chicago University Press.

Freedman, Joshua and Dan Jurafsky. 2011. "Authenticity in America: Class Distinctions in Potato Chip Advertising." *Gastronomica: The Journal of Food and Culture* 11(4):46-54.

Friedman, Jeffery M. 2003. "A War on Obesity, Not the Obese." *Science* 299:856-858.

Gard, Michael and Jan Wright. 2005. *The Obesity Epidemic: Science, Morality and Ideology*. New York: Routledge.

Gengler, Amanda M. 2012. "Defying (Dis)Empowerment in a Battered Women's Shelter: Moral Rhetorics, Intersectionality, and Processes of Control and Resistance." *Social Problems* 59(4):501–21.

Glasser, Barney G. and Anslem L. Strauss. 1967. *The Discovery of Grounded Theory*. Chicago: Aldine Gruyer.

Gluck, Marci E. and Allan Geliebter. 2002. "Racial/Ethnic Differences in Body Image and Eating Behaviors." *Eating Behaviors* 3:143-151.

Goodell, L. Suzanne, Michelle B. Pierce, Carolina M. Bravo, and Ann M. Ferris. 2008. "Parental Perceptions of Overweight During Early Childhood." *Qualitative Health Research* 18(11):1548-1555.

Grabe, Shelly, L. Monique Ward, and Janet Shibley Hyde. 2008. "The Role of the Media in Body Image Concerns among Women: A Meta-Analysis of Experimental and Correlational Studies." *Psychological Bulletin* 134(3):460–76.

Granzka, Patrick R., and Justin Maher. 2012. "Different, Like Everyone Else: *Stuff White People Like* and the Marketplace of Diversity." *Symbolic Interaction* 35(3):368-393.

Guthman, Julie. 2003. "Fast Food/organic Food: Reflexive Tastes and the Making of 'Yuppie Chow.'" *Social & Cultural Geography* 4(1):45–58.

_____. 2007. "Can't Stomach It: How Michael Pollan et al. Made Me Want to Eat Cheetos." *Gastronomica: The Journal of Food and Culture* 7(3):75–79.

_____. 2008. "Bringing Good Food to Others: Investigating the Subjects of Alternative Food Practice." *Cultural Geographics* 15:431-447.

_____. 2011. *Weighing In: Obesity, Food Justice, and the Limits of Capitalism*. Berkeley: University of California Press.

Guthman, Julie and Melanie DuPuis. 2006. "Embodying Neoliberalism: Economy, Culture, and the Politics of Fat." *Environment and Planning D: Society and Space* 24:427-448.

Hackie, Mary and Cheryl L. Bowles. 2007. "Maternal Perception of their Overweight Children." *Public Health Nursing* 24(6):538-546.

Hancock, Ange-Marie. 2004. *The Politics of Disgust: The Public Identity of the Welfare Queen*. New York: New York University Press.

Hays, Sharon. 1996. *The Cultural Contradictions of Motherhood*. Yale University Press.

He, Meizi and Anita Evans. 2007. "Are Parents Aware that their Children are Overweight or Obese?: Do they Care?" *Canadian Family Physician* 53:1493-1499.

Hesse-Biber, Sharlene, Patricia Leavy, Courtney E. Quinn, and Julia Zoino. 2006. "The Mass Marketing of Disordered Eating and Eating Disorders: The Social Psychology of Women, Thinness and Culture." *Women's Studies International Forum* 29: 208-224.

Hochschild, Arlie Russell. 1979. "Emotion Work, Feeling Rules, and Social Structure." *American Journal of Sociology* 85(3):551-575.

_____. 2003. *The Second Shift*. New York: Penguin Books.

Holstein, J.A. and J.F. Gubrium. 1995. *The Active Interview*. Thousand Oaks: Sage.

Hughes, Cayce C., S.N. Sherman, and R.C. Whittaker. 2010. "How Low-Income Mothers With Overweight Preschool Children Make Sense of Obesity." *Qualitative Health Research* 20(4):465-478.

Jackson, Linda A. and Olivia D. McGill. 1996. "Body Type Preferences and Body Characteristics Associated with Attractive and Unattractive Bodies by African Americans and Anglo Americans." *Sex Roles* 35(5/6): 295-307.

Jain, Anjali, S.N. Sherman, L.A. Chamberlin, Y. Carter, S.W. Powers, and R.C. Whittaker. 2001. "Why Don't Low-Income Mothers Worry About their Preschoolers Being Overweight?" *Pediatrics* 107(5):1138-1146.

Janssen, Ian, Wendy M. Craig, William F. Boyce, and William Pickett. 2004. "Associations Between Overweight and Obesity With Bullying Behaviors in School-Aged Children." *Pediatrics* 113(5):1187–94.

Johnston, David. 2007. "Income Gap is Widening, Data Shows." *New York Times Business*, Retrieved November 27, 2011. http://www.nytimes.com/2007/03/29/business/29tax.html.

Johnston, Josee, and Shyon Baumann. 2010. *Foodies: Democracy and Distinction in the Gourmet Foodscape*. New York: Routledge.

Kaufman, Leslie and Adam Karpati. 2007. "Understanding the Sociocultural Roots of Childhood Obesity: Food Practices among Latino Families of Bushwick, Brooklyn." *Social Science & Medicine* 64: 2177-2188.

Kempson, Kathryn M., Debra Palmer Keenan, Puneeta Sonya Sadani, Sylvia Ridlen, and Nancy Scotto Rosato. 2002. "Food Management Practices Used by People with Limited Resources to Maintain food Sufficiency as Reported by Nutrition Educators." *Journal of the American Dietetic Association* 102:1795-1799.

Kersh, Rogan, and James A. Morone. 2005. "Obesity, Courts, and the New Politics of Public Health." *Journal of Health Politics, Policy and Law* 30(5):839–68.

Kessler, David A.2009. *The End of Overeating: Taking Control of the Insatiable American Appetite*. New York: Rodale.

Khan, Shamus Rahman. 2010. *Privilege: The Making of an Adolescent Elite at St. Paul's School*. Princeton University Press.

Kilbourne, Jean. 1994. "Still Killing Us Softly: Advertising and the Obsession with

Thinness." Pp.395-418 in *Feminist Perspectives on Eating Disorders,* edited bby Patricia Fallon, Melanie A. Katzman, and Susan C. Wooley. New York: Guilford Press.

Kirkland, Anna. 2010. "The Environmental Account of Obesity." *Signs: Journal of Women in Culture and Society* 36(2):463-485.

Lareau, Annette. 2003. *Unequal Childhoods: Class, Race, and Family Life*. Berkeley: University of California Press.

LaBesco, Kathleen. 2011. "Neoliberalism, Public Health, and the Moral Perils of Fatness." *Critical Public Health* 21(2):153-164.

Let's Move. "Learn the Facts." Viewed April 14, 2014. http://www.letsmove.gov/learn-facts/epidemic-childhood-obesity

Levine, Judith. 2013. *Ain't No Trust: How Bosses, Boyfriends, and Bureaucrats Fail Low-Income Mothers and Why It Matters*. Berkeley: University of California Press.

Link, Bruce G., and Jo Phelan. 1995. "Social Conditions As Fundamental Causes of Disease." *Journal of Health and Social Behavior* 35:80–94.

Little, Jo, Brian Ilbery, and David Watts. 2009. "Gender, Consumption and the Relocalisation of Food: A Research Agenda." *Sociologia Ruralis* 49(3):201-217.

Lovejoy, Meg. 2001. "Disturbances in the Social Body: Differences in Body Image and Eating Problems among African American and White Women." *Gender & Society* 15(2): 239-261.

Lupton, Deborah. 1995. *The Imperative of Health: Public Health and the Regulated Body*. Thousand Oaks: Sage Publications.

_____. 2013. *Fat*. New York: Routledge.

Magkos, Faidon, Fotini Arvaniti, and Antonis Zampelas. 2006. "Organic Food: Buying More Safety or Just Peace of Mind? A Critical Review of the Literature." *Critical Reviews in Food Science and Nutrition* 46(1):23–56.

Maher, JaneMaree, Suzanne Fraser, and Jan Wright. 2010. "Framing the Mother: Childhood Obesity, Maternal Responsibility and Care." *Journal of Gender Studies* 19(3):233–47.

Maskovsky, Jeff. 2000. "'Managing' the Poor: Neoliberalism, Medicaid HMOs and the Triumph of Consumerism Among the Poor." *Medical Anthropology: Cross Cultural Studies in Health and Illness* 19(2):121-146.

Maynard, L. Michele, Deborah A. Galuska, Heidi Blank, and Mary K. Serdula. 2003. "Maternal Perceptions of Weight and Status of Children." *Pediatrics* 111(5):1226-1231.

McIntosh, Alex and Mary Zey. 1998. "Women as Gatekeepers." Pp. 125-144 in *Food and Gender: Identity and Power,* edited by Carole M. Counihan and Steven L. Kaplan. Amsterdam, The Netherlands: Harwood Academic Publishers.

McNamee, Stephen J., and Robert K. Miller Jr. 2009. *The Meritocracy Myth.* Rowman and Maryland: Littlefield Publishers, Inc.

Monaghan, Lee F. 2007. "Body Mass Index, Masculinities and Moral Worth: Men's Critical Understanding of 'Appropriate' Weight-for-Height." *Sociology of Health & Illness* 29(4): 584-609.

Morse Stephn A., Rajat Gulati and Efrain Reisin. 2010. "The Obesity Paradox and Cardiovascular Disease." *Current Hypertension Reports* 12: 120-126.

Nathman, Avital Norman. 2014. *The Good Mother Myth: Redefining Motherhood to Fit Reality*. Berkeley: Seal Press.

Naumberg, Carla. 2014. "Mama Don't Cook." Pp. 49-56 in *The Good Mother Myth: Redefining Motherhood to Fit Reality*, edited by Avital Norman Natham. Berkeley: Seal Press.

Nestle, Marion. 2007. *Food Politics: How the Food Industry Influences Nutrition and Health*. Berkeley: University of California Press.

Nestle, Marion, and Michael F. Jacobson. 2000. "Halting the Obesity Epidemic: A Public Health Policy Approach." *Public Health Reports* 115(1):12–24.

Norum, Karen E. 2000. "Black (w)Holes: A Researcher's Place in Her Research." *Qualitative Sociology* 23(3):319-340.

Ogden, Cynthia L., Margaret D. Carroll, Lester R. Curtin, Molly M. Lamb and Katherine M. Flegal. 2010. "Prevalence of High Body Mass Index in US Children and Adolescents, 2007-2008." *Journal of the American Medical Association* 303(3):242-249.

Ogden, Cynthia L., Margaret D. Carroll, Brian K. Kit and Katherine M. Flegal. 2014. "Prevalence of Childhood and Adult Obesity in the United States, 2011-2012." *Journal of the American Medical Association* 311(8):806-814.

Ortega, Francisco B., Duck-chul Lee, Peter T. Katzmarzyk, Jonatan R. Ruiz, Xuemei Sui, Timothy S. Church, and Steven Blair. 2013. "The Intriguing Metabolically Healthy but Obese Phenotype: Cardiovascular Prognosis and Role of Fitness." *European Heart*

Journal 34: 389-397.

Petersen, Alan. 2003. "Governmentality, Critical Scholarship, and the Medical Humanities." *Journal of Medical Humanities* 24(3/4):187-201.

Pickett, Kate E., Shona Kelly, Eric Brunner, Tim Lobstein, and Richard G. Wilkinson. 2005. "Wider Income Gaps, Wider Waistbands? An Ecological Study of Obesity and Income Inequality." *Journal of Epidemiology and Community Health* 59:670-674.

Pollan, Michael. 2013. *Cooked: A Natural History of Transformation*. New York: Penguin.

Poran, Maya A. 2006. "The Politics of Protection: Body Image, Social Pressures, and the Misrepresentation of Young Black Women." *Sex Roles* 55(11-12):739.

Pugh Allison J. 2009. *Longing and Belonging: Parents, Children, and Consumer Culture.* Berkeley: University of California Press.

Puhl, Rebecca M., and Janet D. Latner. 2007. "Stigma, Obesity, and the Health of the Nation's Children." *Psychological Bulletin* 133(4):557–80.

Puhl, Rebecca M. and Chelsea A. Heuer. 2010. "Obesity Stigma: Important Considerations for Public Health." *American Journal of Public Health* 100(6):1019-1028.

Rangel, Cristian J., and Carry D. Adam. 2014. "Everyday Moral Reasoning in the Governmentality of HIV Risk." *Sociology of Health & Illness* 36(1):60-74.

Reutter, Linda I. et al. 2009. "'Who Do They Think We Are, Anyway?': Perceptions of and Responses to Poverty Stigma." *Qualitative Health Research* 19(3):297–311.

Rich, Emma and John Evans. 2005. "'Fat Ethics'—The Obesity Discourse and Body Politics." *Social Theory & Health* 3(4):341-358.

Rich, Shannon S., Nancy M. DiMarco, Carol Huettig, Eve V. Essery, Evelyn Andersson, and Charlotte F. Sanborn. 2005. "Perceptions of Health Status and Play Activities in Parents of Overweight Hispanic Toddlers and Preschoolers." *Family Community Health* 28(2): 130-141.

Rowell, Katija. 2010. "Helicopter Feeding: Parents, You're Working Too Hard and it's Not Helping!" *Family Feeding Dynamics: What's on My Mind and on My Table.* Retrieved March 29, 2014. http://familyfeedingdynamics.blogspot.com/2010/08/helicopter-feeding-parents-youre.html

Rutherford, Markella B. 2011. *Adult Supervision Required: Private Freedom and Public Constraints for Parents and Children*. Rutgers University Press.

Saguy, Abigail C. 2013. *What's Wrong with Fat?* Oxford University Press.

Saguy, Abigail C., and Kevin W. Riley. 2005. "Weighing Both Sides: Morality, Mortality, and Framing Contests over Obesity." *Journal of Health Politics, Policy and Law* 30(5):869–923.

Saguy, Abigail C., and Rene Almeling. 2008. "Fat in the Fire? Science, the News Media, and the 'Obesity Epidemic'2." *Sociological Forum* 23(1):53–83.

Saguy, Abigail C., and Kjerstin Gruys. 2010. "Morality and Health: News Media Constructions of Overweight and Eating Disorders." *Social Problems* 57(2):231–50.

Saguy, Abigail C., Kjerstin Gruys, and Shanna Gong. 2010. "Social Problem Construction and National Context: News Reporting on 'Overweight' and 'Obesity' in the United States and France." *Social Problems* 57(4):586–610.

Schwalbe, Michael. 1996. *Unlocking the Iron Cage: The Men's Movement, Gender Politics, and American Culture.* New York: Oxford University Press.

Schwalbe, Michael, Sandra Godwin, Daphne Holden, Douglas Schrock, Shealy Thompson, and Michelle Wolkomir. 2000. "Generic Processes in the Reproduction of Inequality: An Interactionist Analysis." *Social Forces* 79(2):419-452.

Sennett, Richard and Jonathan Cobb. 1972. *The Hidden Injuries of Class*. New York: Vintage Books.

Skolnik, Deborah. "How to Stop Helicopter Parenting," *Parenting.* Retrieved April 7, 2014. http://www.parenting.com/article/helicopter-parenting?page=0,0

Slocum, Rachel. 2007. "Whiteness, Space and Alternative Food Practice." *Geoforum* 38(3):520–33.

Smink, Frederique R.E., Daphne van Hoeken, and Hans W. Hoek. 2012. "Epidemiology of Eating Disorders: Incidence, Prevalence and Mortality Rates." *Current Psychiatry Reports* 14:404-414

Smith-Spangler, Crystal, Margaret L. Brandeau, Grace E. Hunter, Clay Bavinger, Maren Pearson, Paul J. Eschbach, Vandana Sundaram, Patricia Schirmer, Christopher Stave, Ingram Olkin and Dena M. Bravata. 2012. "Are Organic Foods Safer or healthier Than Conventional Alternatives." *Annals of Internal Medicine* 157:348-366.

Stefan, Norbert, Konstantinos Kantartzis, Jurgen Machann, Fritz Schick, Claus Thamer, Kilian Rittig, Bernd Balletshofer, Fausto Machicao, Andreas Fritsche and Hans-Lurich

Haring. 2008. "Identification and Characterization of Metabolically Benign Obesity in Humans." *Archives of Internal Medicine* 168(15): 1609-1616.

Strong4Life. Children's Healthcare of Atlanta. Retrieved August 2013. (http://www.strong4life.com/).

Tavernise, Sabrina. 2014. "Obesity Rate for Young Children Plummets 43% in a Decade." *New York Times.* Retrieved February 27, 2014. http://www.nytimes.com/2014/02/26/health/obesity-rate-for-young-children-plummets-43-in-a-decade.html?

Thompson, Becky Wangsgaard. 1992. "'A Way Outa No Way'": Eating Problems among African-American, Latina, and White Women." *Gender & Society* 6(4):546-561.

Tschmaler, Jillian M., Kelly M. Conn, Stephen R. Cook, and Jill S. Halterman. 2010. "Underestimation of Children's Weight Status: Views of Parents in an Urban Community." *Clinical Pediatrics* 49(5):470-476.

Thompson, Sharon H., Roger G. Sargent, and Karen A. Kemper. 1996. "Black and White Adolescent Males' Perceptions of Ideal Body Size." *Sex Roles* 34(5/6): 391-406.

Thompson, Maxine S. and Verna M. Keith. 2001. "The Blacker the Berry: Gender, Skin-Tone, Self-Esteem, and Self-Efficacy." *Gender & Society* 15(3):336-357.

Turner, Bryan S., and June Edmunds. 2002. "The Distaste of Taste Bourdieu, Cultural Capital and the Australian Postwar Elite." *Journal of Consumer Culture* 2(2):219–39.

Wall, Glenda. 2001. "Moral Constructions of Motherhood in Breastfeeding Discourse." *Gender & Society* 15(4):592–610.

Warin, Megan, Karen Turner, Vivienne Moore, and Michael Davis. 2007. "Bodies, Mothers, and Identities: Rethinking Obesity and the BMI." *Sociology of Health & Illness* 30(1): 97-111.

Weber, Lynn. 1998. "A Conceptual Framework for Understanding Race, Class, Gender, and Sexuality." *Psychology of Woman Quarterly* 22:13-32.

West, Candace and Don H. Zimmerman. 1987. "Doing Gender." *Gender & Society* 1(2): 125-151.

West, Carolyn. 1995. "Mammy, Sapphire, and Jezebel: Historical Image of Black Women and Their Implications for Psychotherapy." *Psychotherapy* 32(3): 458-466.

Wilkins, Amy C. *Wannabes, Goths, and Christians.* 2008. Chicago: The University of

Chicago Press.

Wolf, Joan B. 2011. *Is Breast Best? Taking on the Breastfeeding Experts and the New High Stakes of Motherhood.* New York: New York University Press.

Women, Infant, and Children (WIC). 2013. Retrieved March 3, 2014. http://www.fns.usda.gov/wic/about-wic-wics-mission

Zelizer, Viviana A. Rotman. 1985. *Pricing the Priceless Child: The Changing Social Value of Children*. Princeton University Press.

APPENDIX

Appendix A. *Screening Questions*

Screening questions of middle-class participants:

1. How many kids to you have? (age and sex of each child?)

2. What is your highest level of education?

3. What do you identify as your race/ethnicity?

4. What was your total household income in 2011?

5. Where do you live? (area and city are fine)