

1 YOU ARE WHAT YOU EAT

Tell me what you eat, and I'll tell you what you are.

—JEAN ANTHELME BRILLAT-SAVARIN,
French gastronome, in *The Physiology of Taste* (1825)

Why do people care so much about food? More than just physical sustenance, people's food choices tell others *who* they are. Eating home-cooked food, around the dinner table, has become a symbol of people's commitment to family life and good health. Food can also be a symbol of our cultural roots, of where we come from and where we belong and don't belong. Food is never just food.

2 ROOM 105

“You need to come say grace before dinner,” Patricia Washington announces as she removes a sizzling Tony’s pepperoni pizza from the microwave. Patricia’s age is hard to judge. She keeps her salt-and-pepper hair short, with her bangs pushed back. Given her smooth brown skin, she could be in her late forties. But her two missing front teeth and stooped posture create the appearance of someone beyond her fifty-eight years.

“It’s hot,” she advises her grandchildren, carefully divvying up slices of pizza between four-year-old Mia and one-year-old Jayden. She puts Jayden’s three small slices in a blue plastic bowl. Mia’s three slices sit in a black plastic bowl, recycled from last night’s TV dinner.

Patricia picks Jayden up from the carpet and expertly situates him on her hip. Without prompting, Mia scrambles onto the bathroom vanity to wash her hands. With her knees on the counter to steady herself, she hunches over the sink basin, trying to grasp the knob of the faucet. She wears skinny jeans and a pink T-shirt. At four, Mia is small for her age. Her petite frame, combined with her broad smile and infectious laugh, seem to have a magical effect on adults, who often comment on how cute she is.

Teetering, Mia manages to turn the faucet on and wash her hands. But getting down presents a dilemma. “I can’t get down,” Mia tells Patricia, who has her hands full with Jayden. Mia’s legs dangle over the side of the counter, searching for a foothold. Eventually, her foot finds the edge of the beige plastic wastebasket under the sink. She steadies herself enough to get down and walks over to where Patricia is sitting with Jayden on her lap. Like his sister, Jayden is petite. At his last doctor’s visit, he was in the fifth percentile for height and weight. He has delicate features and dark hair, cut close to his head. He is dressed in a T-shirt and diaper.

Patricia decided it wasn't worth putting his shorts back on after she changed him the last time, since it will be bedtime soon.

Finally, with everyone situated, Patricia begins the dinner prayer. "God is great and God is good," she says in a soft voice. Mia repeats each line after her. "And we thank Him for our food. By His hand we must be fed. Give us Lord, our daily bread."

Steam rises from the slices of pizza. Mia holds her bowl up to her face. Delicately, she blows on it.

"Still hot, Mama," she reports.

Jayden copies her, blowing dramatically into his bowl.

After a minute, Mia bites into the chewy crust, struggling to tear it away from the rest of the slice.

Jayden pops an entire wedge of pizza, half the size of his hand, into his mouth.

Patricia doesn't eat.¹ Saundra, Patricia's daughter and the children's mother, usually joins them for dinner. Today, however, she is still out job hunting and won't be back until later.

An episode of *Family Feud* is playing on the outdated television set. One of the contestants shouts something out.

"Oh, yeah, that's a good answer," Patricia tells the contestant, glancing at the television.

It's a familiar scene, except that Patricia and the kids aren't at a kitchen table, or even in a kitchen. With plates on their laps, they are all crowded into a hotel room, sitting on one of the two full-sized beds that take up most of the space in room 105, where the family has been living for the past four months.

Most people have an idea of what family meals should look like. Maybe they pull it off on a regular basis, maybe they don't, but they hold in mind a similar ideal of what it means for a family to sit down and eat together.

From her cramped hotel room, Patricia looks forward to better times, when her family will have a home, a table, and tableware. "I'd really like to have a kitchen table, you know?" she says in her soft voice. She envisions Mia and Jayden setting the table and everyone gathering around it. "The kids will put the table in order, and everyone will sit down and eat together."

This is how Patricia remembers the mealtimes of her youth. She has good memories of eating with her family growing up. She was born in a small town a few hours from where she is now. "I grew up in the old days and I grew up on beans, you know, so I love beans," Patricia says. She breaks into a broad grin

with the memory. It's only as an adult, looking back, that Patricia realizes her family was dirt poor. They rarely ate meat. Instead, a good meal consisted of soul food staples like beans, cornbread, fatback, and greens. Patricia's mom would send her to the little grocery store down the street to get fresh collards and mustard greens. "I still like mustard greens to this day," she says, smiling.² She remembers pinto and lima beans simmering on the stove for hours, later served with corn bread. After Patricia's mother died, she moved in with her aunt.³ She knew her aunt was better off because they regularly ate meat and dessert.

When Patricia thinks of greens and beans, she is transported back in time, to the days when her mom was still alive and they ate simple meals together as a family. Patricia misses those times. Adults and kids would eat dinner together at the table, and afterward, the adults would sit around on the front porch and talk. She worries about how things have changed since then. "Sometimes when I reminisce on my childhood, I just look and think about this generation in comparison to my generation," she says. Things are different today. People have bigger houses, shifting schedules, and everyone is looking at a screen. The effect, Patricia feels, is that people no longer make time to eat together.

"Growing up, there might be two or three kids to a room, and everybody eats at the dinner table together," Patricia says. "Now everybody eats at their own time, whatever they want to eat. You still do have some people who are doing it the old-fashioned way. Some families still eat together, but most of this generation, they just slip through."

Family dinners are deeply symbolic. For Patricia, the past represents a simpler time, when it was easier to gather everyone around the table. Saundra agrees. When Saundra thinks about the past, she remembers the whole family—Patricia, her dad, her brothers, and Saundra—eating together. "As we got older, that's where everything started taking its toll," she reflects. "Back then, we were actually closer as a family."

"Back then" was before Saundra got pregnant at the age of thirteen. Before Patricia's husband left her. Before they got evicted and had to move into the hotel room.

Most people think of the family meal—coming together around a dinner table for the evening meal—as stretching back through the ages, but it's a relatively new phenomenon. As cultural historian Abigail Carroll notes in her history of mealtime rituals in the United States, the family meal as we know it today has only been around for about one hundred and fifty years.⁴

Dinner in the colonial era was a midday activity focused more on physical sustenance than family togetherness. The goal was to get energy to keep working. It wasn't until the late nineteenth century that families began eating the main meal in the evening, as family members increasingly began spending their days working outside the home for pay.

Many people didn't take kindly to the change. In 1870, cookbook author Jane Cunningham warned, "Six o'clock dinners destroy health." She cautioned that eating so late in the day was bad for digestion and encouraged idleness. Freed from the responsibility of preparing and serving a traditional meal in the late morning and early afternoon, women would surely "give the day to gossiping and visiting," she speculated.⁵

But Cunningham and other critics of the evening meal were wrong. Rather than bringing American families to ruin, the evening meal instead became a symbol of family cohesion. Dinnertime offered a chance for family members to bond after spending most of the day apart. It was also an opportunity to socialize children and teach them manners befitting their class position.

In turn, the family meal was mythologized. Dinner came to represent family, home, middle-class prosperity, and eventually even American-ness. For example, Norman Rockwell's famous 1943 painting, *Freedom from Want*, depicts a family gathered around a food-laden Thanksgiving table. The image blends the relatable concepts of food and domesticity with more abstract ideas of patriotism and abundance.⁶

Images and messages about the importance of family meals continue to infuse popular culture. Even though there's good evidence these claims are overstated, many people fear the family dinner is in danger, including Patricia.⁷

Patricia believes the problem with today's generation is that people refuse to turn the television off and eat together, like her family did when she was a child. But this is the very situation Patricia finds herself in these days. Patricia tries to create a sense of home and routine in the hotel room; they eat meals together, even if it is on a bed, and they say their prayers beforehand. However, Patricia often eats later, after she is sure the kids have had enough to eat, or she doesn't eat at all. And the TV is always on. It's Patricia's lifeline to the outside world from the dark, curtained hotel room.

Like Patricia, a lot of people feel they are coming up short in realizing the idealized version of the family meal. Polls find that even though Americans say they rank family meals as a high priority, getting the family around a table to eat a meal together doesn't happen as often as many people would like.⁸ When we do eat at home, our meals don't necessarily involve cooking; many people bring home takeout or heat up a frozen pizza, as Patricia did.⁹

Americans across the income spectrum also eat out quite a bit.¹⁰ In short, there is often a disconnect between what people want and what they are actually able to do. As is true in Patricia's case, ideals are sometimes out of sync with the realities of people's lives.

Married for twenty years, Patricia raised six children, including Sandra, the youngest, and five sons. Sandra dropped out of school when she was pregnant with Mia. A year after Mia was born, Patricia's husband left her. Without his income, they could no longer afford to pay the rent for the house they were living in. Eventually they moved into a cheaper place—a dingy white duplex, just down the street. Sandra's second baby, Jayden, was born shortly after they moved in. The kids' father is in the picture, but it's complicated. He has an older child with another woman and drifts in and out of their lives. When Jayden was just two months old, Sandra went back to school to get her General Equivalency Diploma (GED) while Patricia watched the kids. Just a few months later, the bank foreclosed on their house. They found a new place, but they had to pay an additional \$100 in rent and the insulation was bad, so their gas bills went up. They didn't have enough money, so they started paying half the rent and half the utility bills. Their landlord took them to court, and they were evicted.¹¹ They've been in the hotel ever since. It's a dilapidated hotel just off the exit from a busy highway. The room costs \$270 a week, making it one of the cheapest rooms in the city.¹²

Fortunately for Patricia, who has trouble climbing stairs, they secured a room on the ground floor. One drawback is that they have to keep the heavy starched curtains closed if they want any privacy from people passing by. Peeking out of the curtains one day, little Mia, who is wise beyond her years, offers an accurate assessment. "A lot of people stay here," she states plainly. Patricia explains to Mia that sometimes people hit hard times. They are not the only family in this hotel that is in transit. An assortment of items—a grill, a folded-up air mattress, and a swivel chair—is heaped around a dumpster. People come and go, carrying plastic bags and plastic laundry baskets filled with clothes. Hotel lore has it one family stayed there for three years.

Patricia is certain her family won't be living in the hotel for three years. But she didn't imagine they would be here for as long as they have. Their room is cramped. It's a typical roadside hotel room that barely accommodates the two full-sized beds, nightstand, dresser, and plastic chair by the door. The bathroom sink and counter are located just outside the bathroom. Black trash bags, filled with clothes and other possessions, are lined up around the perimeter, making the room seem even smaller than it already

is. Some of their things, including the kids' toys, are in storage, but other items and furniture have been lost permanently between the moves. With almost no room to move around, the family uses the beds for just about everything: eating, sleeping, and hanging out. The counter along the wall is stacked with Styrofoam Popeye's cups and 20-ounce plastic soda bottles. A hot plate, currently not in use, is buried under a pile of clothes. There isn't a spare inch of space in the whole room. Clothes sit in piles on the nightstand, shoes are scattered under the chair, and packages of diapers and other odds and ends are stashed underneath the counter.

A sour, musky smell pervades the air, and the hotel is prone to bug infestations. A few weeks ago, they had roaches crawling up and down the walls and into their bags. Unlike some of the landlords Patricia has known in her years of renting, the hotel management promptly called in an exterminator, and the bugs disappeared for the most part. At least for now.

Patricia has gout and asthma, and the bones in her hand are deteriorating. She plans to apply for disability but isn't optimistic. The approval process can be long, and she knows that she might not end up getting any benefits. They have no income besides food stamps, Medicaid, and Women, Infants, and Children (WIC) vouchers. The only way they can afford the hotel room is because Patricia's son Doug, who works for a moving company, helps them pay the rent. He helps as much as he can, but business has been slow lately.

The family is among the one and a half million households in the United States that poverty scholars Kathryn Edin and H. Luke Shaefer (2016) call the "poorest of the poor": households getting by on cash incomes of less than \$2 per day per person in any given month, far below the official poverty line set by the federal government.¹³

Patricia and Sandra are pursuing the few viable paths they see. Sandra recently passed her GED exam. She hopes to enroll in classes at the same for-profit technical college as Leanne Armstrong, introduced at the beginning of the book, so that she can get certified as a medical assistant. In the meantime, Patricia watches the kids in the hotel room while Sandra looks for a job. They try their best to support each other.

"Mia is real attached to me, real close," Patricia confides. The kids have lived with Patricia their whole lives. "She was close to my husband, too, but he left, so I got to be the grandma and the granddad—to not let her down, because I feel that he let her down a lot." But at fifty-eight and with mobility issues, Patricia finds it hard to take care of two active children. She tries to get the kids out of the hotel at least a couple of times a week. They go downtown, to the library or the post office. Sometimes they visit friends on their old

street. Outings are infinitely more difficult without a car. Patricia has trouble wrangling two kids onto the bus, which often runs behind schedule. And her asthma makes it hard for her to walk long distances. If she had a car she would take the kids "out to see things," or to the park or library more often.

Mostly, they all look forward to getting out of the hotel. Sandra spends a lot of time looking through help wanted ads on the internet and calling people. Patricia tries her best to navigate the complicated rules for securing long-term Section 8 housing, but she finds them difficult to understand.

As it is, they spend most of their time in the hotel room. Mia and Jayden pass the time by making games out of climbing in and out of cardboard boxes. Jayden rolls around on the beds, sometimes hiding his face as if playing peekaboo. Mia likes to mimic the adults around her. Pretending to talk on a cell phone, she feistily tells an imaginary caller, "Oh my God. My mama's at her job. Best leave me alone, girl! Mama call you back. I'm not gonna keep messing with you. Bye, girl."

But without toys or space to run around, the kids get bored and become easily frustrated. Patricia and Sandra spend many days whiling away the afternoon, lying on the bed, half watching TV, half sleeping, as Mia and Jayden climb over them. They spend a significant amount of time dreaming about when they will move on to bigger and better things. But Patricia is also grateful for what she has.

Mia and Jayden finish their pizza slices as the final round of *Family Feud* is starting. The host looks at his oversized index card and reads the question. "Name something one is thankful for at Thanksgiving."

"Life," Patricia says to the TV.

The contestant answers, "Family!" and receives fifty-one points. Out of one hundred people surveyed, fifty-one said that family is something to be thankful for at Thanksgiving. The host asks the next person the same question. Again, Patricia urges him to say "life."

It is a striking moment. Maybe it's because without a job or a house, and with few people she can depend on, there's little for Patricia to be thankful for aside from the fact that she is alive. But it may also be Patricia's way of saying that the small things don't matter. To be alive is to appreciate life.

3 DEEP ROOTS

Across town, Rae Donahue smiles as she opens the door to her family's home. She and her husband, Kenny, bought the one-story brick ranch, which resembles all the other 1970s-style houses in their neighborhood, five years ago. Large oak trees line Rae's street, providing some relief from the hot North Carolina summers. Rae likes the neighborhood, which is mostly quiet. They have a backyard where Kenny sometimes throws around a football with their six-year-old son, Tyler, on the weekends.

Rae kicks off her shoes as she closes the door. Her bare feet sink into the white carpet in the living room. She pads to the adjacent dining room, painted a warm shade of olive green, and sits down at a large glass dining table that takes up most of the room. It's where Rae does the books for the salon she bought a year ago.

In her mid-thirties, Rae has a round face, clear brown skin, and soft brown eyes. Other than a subtle application of pale pink lip gloss, her face is free of makeup. She wears faded black skinny jeans and a V-neck black sweater. The sweater is loose but hints at a bulge around her middle.

When she talks, Rae's bright red and orange hoop earrings shake and shimmy, giving her outfit a dash of color and verve that matches her warm, vivacious personality. But when the topic turns to her health, she frowns. "I definitely consider myself overweight," she says matter-of-factly. Rae has been conscious of her weight since elementary school, where she felt big compared to her peers. "Until I went to school, I was around other people who were my size and people in the neighborhood. But when I went to school, I went to a pretty much all-white elementary school and they are very, very small. I wasn't huge, but I was not tiny."

It was in elementary school, Rae remembers, that she and her sister started thinking, "I guess we *are* a little chunky." Track and dance helped Rae slim down in middle school, and she stayed what

she calls "a decent size" throughout high school. As an adult, her fears about being overweight have reemerged. It's been six years since she gave birth to her son, and she is disappointed that she still hasn't lost the weight she gained during pregnancy.

Becoming a mom offered Rae little shelter from the harsh judgment women face about their bodies. "After Tyler was born, I realized that he was only eight pounds, and the other forty-two were mine to keep. I was like, 'Wow! Really!?' " she says, poking fun at herself. "So I'm still getting used to having a new body." Around the same time, a family member told her that she was "getting a little chunky," which only reinforced her concerns.

Sometimes, Rae can laugh about her struggles. But she admits it's been "emotional," and she doesn't feel good about her current weight. "I would love *not* to be overweight," she says. "I would love to be back like maybe at 140 [pounds], or something like that, and just healthy."

Rae's story is familiar to many mothers. Pulled in many directions, Rae feels like she doesn't have a minute to focus on her own health. "After Tyler was born, I was so focused on him," she remembers. "And even now, I am still focused on him and my husband and family. So I don't have the time that I had before. I used to go to the gym a lot, and cook a lot. So I tried, but never really got my groove back."

Rae's dilemma is common. It's also tied to shifts in motherhood and family life over the past few decades in the United States. In the mid-1990s, sociologists began documenting how motherhood had become increasingly all-encompassing.¹ Even though many mothers, like Rae, work long hours to earn income for their families, many also believe that children must be their number one priority, even if it means sacrificing other pursuits or goals, including health.²

But it's not just motherhood that makes it difficult for Rae to be healthy. It's also her experiences as an upwardly mobile black woman and her taste for southern comfort foods, the foods that she loved as a kid but now thinks are unhealthy.

Rae and Kenny have deep roots in the South. They both grew up in Raleigh, only leaving to attend college. "We moved to go to school—my husband and I—for four years and then we came right back," she says, her pride in her hometown showing through.

Although Rae loved growing up in Raleigh, there were times when she felt isolated. She lived in a predominantly black neighborhood, but the schools she attended were mostly white. There were never more than three black kids

in her classes in elementary school, as she remembers it. Her high school was more racially diverse, but the advanced classes she took were still mostly filled with white students. She often felt like everyone was watching her. As she explains, “Like you definitely didn’t want to be in an advanced history class, or advanced English or math class, and be the dumbest one in there.”³ She adds, “But definitely if all eyes are on you . . . you just kind of feel like you’re kind of being judged a little bit more. So, yeah, I did want to kind of stand out, in a good way.”

Rae’s experiences—of being a black person in a sea of white faces and feeling judged on the basis of her skin color—are familiar ones for many African Americans, especially those who are upwardly mobile. These situations, along with other forms of discrimination black people encounter as they climb the economic ladder, help explain why upward mobility—for example, an increase in household income—brings health benefits for white people, but not for black people.⁴

Going to a historically black university for college was transformative for Rae. For the first time, her classes were filled with other black students. She met Kenny there, and she also learned a lot about African American history and culture. “I *really* loved it,” she recalls, smiling. “I broke out of my shell and started going to different plays and learning about history—really being engulfed in black histories and learning about different parts of the culture that I didn’t know about.”

At the same time Rae was acquiring a new sense of pride in black history and culture, she began to distance herself from the soul food she grew up eating, defining it as unhealthy.

College is a place where people often discover new ways of eating. Rae already knew there were diverse ways of eating; what she didn’t realize was that soul food has such a complex history in black communities.

The term “soul food” emerged in the early twentieth century. It originally referred to the black church and “feeding the soul.”⁵ However, the term didn’t take off until the 1960s, when soul food “became a rallying cry for black solidarity,” writes culinary historian Adrian Miller.⁶ Civil rights activists and soul food cooks proudly claimed that foods like chitlins, greens, and cornbread, which had been cooked by their ancestors under incredibly adverse circumstances, were symbols of their shared heritage and a banner under which black people could unite politically.⁷

But the uniting power of soul food was short-lived. Long-standing debates and critiques of foods associated with African American culinary traditions

reasserted themselves.⁸ Echoing arguments made in the early 1900s by Booker T. Washington and W. E. B. Du Bois, who famously called on black people to dethrone the “deceitful pork chop” from its place of prominence in many African Americans’ diets, many black people denounced the foods associated with soul food as unhealthy, a scourge on black communities.⁹ Another critique focused on the hypocrisy of celebrating a cuisine that descended from slave food.¹⁰ Civil rights activist Dick Gregory argued that contrary to being a source of racial pride, soul food was deadly, a legacy of what white slave owners had forced or allowed black slaves to eat. He stated, “I personally would say that the quickest way to wipe out a group of people is to put them on a soul food diet.”¹¹ Class fissures also emerged, with many upper-class African Americans “snub[bing] the cuisine as poor people’s food.”¹²

Rae waded into these debates in college and came down on the side of those who see soul food as unhealthy. But these are still the foods she loves to eat.

“My favorite meal [as a child] was fried chicken, potato salad, and sweet potato pie. Collard greens,” Rae says with an embarrassed laugh. Before she went to college, Rae didn’t think the foods her parents and grandparents made were so bad. “My grandmother and grandfather didn’t cook absolutely healthy,” she says, in a confessional tone.

The words tumble out as Rae thinks back to her childhood. “It was a lot of fried this and that. My granddaddy had a garden right beside the house. So whatever grew in the garden—beans, peas, you know, string beans—we ate. And a whole bunch of fried fish, fried chicken. Yeah. That’s it. Fried meat pretty much every night. Fatback. Stuff like that. A lot of us grew up eating those things, and that’s what we learned how to cook. Maybe it’s a good thing I wasn’t in the kitchen when mom was cooking, I don’t know. But those are the things that we learn—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.”

Rae points to the way food traditions are passed from one generation to the next, but rather than viewing this continuity as a celebration of family and community, she sees it as one way African Americans have embraced unhealthy eating practices.

Taking on the perspective of an outsider, she says, “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?’ It’s—I guess it’s kind of difficult to explain.”

As she struggles to convey how she can simultaneously love the foods of her childhood and consider them unhealthy, Rae channels a collective black

“we.” “We want to be healthy. We want to know how to cook better, but 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 your fried chicken.’ You know, maybe gear more towards what we like to eat, but healthy.”

The foods Rae remembers from her childhood, foods that are beloved by both white and black people across the South—fried chicken, collard greens, sweet potatoes, field peas, string beans—are rooted in the knowledge and practices of enslaved black people.¹³ In *The Cooking Gene*, culinary historian Michael Twitty traces the story of African American food “from Africa to America, from slavery to freedom.”¹⁴ Slaves were fed corn, rice, and yams on the months-long journey across the Atlantic.¹⁵ Those who survived the brutal passage typically ate corn for their first meal after they arrived. Sweet potatoes in the antebellum South replaced yams.¹⁶ Collard greens were introduced to Africa by Portuguese colonists, then cultivated by slaves in plantation gardens. Chickens were often the only animal slaves were allowed to raise.¹⁷

Corn mush, field peas, okra, sweet potatoes, and greens were the foods that literally allowed enslaved people—like Rae’s ancestors—to survive. In many African American families, fried chicken has long been the centerpiece of the Sunday dinner. In the first half of the twentieth century, fried chicken and biscuits, packed in “shoebbox lunches,” sustained black travelers when Jim Crow laws prohibited them from buying food at restaurants along their way.¹⁸ In the 1950s, black cooks sold fried chicken and cakes to raise money for the Montgomery Bus Boycott, when Rosa Parks and other blacks took a stand against racial segregation by refusing to move to the back of the bus.¹⁹ Fried chicken, collards, and other emblematic foods of African Americans and of the South are thus sources of pride, sustenance, celebration, entrepreneurship, and protest.

But Rae’s conflicted feelings about the foods she associates with black culture and history are rooted in long-standing and complex racial dynamics. The vital contributions made by African American chefs to the evolution of food in the United States, and to the South in particular, have been almost entirely overlooked, argues food writer Toni Tipton-Martin.²⁰ Moreover, as American Studies scholar Psyche Williams-Forsen notes, whites have long used the foods associated with black culture to perpetuate racist stereotypes, as when a Jim Crow-era postcard depicted a black man dressed in stereotypical

tribal garb frying a white woman in a caldron, with the copy, “Well Fry Mah Hide! . . . Ah’m Having Chicken for Breakfast!”²¹ The postcard associated fried chicken with a primitive and predatory black nature, a stereotype used to discourage black-white relations and justify the violent reign of terror black people were subjected to under Jim Crow segregation laws.²²

The cuisines associated with African American heritage and black chefs have become more diverse since the 1980s, less tethered to “the narrow perspective that black food meant only pork parts, greens, and cornbread,” argues Tipton-Martin.²³ But the debates that have played out throughout the twentieth century—whether soul food is a celebration of resilience or a symbol of oppression, an important link to the past or a way African Americans are killing themselves in the present—keep resurfacing. “The food we have been eating for decades and decades has been killing us,” black vegan chef Jenné Claiborne tells the *New York Times*.²⁴ Rae agrees, but she’s conflicted.

Health is critically important to Rae. In fact, one of the main reasons she decided to enroll Tyler in a private school was because it offered a healthier lunch menu. “One of their bigger selling points is their nutrition thing,” she says. “Like they don’t cook any pork, and they serve vegetables every single day. Healthy snacks and stuff like that. So the nutrition part was huge.” Rae also wanted Tyler to have a different school experience from the one she had growing up. His classes are small, and most of the other students are black, she says. “They focus a lot on African American history. So he can tell you about black inventors, he can tell you about, you know, discoveries that were made and a whole bunch of different things like that. He knows he’s African American. He knows what that means. He knows about President Obama and, you know, a lot of the history.”

Rae is pleased that Tyler is learning about African American history and traditions and getting healthy meals at school. But she personally hasn’t found a model of good eating for herself. Rae says the foods touted as healthy don’t look anything like those she ate growing up. What she means is that they don’t look like the southern comfort foods of her childhood.

“It’s nowhere that I can go to and say, ‘Okay, this person eats like I eat. And they’re healthy. So let me follow this person to see what they are doing ’cause they seem like they know what they are doing. They’re not going to tell me to eat mustard on asparagus or something like that.’” Learning to eat other food requires nothing short of “retraining” her southern taste buds, Rae believes. But she keeps trying. She is constantly looking for healthy recipes online, even though she keeps coming up short.

Despite its diverse population, the United States has yet to truly embrace diverse definitions of healthy eating. The foods Rae identifies as healthy, like broccoli and asparagus, are foods stereotypically associated with white diets. They are foreign foods to Rae, a far cry from the foods she loves.

“Do you just eat stuff because it’s healthy or do you eat it ‘cause it’s good to you? Or do you make it good for you or what?” Rae wonders. The only thing she knows for certain is that the foods she enjoyed in childhood aren’t healthy. She believes that these foods have contributed to the diabetes that runs in her family. “My aunt on my father’s side just got her leg cut off about a month ago. And she still eats the same way even with the leg—oh wait, both of her legs are gone now!” Rae has even lost family members to diabetes. “All the older people, that’s what they died of. It’s not like they just had it and lost a limb. They *died*.” Diabetes isn’t an issue on Kenny’s side, but high cholesterol is.²⁵

Yet, for Rae, eating “healthy” involves replanting her roots in a culture where she is not convinced they will be nourished or thrive.

4 BY THE BOOK

From the road, the birth center doesn’t look like anything special. It’s a squat brown building with a small parking lot out front. The midwives’ offices are on the third floor, above an acupuncture practice. A reverence for women and the art of motherhood permeates the waiting room. A decorative plaster cast, of a woman’s breasts and swollen belly, hangs above the reception desk. A corkboard on the wall is cluttered with fliers advertising an array of parenting, birth, and breastfeeding classes and support groups.

When it’s time to give birth, women are attended by a midwife in one of the three rooms on the first floor, each painted in soft pastels. On the whole, the birth center clientele tend to follow the creed that the best intervention is no intervention, so they do most of their laboring at home. By the time they show up, some of them have to hold their legs together to prevent the baby from arriving before they make it onto one of the beds.

The birth center has a warm, albeit low-budget, feel. The furniture is quaint but outdated. The examination rooms are cramped and the paint faded. Blood draws are done in the back room, on a padded medical chair with a frayed armrest. Yet many of the birth center’s clients are middle-class women who have chosen to give birth here instead of opting for the modern hospital down the road.

Marta Hernández-Boynnton is one of those women. Marta is a calm, no-nonsense type of person. Her athletic frame, short bob haircut, and full eyebrows are congruent with an aesthetic that prioritizes function over form. She rarely applies makeup to her light olive skin. On weekends, she prefers to dress casually, in polo shirts, jeans, and sandals.

Marta prides herself on the inside track that her degree in exercise science gives her when it comes to navigating the medical world. After doing a lot of research and talking with friends, Marta concluded that a traditional hospital was the last place she

wanted to give birth. Friends had told her the nurses at the hospital didn't know anything about coaching women through a drug-free labor, and that their monitoring policies would prevent her from being able to move around during the birth. Marta wanted to feel free while giving birth, or at least not be forced to lie on her back, "loaded up with drugs." "I wanted a little more of a natural birth," she explains. She felt the birth center would give her the security and control she sought.

Having a baby growing inside her felt fascinating to Marta, and she took the job seriously. In preparation for motherhood, she made every effort to "read the books." Prompted by a deepening sense of maternal responsibility, Marta became more conscious about what she ate.¹ Her burgeoning belief that every bite of food could impact the baby intensified when the midwives instructed her to keep a food diary for three days and bring it to the next check-up. This was routine practice, but it made Marta feel self-conscious. She suddenly felt guilty about the extra desserts she'd been eating. "So I would try to think of the three days that I ate the best," Marta laughs, remembering how worried she was about what the midwives would say.

That was the diary she presented to the midwife: the best-case scenario. Afterward, because Marta wanted her practices to reflect what she had reported, she decided to lay off the desserts altogether. A couple of months later, eyeing her chart, the midwife suggested that Marta wasn't gaining enough weight. She told Marta that it wouldn't hurt for her to indulge in some ice cream, which Marta then dutifully did. Her efforts appeared to pay off. Marta gave birth to a healthy, seven-pound boy, Sebastian.

Five years later, Marta returned to the center to give birth to a second son, Mateo, whose weight (ten pounds, three ounces) shocked even the midwives. Marta proudly tells anyone who asks that not only did she give birth to such a big baby, she did it "completely vaginal. No drugs."

The birth of Sebastian, her first son, marked a new journey for Marta, one characterized by intensive research and monitoring of food. Little did she realize how much effort this would take.

Although nutrition advice is often presented as if it's a simple formula—eat right and in moderation—people today have a vast array of advice to choose from, much of it conflicting and almost all of it susceptible to change. Nutrition advice has always reflected more than just scientific findings, and that's because it is shaped by popular wisdom and current trends, which are also constantly shifting. Following this advice can be hard to pull off, and doing so on behalf of your children can be even more stressful.

Many parents in the United States today are anxious about their children's safety and well-being. Public policies emphasizing individual choice and responsibility over collective protections, and the rise of cultural narratives stressing the importance of parents protecting kids from risk, have led mothers, especially, to "up" their parenting game.² And the rising expectations around motherhood include how (and what) we feed our children. It's not sufficient to just get dinner on the table. On billboards and bus stops, on television and in magazines, messages about how to best feed children and protect their health are everywhere. Buy organic. Avoid additives. Build children's food repertoires.³

Being a good mother has long involved raising healthy children.⁴ The problem is that the bar today has become exasperatingly high. Mothers are expected to be fully invested in protecting their children while also being ethical and informed consumers.⁵ The seemingly never-ending job of mothering includes navigating shifting expert advice on how to cultivate children's healthy eating habits while minimizing their contact with harmful food additives and chemicals.⁶ In this context, feeding children becomes a high-stakes activity.

Marta moved from Mexico to the United States after college, to get her master's degree. She never intended to stay, but she met James, now her husband, while in graduate school. After they got married, they realized it would be much easier for them to get jobs and live in the United States. It was hard to imagine moving back to Mexico when they had good job prospects here.

After Marta found work as a wellness program manager at a local hospital, and James as a clinical coordinator for a nonprofit health organization, they began looking for a place to raise a family. They took their time before finally selecting the right place: a cream-colored, two-story house in a suburban neighborhood.

"We're lucky," Marta says. "The neighborhood has a lot of trails. That's one of the reasons that we chose it, that there were a lot of walking trails." With its tree-studded lawns and wooded trails, the neighborhood seemed perfect for the nature-loving couple. Marta's suggestion that they were "lucky" to find their home belies the extensive research that went into choosing the house and location, however. They didn't end up in the neighborhood by coincidence.⁷ They wanted a house that had easy access to walking trails and was close to a grocery store, so that's what they looked for. "We wanted to be able to walk to the grocery store, or bike," she explains. "We haven't done it yet. But we could if we wanted to."

Marta and James brought Sebastian home the same day he was born. While this was standard practice at the birth center, their friends and family were shocked to learn that the new family of three had come home so quickly. "Everybody was horrified," Marta laughs. "Like, 'Oh my God, I can't believe they let you come home!' But I was glad. We got home and we slept really well, all of us."

Other things didn't go so smoothly. Marta's forehead creases when she recalls the early days of breastfeeding. It was excruciatingly painful. "I was just at a conference and we were talking about working with infants and toddlers and breastfeeding," she says. "And the woman who was giving the conference was saying 'Well, what I always say is that it doesn't hurt.' And I'm just like, 'I'm sorry. I just do not agree with that.' People always told me that!" Marta imitates the dreamy voice of the breastfeeding expert: "It shouldn't hurt; if it's hurting they're not latching on correctly." She rolls her eyes. "That's what they tell you. And that just makes you feel horrible, like obviously I'm not doing this right. 'Cause with both of them I was in *pain*."

To make matters worse, Marta's son Sebastian was not gaining weight at first. Marta tried to stay calm. She had help from James and from her mother, who had come from Mexico to stay with them for six months. Like many middle-class women, Marta was determined to breastfeed her babies.⁸ But Marta's mother had old-school beliefs about raising and feeding babies. She didn't breastfeed Marta or any of her other children.

A series of small clashes about feeding ensued. "It was difficult," says Marta, choosing her words carefully. "Because it was like having somebody else who wanted to make the decisions. So it was very hard. And she was always second guessing what we were choosing to do."

Pausing to gather her thoughts, Marta adds, "And we were definitely like—we had read the books. Like with the breastfeeding, she didn't understand that. She was always kind of questioning."

The books did not convince Marta's mom, who saw her daughter taking a very different approach to infant feeding than she had. "My mom did not breastfeed any of us. And she was constantly telling me that I was not giving Sebastian enough food when he was just nursing. She and my aunt—who is a doctor—they kept saying that I wasn't feeding him well. And I was like, 'He's getting everything he needs! He's fine.'"

It was a long six months.

"I was following it whole by-the-book," Marta explains. The books said to wait to introduce solids until the baby could sit up properly, so that's what she did. "I waited until six months. And, of course, my mother was freaking out,

like: 'Oh my God! You're waiting so long!' It was difficult . . . We wanted to do it a certain way and she did *not* get it."

Marta believes that, in many ways, her parenting is a radical departure from her own childhood in Mexico. Sometimes she feels good about this, but at other times, she questions the legitimacy of doing things differently.

When Marta's mother was still staying with them, baby Sebastian got a fever. Marta and James preferred to wait and see. "I mean there is nothing the doctor is going to do but send us home and tell us to watch for the signs." Marta reasoned. Her mother disagreed. "My mother is like, 'As soon as they seem like they're sick, take them to the doctor.' And so that was very hard. 'Cause it kind of was a lot of friction. And, of course, I'm stuck in the middle and I always felt like, 'Am I doing the right thing? You know, like she's my mother. She raised three kids. Maybe I should do what she says?'"

Ironically, even when Marta does try to reproduce some aspects of her own childhood, like letting Sebastian play outside by himself, she faces criticism. Playing outside alone, even going to the store down the road on her own, was an everyday part of Marta's life growing up. "You know, we could go out in the street and buy something," she reminisces. "I don't ever remember that being a big deal. It was like, 'Can I go buy some potato chips?' Some adult would say, 'Sure, go.'" With that, Marta would zoom down the street with a fistful of change. "So, I think there was a lot more freedom about that stuff in my house growing up."

She wants the same freedom for her kids. But despite the manicured lawns and nature trails in Marta and James's neighborhood, very few people seem to actually take advantage of the green spaces. When children do go outside, their parents guard them like hawks. One time, seeing one of the neighbor kids outside, Sebastian wandered over and asked if he wanted to play. Minutes later, the child's father walked over to Marta's house, the two kids trailing silently behind him. When Marta opened the door, the man looked her squarely in the eye.

"Is it okay for him to be out here?" he asked, nodding to Sebastian.

Flushing with embarrassment, Marta replied, "Yeah. It's fine."

Before that, Marta had occasionally allowed Sebastian to take their dog for a walk in the neighborhood. But after the incident with the neighbor, she was reluctant to let him do it again, for fear of being judged a reckless mother.⁹

Some of the biggest differences between her own childhood and Sebastian's revolve around food. As a kid, Marta didn't eat junk food around the clock, but she was mostly allowed to have it whenever she wanted it. "One of the

things I remember is that my mom always had a candy bar in our lunchbox," she says with disapproval. "So, now, it's one of those things that I'm so careful about, what I put in my son's lunchbox." In the Hernández-Boynton household, candy bars are contraband.

Marta often feels proud of the decisions she and James make around feeding their family, but she sometimes questions herself, and she is sometimes questioned by others, for their hardline approach. When Sebastian was four, he told Marta's sister that she shouldn't eat at McDonald's because "you could have a heart attack if you eat there too much." She was mad, Marta remembers. "My sister, she just thought I was way too healthy. She was like, 'Okay, whatever. You have your four-year-old repeating this mantra.'" To this, Marta shot back: "It's fine. I want him to know the difference." But these moments stay with Marta and add to her ambivalence about whether she is getting it right.

Although she grew up in Mexico, Marta has a lot in common with many middle-class people born in the United States. She feels torn between her memories of a past in which food was tasty and uncomplicated, and a modern reality in which food seems contested and fraught. The places we shop, the food we buy, and the way we prepare it all say something about who we are as parents and citizens. Every food choice carries moral, ethical, and health implications.¹⁰ But it can be hard to know what is good or bad, or right or wrong, in today's shifting food and health landscape.

Marta is constantly reading up about food and nutrition. When her mother was diagnosed with cancer, Marta turned to the research for solace and a sense of control. "I started reading a book about things that you can do to sort of make your body not as prone to cancer," she explains. "Or at least keep it from growing. And so that just kind of opened up things. I was like, 'Well you know, I probably should eat more broccoli. We don't eat that much broccoli.' And then I started being like, 'Well, let's eat more broccoli, even if it's frozen.' It's one step in the right direction."

Marta and James are especially motivated to orient themselves in the right direction since the birth of their children. But it's difficult, sometimes, to know what the right direction is. "I think it's hard to be a parent in general," Marta muses. "Because everything has changed so much with nutrition. Like one day it's good to do this, and one other day, it's good to do that."

When the winds of nutritional science change, Marta tries to change course. During her pregnancy, she ate the healthiest diet possible. But she

followed the midwife's advice when she suggested Marta wasn't gaining enough weight and should indulge in some ice cream.

After Sebastian was born, Marta and James went back and forth about whether to buy organic food. As they came across more studies pointing to the benefits of organic food, they decided to start buying it.¹¹ And when Marta read about the pink slime scandal at McDonald's, she immediately stopped eating there.¹² "Apparently they've now removed it," she says. "But, that's kind of gross. I've never liked the chicken nuggets. I don't think they taste good. My son likes them. But I've always thought it's not even real chicken."

Not that Marta makes a habit of eating fast food. As a rule, they only eat fast food on road trips. It's part of the treat of going on vacation. But ever since the pink slime scare, Marta drives right past the highway exits for McDonald's, despite protests from her family. "My son hates that," she says. "Now we try to do Chick-fil-A, because we sort of feel like that tastes better. And it does look like chicken. But the kids don't like it as much because they don't get a toy. So, there's like always this fight about it. Sebastian wants to go to McDonald's. He says he prefers the food. But we know better."

It's a constant battle, trying to avoid the junk food and sugar that are staples of the US (and Mexican) diet. Marta remains ever vigilant, yet she's not fully confident she's doing enough. "I feel like we've given Sebastian good enough messages," she says. "But I think if we weren't constantly offering good choices, it would be really easy for him to just be like, 'Well, those Doritos taste pretty good. I want that.'" Case in point: Even though Sebastian once chided Marta's sister about the health hazards of eating at McDonald's, he still likes to go there and is mad that Marta has struck it from their list of places to eat on family vacations.

In the face of uncertainty and conflict, Marta goes by the book. But it isn't easy. Following expert advice often requires charting unknown territory, with no guarantee that things will turn out as we hope. Ironically, writes cultural studies scholar Robert Crawford, we live in an age in which individuals are expected to take responsibility for being healthy, and yet our efforts to do so tend to yield less security and more worry.¹³

5 HURTFUL WORDS

A rickety white mailbox marks the turn into the dirt driveway leading to the Richards' tan modular home. To the left is a recently plowed field. A makeshift garden, hemmed in by a circle of cinderblocks, struggles to come to fruition in front of the house. The potted plants next to the garden are having more luck, with small tomatoes ripening already and strawberries not far behind. A sign on the back door reads: "We hope you come as friends and leave as family." Melanie Richards and her husband, Kevin, have been renting the home for a little over a year. They live there with their two children, fourteen-year-old Justin and four-year-old Jade, and Melanie's mother, Judy.

Dressed in gray slacks and a hot pink top, Melanie sits straight-backed on the couch, her green eyes offset by her rosy cheeks and bright shirt. A strand of light brown hair has escaped from the plastic clip holding her hair back; as she tucks it behind her ear, Melanie reflects on how rural the area is. Her neighbors on the right have "been there since they were born," she says. She has gradually gotten used to hearing the sound of gun shots piercing the weekend silence. She thinks there's a local gun club that takes advantage of the isolated setting to get in some target practice on Saturdays.

Melanie's family can't really afford to move someplace else, so she tries to make light of it. "Like I said, if there were to be an invasion we'd be A-Okay. It doesn't bother me too terribly bad. My son thinks it's just awesome." For Melanie, the most important thing is that she feels safe. They know their neighbors.¹

Their modest house accommodates all five of them: Melanie, Kevin, the two kids, and Melanie's mother, Judy. Judy moved in with them a decade ago, after a tray fell on her during a waitressing shift and damaged the bones in her hand. She now works as a home health aide. The work doesn't pay well and the hours are inconsistent, but it's something.

Things got a lot more difficult about five years ago, when Kevin, still in his thirties, was diagnosed with Parkinson's disease. The disease has affected Kevin's muscles, moods, and memory. Within the year, he had to cut back on his hours as a delivery truck driver for a supermarket. Not long after, he was forced to quit his job. He still does the odd delivery run when the family desperately needs the extra income, but this is increasingly rare.

Living with a chronic illness has worn Kevin down. His shoulders hunch over and his rounded belly protrudes from his faded T-shirt, making him seem shorter than his actual six feet. Dark circles under his deep-set brown eyes contribute to an overall air of fatigue and resignation. He is prone to bouts of depression and anger. If someone casually asks Kevin how he's doing, he's apt to answer, "Oh, good, I guess." After a pause, he'll add, "Except for we got a truck that don't run, a car that don't run, and I ain't workin'. So, good if you don't count that!"

Six months after Kevin received his diagnosis, Melanie found out she was pregnant with Jade. Financially, things were the toughest they'd ever been.

"Since we found out about her is pretty much when we started getting food stamps, since he hasn't really been able to work since then," says Melanie matter-of-factly.

Melanie largely supports the family on her paycheck. She earns \$21,000 a year as the director of children's education at a local church. When she describes her daily life, Melanie is clear-headed and practical. It's a struggle sometimes, but they get by, with God's help.

"I think we do pretty well with the money we have," she says. "We have a decent house. We have a crappy car. We've had to lose a lot. You have to learn to be humble when you have a disease. We had to let go of both of our vehicles and, you know, we had to give up all of our credit in order to just, just get by. But we get by. We have, you know—the kids have Christmas every year. They have the food they need. . . . We're very blessed to live in this country and—and have what we have."

Melanie's patriotism and faith give her a sense of hope and self-worth. Biblical scripture also orients Melanie's thinking about food and the body. She believes all God's creatures are beautiful and that our bodies are gifts from God. But it's not always easy for Melanie to embody or practice a philosophy of reverence toward her own body.

Melanie would like to lose weight. By clinical standards, she is obese. Like many women, Melanie is unhappy with her body.² And, like many women,

she's experienced a lot of attention toward her body over her lifetime. She has been ridiculed for her weight ever since she was young.

"In fourth grade, one girl told me that I would be absolutely beautiful if I weren't so heavy," she says, staring at the floor as she recalls the painful memory. Melanie was constantly teased for being overweight and always picked last in gym class.

For as long as Melanie can remember, food has been her "weakness," as she describes it. "You know I could be rigid with everything else, but when it comes to food, that's probably the one place I just don't have enough willpower. I grew up in an Italian home. So when we're lonely, or when we're bored, or when we want to make everybody happy, we find food. Because food makes us happy."

Her parents worked a lot when Melanie was young, leaving the kids to be fed by relatives. Melanie remembers her grandmother giving them chocolate cake for breakfast. For snacks, they would eat donuts or heat up frozen burritos and slather them with sour cream. A lot of the food they ate was what she now calls junk food.

Yet from an early age, she also got the message she shouldn't enjoy food because she was heavy. Her older brother and sister resented having to help care for Melanie and made fun of her weight. Melanie found herself caught in a vicious cycle of self-loathing, restricted eating, overeating, and more self-loathing.³

Melanie also blames her mother for her negative relationship with food. "I had a very bad example," she begins, taking a deep breath. "She did the Atkins Diet for a while. She binges. Like for months she'll eat a bunch of junk and she'll go, 'Oh I feel terrible. I look like crap. I look so fat. Blah, blah, blah.' And then she'll decide that she's not eating but once a day. Or she's not eating certain things."

Her mom has an unhealthy view of her body, according to Melanie. "My mom, to this day, when I take pictures of her [she says], 'Oh delete me, I look horrible.' And I'm like, 'Do you realize—I mean when you say that, do you realize what the children hear? They hear that they should care about that too, because that's what I grew up thinking. I learned to be just like her, until I got older and realized how negative that opinion is. And how harmful it is to say negative things about yourself.'"

But Melanie admits that it's not just Judy she's gotten these messages from. It's all the kids who taunted her in school. Her siblings who teased her. The doctors who have treated her.

"One doctor was so horribly mean," she remembers, thinking back to her first pregnancy. "He said, 'You shouldn't get pregnant when you're this heavy.

It's like asking a little small Toyota pick-up truck to pull a house.' He was hateful. He almost indicated that I should not have the baby, because I'm just going to kill it with being too fat."

In an effort to defend herself from others' thoughtless comments, Melanie built up a wall around herself. "I guess in my mind it was easier to not talk to people and shut them out," she says. "Because my feelings were very tender and I was easily wounded. It was much easier just to stay aloof, so they couldn't hurt me, as opposed to give them a chance, you know?"

But that moment in the doctor's office stayed with Melanie. She wanted desperately for Justin, her firstborn, to start off on the right foot. Trying to get things right, Melanie did a lot of reading during her pregnancy, just like Marta Hernández-Boynnton. And like Marta, she committed herself to breastfeeding her children.

"I'm a very knowledge-hungry person," Melanie says with an uncharacteristic hint of pride. "So as soon as you start having a baby you read everything that's available out there. I was in college at the time, so I had already had some child development classes where they talked about it [breastfeeding]. And so I automatically knew that that was much more beneficial than formula. I honestly wonder if a lot of the obesity that we're seeing in our children hasn't come from the fact that bottle feeding was so prevalent for seventy years."

Melanie speculates that maybe parents who bottle feed are unable to recognize when their children are full and end up overfeeding them. She was determined to avoid being one of those parents. She breastfed both of her kids, because that's what the experts recommended.⁴

"Please forgive me, people who bottle feed," Melanie says, raising one hand to signal that what she is about to say might offend someone but needs to be said anyway. "I mean, like I *can't* imagine getting up at night to make a bottle. Like my sister-in-law. I love her. But she's . . ."

Melanie glances around to see if Kevin is within earshot. "I don't have the word for it," she continues in a lowered voice. "I don't want to say she is less educated, because that sounds really awful. But she just doesn't seem to care enough."

Breastfeeding was difficult for Melanie, but now she's glad she persisted. Having done so gives her a sense of being an extra-caring mother.

One of the reasons people care so much about food is because they see a direct connection between what we eat and how we look. Our physical appearance symbolizes the kind of eater we are, and hence the kind of person we are. Are

we a person with willpower? Or are we lazy? Are we committed to health or do we not care?

When people are thin, it's assumed that they watch their weight and care about their health. But thin people—especially women—shouldn't be too thin or too vain, and they shouldn't be too controlling or care too much about food or weight, either.⁵ On the other hand, fatness—again, particularly for women—is portrayed as a moral and personal failure, as evidence that a person has failed to manage their eating and weight.⁶

Americans have gotten larger over the last three decades, and as our collective waistlines have expanded, the stigma around fat has intensified.⁷ In the face of evidence that children have also gotten bigger, attention has turned to their parents. What are they doing wrong?

The message that parents are mostly responsible for their kids' eating habits and body sizes—and to blame for things like childhood obesity, disordered eating, and poor body image—is widespread.⁸ Melanie thinks her own upbringing played a big role in her battles with her weight and body image, and she wants better for her children.

“Having grown up always overweight, I have always tried to be careful with my children, making sure that they're eating properly,” Melanie says. “We're really careful with how many vegetables we get and that we don't eat junk.”

Melanie tries to avoid buying snacks, ice cream, or soda. She makes fruits and vegetables a high priority in her family's diet. Even though they don't have a lot of money, when they moved into the house last year, she bought a small above-ground swimming pool and playset. She wants the kids to have a fun place to get exercise outside.

Yet Justin is getting chubby. He can't do a sit-up, and although he isn't the very slowest kid running the mile in gym class, most of the boys in his class are well ahead of him. And not long ago, Melanie got the news that Jade had gained more weight than she should have.

Sometimes Melanie feels like her past is destined to haunt her. Justin is being teased at school about his weight just like she was. Prompted by other kids' comments about his body, he recently declared he needs to lose weight.

Melanie is unsure of how to help Justin be healthy, on the one hand, and also maintain his self-esteem, on the other. The self-loathing she's struggled with all her life is something she earnestly wants to help Justin avoid. She acknowledges that he is “probably not as active as he could be” and wishes he would add more vegetables to his diet, so she tries to convey messages about eating better and being active. At the same time, Melanie feels strongly that

just because Justin doesn't like vegetables or can't do a sit-up, that “doesn't define who he is.” “And it doesn't define what *we can do*,” she says, stressing the last three words.

Melanie is caught between the widespread belief that there are universal standards for health that everyone should achieve, and her commitment to seeing her child for all of his positive qualities.

She believes that it is important to take care of our bodies, too, because they are gifts from God. “It's more of a stewardship, a care of the spaceship God has given us to live in until we die,” she explains. “We should take care of the body that we have, so it's healthy for as long as possible.”

At the same time, her religious faith emphasizes that a person's appearance does not define who that person is. Certainly, she doesn't want Justin to feel ashamed of his body, like she has for much of her life.

Jade's relationship with her body is also a concern. “I hate that girls think they have to be the thinnest or the lightest,” Melanie reflects. “They don't realize that most of the pictures they see [in magazines] are of people who are unnaturally thin. We expect a grown woman to look like a twelve-year-old. That's our image of a healthy woman. And it's just not appropriate.”

Messages about the ideal female body affected Melanie when she was younger and have stayed with her today. “I should be happy with how I am and how God made me,” she says, “but you pick up magazines everyday or look on the TV everyday and we're constantly confronted with these images of very thin . . .” she trails off. It's a topic she is passionate about. So much so, it's sometimes hard for her to express.

At four, Jade's round face, long blonde hair, and impish smile garner positive comments. People are always telling her how beautiful she is.⁹ Melanie tries to temper these comments by emphasizing to Jade that it's what's on the inside that counts. She worries about how she'll handle the pressures about her looks that she'll inevitably face as she gets older. Melanie wants Jade to know that her body and appearance aren't all she is.

“I say, ‘Jadie, what makes you beautiful?’ And she says, ‘God makes me beautiful.’ And I say, ‘Well, what is it about you that makes you beautiful?’” Melanie recounts. “I'm trying to instill in her that her beauty is the kindness and the caring and the gentleness in her spirit. Those are the things that make people attracted to her. And I hope that'll have an impact.”

Like many mothers today, Melanie is concerned with maintaining her children's physical health and psychological well-being. Promoting children's self-esteem is increasingly understood to be part of the work involved with

raising healthy, happy children.¹⁰ The expectation to raise both emotionally *and* physically healthy kids, though, can sometimes put mothers in a double bind, especially when kids' bodies deviate from the norm. If a child starts to get heavy, does Mom say something? Is it dangerous or unhealthy to put too much emphasis on a child's weight? As Melanie does, many mothers try to find a middle ground, avoiding hurtful words and emphasizing to their children that they are unique and valued, regardless of their size.¹¹

When it comes to her own body, however, Melanie hasn't managed to internalize the belief that all of God's creation is beautiful. When she talks about her appearance, she is besieged by memories of being ridiculed for her weight and a lifetime of guilt and shame around food.

Looking at photos of her younger self, Melanie can now say that she *was* beautiful, that she wasn't as heavy as she imagined. But Melanie has a hard time cutting her adult self any slack. "Too bad I'm not beautiful now," she says. "I should be happy with how I am, and how God made me." But she's not.

2 MAKE TIME FOR FOOD

There are now millions of people who spend more time watching food being cooked on television than they spend actually cooking it themselves.

—MICHAEL POLLAN, food writer, in *Cooked* (2013)

Food reformers tell us that it's time to return to the kitchen *en masse*, to restore the health of the nation and the planet. The time is there to cook, they believe, if only people would get their priorities straight. But modern-day families juggle many, often competing, demands on their time. Not everyone has full control over the rhythm of their day, and even people with predictable schedules may still feel they're coming up short at the end of the day.

NOTES

CHAPTER 1

1. Kalleberg and von Wachter (2017) note that poor people, people of color, and people with less formal education were hit the hardest by the recession.
2. See Bailey (2017) for a discussion of the “mommy internet” and how it has changed over the years.
3. Johnston and Baumann (2010).
4. DeSoucey (2016: 201) argues that “food politics are about power, control, and conflict.”
5. Coleman-Jensen, Rabbitt, Gregory, and Singh (2017).
6. Jackson (2015).
7. Thomson (2017).
8. Guthman and Brown (2015).
9. Rates of obesity have doubled among adults and tripled among children since the 1980s (Segal et al. 2017). Rates of diabetes have tripled over the same period (CDC 2017a).
10. Salatin (2014).
11. Oliver (2010).
12. One of Michael Pollan’s key pieces of advice is “Don’t eat anything your grandma wouldn’t recognize as food” (Pollan 2009). But of course, the food our grandmothers and great-grandmothers would most recognize is the food they found on their tables, which could include the milk, often contaminated, consumed by nineteenth-century urban dwellers (Dupuis 2002); the stale bread and wild greens that sustained miners during the Depression (Poppendieck [1986] 2014); or the meat, potatoes, and farm-fresh produce of the foodie imagination.
13. Wilk (2010: 428).
14. DeVault (1991).
15. Hays (1996); Lareau (2011).

16. To give one example, dietary reformer Sylvester Graham wrote that home-baked wheat bread—in contrast to white bread, produced by professional bakers—could restore not only the “physical and moral condition” of families, but the values of the nation itself (Veit 2013).
17. DeVault (1991); Sayer (2005); Smith et al. (2013); Tailie (2018); Zick and Stevens (2010).
18. Cairns and Johnston (2015).
19. Between 1880 and 1940, almost all American upper- and middle-class families employed at least one domestic servant (Levenstein 2003). One in every 25.1 households in 1960 had a domestic servant; this had dropped to one in 116.7 by 1980. The rapid decline partly reflects the greater opportunities that women had in the labor market, making domestic service a last resort. Only one in 161.8 households had a domestic servant in 2000 (Kornrich 2012).
20. Trubek (2017: 82).
21. Rehm et al. (2016); Wang et al. (2014).
22. DeVault (1991); Daniel (2016).
23. Haws, Reczek, and Sample (2017).
24. The headline comes from Zagorsky and Smith (2017a). The original study is Zagorsky and Smith (2017b).
25. Williams-Forsen (2006). These critiques come from both within and outside black communities. Many black people worry that the foods their ancestors ate are unhealthy and responsible for the health issues that disproportionately affect African Americans, as we discuss in more detail in Chapter 3.
26. Native to sub-Saharan Africa, watermelons were grown by slaves in their gardens. African Americans continued to grow, eat, and sell watermelons after emancipation. Images of black people eating watermelon proliferated at the turn of the twentieth century depicting black people as childish, no more deserving of freedom than children (Black 2014).
27. Williams-Forsen (2006).
28. Levenstein (2003: 103).
29. Levenstein (2003: 105).
30. Whitten (2016).
31. CHD Expert (2017).
32. Johnston and Baumann (2010); Ray (2016).
33. Ray (2016) argues consumers might be willing to pay \$40 for French or Italian food, but they expect to find Indian, Chinese, or Mexican food for under \$10 a plate.
34. Ray (2016) notes that new immigrants have long occupied restaurant kitchens. In 2000, 75 percent of restaurant cooks were foreign born. Most farmworkers and many workers in the meatpacking industry are also immigrants. According to the National Agricultural Workers Survey (2014), 75 percent of farmworkers were born outside the United States, most coming from Mexico.
35. In another example of irony, many of these workers are prompted to migrate to the United States because of US agricultural trade policies. As Wise (2010) explains, as a condition of the 1994 NAFTA Agreement, the Mexican government eliminated tariffs and quotas that protected Mexican farmers from competition from foreign producers. Agricultural subsidies remained, and US farm subsidies since NAFTA have dwarfed Mexico’s. According to an analysis of eight heavily subsidized agricultural commodities, the increase in US exports to Mexico ranged from 159 percent to 707 percent since the early 1990s, depending on the commodity (Wise 2010). Decreases in real prices paid to Mexican producers ranged from 44 percent to 67 percent (Wise 2010). The result was the widespread displacement of rural Mexicans, who migrated to cities within Mexico and to the United States as agricultural employment in Mexico dried up. See Polaski (2004).
36. Bowen, Elliott, and Brenton (2014); Cairns and Johnston (2015); Cairns, Johnston, and MacKendrick (2013); Elliott and Bowen (2018); MacKendrick (2018); Reich (2016); Waggoner (2017); Wright, Maher, and Tanner (2015).
37. The interviews with lower-income families were conducted as part of a study on families, food, and health funded by the US Department of Agriculture (USDA). At least one interview was completed by 138 women; 124 women completed the full slate of data collection in Year 1, including an interview, a survey, and at least two dietary recalls.
38. Only one mother in our sample identified as nonheterosexual. We didn’t exclude lesbian, gay, bisexual, and transgender (LGBT) families but we also didn’t make a point to recruit these families into the study. Studies that do not reach out to marginalized groups, like LGBT families, are unlikely to end up with much, if any, representation of these groups in their sample because they are harder to locate and may be less inclined to participate in research out of privacy concerns or fears of mistreatment by insensitive researchers. As such, LGBT families are often absent from research on families. Indeed, Mignon Moore (2011) titled her book on black lesbian mothers *Invisible Families*. We regret that our sampling procedure reproduced the tendency in family scholarship to underrepresent the experiences of nonheterosexual families (Pfeffer 2016).
39. The interviews with middle-class mothers were conducted by Joslyn for her dissertation. The observations were beyond the scope of the dissertation, and thus, middle-class families were not included in the observations.
40. Helms was not born in Raleigh but he lived there for most of his life. Helms described civil rights activists as “moral degenerates” and infamously filibustered a 1983 Senate bill commemorating the birthday of Martin Luther King Jr. (Snider 1985).
41. The SNCC was established in April 1960 on the campus of Shaw University, the first historically black college in the South. Established in the wake of the student-led sit-ins that started in North Carolina in early 1960, the SNCC, a self-described “beloved community” where white and black young people could meet as equals

- and practice nonviolence, became one of the most influential organizations of the civil rights movement (Gosse 2005).
42. The US Census Bureau (2017a) listed Raleigh as the fourteenth-fastest growing region in the United States in 2016.
 43. Moody (2017).
 44. The study forecasted how growing up in different counties would affect the future incomes of children from low-income families. Children who are born poor are more likely to stay poor in Raleigh and in Wake County, where Raleigh is located, compared to other places (Chetty and Hendren 2018). Moreover, concentrated poverty has increased in Raleigh (and in many other parts of the United States) since 2000 (Kneebone 2014).
 45. Poverty statistics come from the US Census (2017b). North Carolina is characterized by a rural-urban divide; a 2015 report found that out of the state's 100 counties in 2013, the 45 highest county-level poverty rates were all in rural counties, up from 31 in 2012 (Mitchell 2015).
 46. Edge (2017).
 47. Murray (2016) defines a "meat and three" restaurant as a casual, cafeteria-style joint, usually family-owned and operated.
 48. The restaurant was Clyde Cooper's barbecue, established in 1938 in a building built in 1884 (Porter 2015). Raleigh was the site of early student sit-ins over lunch counter segregation in the 1960s.
 49. Hardison-Moody et al. (2015).
 50. See discussion in Chapter 21.
 51. Edge (2017: 10).

CHAPTER 2

1. Skipping meals or substituting sugary drinks like sodas for meals is a common strategy low-income women use to try to mitigate the negative impact of food shortages on other family members (Chen 2016; Elliott and Bowen 2018; Martin and Lippert 2012; Olson 2005). See Chapter 13 for a more in-depth discussion of how families facing food insecurity cope.
2. A wide variety of greens are eaten in the South, but the most typical soul food greens include cabbage, collards, kale, mustard greens, and turnip greens (Miller 2013).
3. A substantial body of research demonstrates that the death of a loved one during childhood and adolescence is traumatic and can have lasting effects on a person's physical health and emotional well-being. African Americans are more likely to experience early and more frequent exposure to death than other racial-ethnic groups (see Umberson 2017 for a review of this literature).
4. The history here comes from Carroll (2013).
5. Carroll (2013: 57). Fears around changes in family eating patterns expressed by Cunningham and others in the 1800s point to a common process whereby individuals

- in positions to influence others, sometimes known as moral entrepreneurs, use changes in how people live to decry the modern world, warn of wrack and ruin to come, and harken back to a better, simpler time (on moral entrepreneurs, see Becker 1963; on romanticizing the "traditional" family, see Coontz 1992).
6. Carroll (2013: 77).
 7. As summarized by Musick and Meier (2012), a large body of literature finds that children who share meals with their parents score better on a range of indicators of well-being. Similarly, Musick and Meier find "strong bivariate associations" between frequency of family meals and several indicators of well-being among adolescents. However, after controlling for other factors (e.g., quality of family relationships, mothers' employment status), the associations between family meals and well-being weakened significantly. See also discussion in Chapter 9.
 8. A nationally representative National Public Radio (NPR) poll of US households with children finds that even though families rank the family meal "as a high priority, about half of children live in a home where, on a given night, families don't sit down together to eat or share the same food." When families do eat together, the meals last on average eight minutes. Moreover, "about a quarter of children surveyed live in homes where—on a given night—the TV is on, or someone is using an electronic device" (Aubrey 2013: n.p.).
 9. On types of home cooking, see Wolfson and Bleich (2015). Although Americans may not eat together as much as they'd like, when asked how often they eat dinner together as a family, slightly more than half report doing so at least six nights a week (Saad 2013; see also Newman et al. 2015). Analyzing data from the US National Health and Nutrition Examination Survey 2007–2010, Newman and colleagues (2015) find that low-income households are most likely to report eating frequent family meals. The American Community Survey also reveals that lower income households eat together at home more often than higher income ones (as reported in Best 2017).
 10. On how often American families eat out, see Zagorsky and Smith (2017b). Although glossy media images of families gathering around the table often depict middle-class families, a study that videoed thirty-two middle-class households for a week concluded that coming together around the dinner table was a rare event in these homes (Ochs and Kremer-Sadlik 2013). Middle-class families feel pressed for time amid the competing obligations of work, extracurricular activities, and home (Best 2017; Hochschild 1997, 2012; Ochs and Kremer-Sadlik 2013) while working-class and poor families are more likely to center their time around family (Edin and Lein 1997; Lareau 2011; Roy and Burton 2007; Stack 1974).
 11. With the majority of the poor spending over half their income on housing, foreclosures and evictions are much more common today than they used to be, and evictions are profitable for landlords (Desmond 2016). In 2018, sociologist Matt Desmond and his team launched the Eviction Lab, a national database of eviction records. They found that 3.79 out of every 100 renter homes in Raleigh are evicted

each year, compared to 11.44 out of every 100 renter homes in nearby Richmond, Virginia, one of the top evicting cities. But even with this comparably low rate, there were 3,322 evictions in Raleigh in 2016, or 9.1 households evicted every day. See <https://evictionlab.org/>.

12. The Washingtons' combined monthly rent for the \$270/week room is over \$1,000, which isn't cheap and is close to what they would pay to rent a home. But renting a home requires money up front, money they don't have. Being evicted has also hurt their rental prospects, by limiting the number of landlords willing to rent to them (Desmond 2016). There are many hidden costs of being poor (Ehrenreich 2001). Paying weekly rent for a hotel room that adds up to about what the family would pay to rent a home with a kitchen and separate bedrooms is one of those costs.
13. Edin and Shaefer (2016) note that in 2011, about one out of every twenty-five households with children in the United States reported a cash income of less than \$2 per person per day. The number has more than doubled since the 1996 welfare reform.

CHAPTER 3

1. Since Hays (1996) coined the term “intensive mothering,” researchers have documented the ramping-up of mothering in the modern era (see, for example, Blair-Loy 2003; Blum 2016; MacKendrick 2018; Nelson 2010; Reich 2016). Parents today invest more money in and spend more active time with their children than did parents in previous decades (Currid-Halkett, 2017; Kornrich and Furstenberg, 2013; Sayer, Bianchi, and Robinson, 2004). Dow (2016), however, argues that middle-class black mothers do not privilege intensive forms of mothering. Instead, they create an alternative form of mothering that integrates motherhood with employment, financial self-reliance, and kin and community help with childcare. Rae Donahue's description of mothering as an all-encompassing priority is reflective of dominant cultural messages around mothering, but different cultural expectations about motherhood hold prominence in some black communities.
2. Some research suggests that parents in the United States experience the intensive pressures of parenthood to an even greater degree than do parents in similar nations, like Canada or the United Kingdom. Sociologist Jennifer Glass and her colleagues (2016) argue that this is because parents in the United States don't have the same kinds of “family policy packages” found in other countries, which make it easier to balance the demands of parenthood. See Chapter 28.
3. In many public schools in the United States, excelling academically is associated with middle-class white students, not black or Latino/a students (Downey 2008; Fordham and Ogbu 1986). By saying she stood out by taking advanced, college-track coursework, Rae, a black woman, hints at these racialized dynamics and stereotypes.
4. African Americans who experience upward mobility are *more* likely, compared to nonmobile African Americans, to report “acute and chronic discrimination”

- (Colen et al. 2018: 167). In contrast, upwardly mobile whites report less discrimination than nonmobile white people. Colen et al. (2018) find that differential exposure to unfair treatment helps explain a substantial proportion of the black-white gap in self-reported health among their sample of upwardly mobile adults.
5. African American cuisine has gone by several names since West Africans arrived in what is now the southern United States, including “slave food, the master's leftovers, southern food, country cooking, down home cooking, Negro food,” and soul food (Miller 2013: 9).
 6. Miller (2013: 51).
 7. Miller (2013: 51). As an example of the soul food ethos, Miller cites *The African American Cookbook* author Helen Mendes, who wrote: “Soul food unites African Americans not only with their people's history, but with their contemporary Black brothers and sisters around the world. Food is a symbol of love” (as cited in Miller 2013: 51). Miller attributes the political legacy of soul food to a position paper published by the SNCC in 1966. See also Jensen Wallach (2014); Sharpless (2003); Witt (2004).
 8. Miller (2013).
 9. In 1907, Booker T. Washington criticized people who subsisted primarily on “grits, meat [meaning pork], corn bread.” He urged black southerners to “throw off the old habit and not grow into the slavery of using a certain thing on the table because it has been used that way generation after generation” (as cited in Jensen Wallach and Sharpless 2015: 169). Du Bois wrote in 1918 that the “deceitful pork chop must be dethroned in the South and yield a part of its sway to vegetables, fruits, and fish” (as cited in Jensen Wallach and Sharpless 2015: 169).
 10. Black nationalists argued “that eating soul food internalizes notions of white superiority that the master purposefully foisted upon the enslaved” (Miller 2013: 52). Elijah Muhammad, leader of the Nation of Islam (NOI), was an outspoken advocate of a “regimented, cultural nationalist diet” that forbade the consumption of pork, collard and turnip greens, cornbread, and sweet potatoes (Jensen Wallach 2014; see also Witt 2004). NOI teachings had an influence beyond active members (Jensen Wallach 2014). A 1979 survey of white and black southerners found that they had similar diets, but that black respondents were more likely than white respondents to label pork an unhealthy food (Fitzgerald 1979, as cited in Jensen Wallach 2014).
 11. Gregory (1973, as cited in Jensen Wallach 2014). Gregory advocated a fruitarian, raw-foods diet.
 12. Miller (2013: 53). To the contrary, however, some activists decried soul food as a fad being pushed by the black middle class. In 1965, Black Panther activist Eldridge Cleaver wrote that “the emphasis on soul food is counter-revolutionary black bourgeois ideology” (as cited in Miller 2013: 53).
 13. Tipton-Martin (2015); Twitty (2017); Williams-Forsen (2006).
 14. Twitty (2017).
 15. Harris (2011).

16. Yams are native to Africa. Once in the United States, some slaves used the term “yams” to refer to the sweet potatoes that were grown in the US South because they reminded them of yams. Today, people in the South still refer to making “candied yams”—in reality, sweet potatoes—at Thanksgiving (Twitty 2017). North Carolina is the top producer of sweet potatoes in the nation.
17. Twitty (2017) notes that by 1692, it was illegal for an enslaved person to own his or her own cow or hog. Laws did not prohibit slaves from raising chickens, and many slaves had a poultry yard with hutches for hens. According to Miller (2013), some slaves were given special privileges to sell chickens and eggs in nearby towns, once they were no longer able to work in the fields.
18. Williams-Forsen (2006) argues that narratives about chicken and African American people in the United States have often been loaded with racist stereotypes, but that chicken is also an object of self-expression and resistance for black women, throughout history.
19. Edge (2017).
20. Referring to advertisements for Aunt Jemima pancake mix and the mythical mammy figure in southern literature, “the Jemima code,” says Tipton-Martin (2015), was a subtle message that conveyed the idea that “if slaves can cook, you can, too.” Tipton-Martin’s analysis of 160 cookbooks authored by African American chefs from 1827 to 2010 aims to “break the Jemima code,” highlighting the skill, sophistication, artistry, and diversity exemplified by these chefs and their dishes.
21. Williams-Forsen (2006). The postcard discussed in the text and others like it can be found online at <https://www.historyonthenet.com/authentichistory/diversity/african/4-brute/index.html> (retrieved November 29, 2017).
22. Collins (2000); Williams-Forsen (2006).
23. Tipton-Martin (2015) states that in the 1970s, black cookbook authors tried to weaken the association between soul food and poverty food by “embracing the confidence and cultural pride of the black power movement, embellishing and deepening it with African foods, celebrations, and practices.”
24. Severson (2017).
25. A common refrain among the African Americans we interviewed was that soul food is a scourge on black people’s health. While diet certainly matters to health, it’s not the only thing that matters. For example, racism and income inequality also affect health outcomes. Black people historically and still today encounter income and wealth disenfranchisement (Branch 2011; Kochhar, Fry, and Taylor 2011), discrimination in healthcare and other institutional settings (Bridges 2011; Matthew 2015), and interpersonal forms of discrimination (sometimes called microaggressions [Sue et al. 2007]). All of these contribute to poorer health outcomes, although there is some evidence that blacks have, over time, adopted coping mechanisms that lessen the impact of discrimination on health (Sullivan 2015). Blaming poor health outcomes on the diets of marginalized groups is a way of shifting blame away from structural and interpersonal inequality. In a similar fashion, attributing high rates

of certain diseases, such as diabetes, to a race-based genetic predisposition ignores the social causes of health problems (Gómez and López 2013; Montoya 2011; Roberts 2010).

CHAPTER 4

1. Like Marta, many women intensify their self-monitoring practices around food during pregnancy (MacKendrick 2010, 2014; Warin et al. 2012). And these expectations are growing. Public health messages in the United States increasingly pressure women to prepare their bodies for motherhood and a healthy gestation far in advance of an actual pregnancy (Waggoner 2017).
2. Cooper (2014) argues that economic, political, and social shifts that started in the 1970s have transformed the way Americans go about creating security in their lives. In a context of economic insecurity, parents worry that their children will not be better off than they were (Pugh 2015). Inadequate regulation of the environment and food system, fears about bad parenting, and the rise of a “cottage industry” of advice books for anxious parents, have fostered the sense that children are constantly at risk and in need of adult supervision (Rutherford 2011) and protection (MacKendrick 2018; Waggoner 2017).
3. Pregnant women are encouraged to take individual responsibility over managing the risk of ingesting harmful substances by making safe purchases and avoiding chemicals, according to MacKendrick (2010, 2018), which she calls “precautionary consumption.”
4. Cairns and Johnston (2015); Lupton (1996).
5. Apple (2006) argues in *Perfect Motherhood* that mothers are tasked with becoming the experts on their own children, a job that involves sifting through conflicting advice about how best to raise children, trying out different strategies, and managing the inevitable anxiety that comes along with attempting to get it right. See also Cairns et al. (2013); MacKendrick (2018); Reich (2016).
6. See MacKendrick (2018) for a discussion of how middle- and upper-class mothers, in particular, engage in “precautionary consumption” in order to gain a sense of control in a context in which they do not trust the way their food is produced or how it is regulated. See Waggoner (2017) for an analysis of public health campaigns around risk and health that target pre-pregnant women.
7. Lareau (2014) found that middle-class parents had “mental maps” that shaped the neighborhoods they considered. They eliminated lower-income areas and relied on social networks to share information about communities, limiting the scope of their search.
8. Breastfeeding rates are higher among middle-class mothers than among poor and working-class mothers. In general, as income and education increase, so do breastfeeding rates. While a high percentage (72.9%) of mothers with a high school degree report having breastfed, the percentage is much higher (92%) for college

- graduates. Mothers with higher levels of education also tend to breastfeed longer. For example, while 40.9 percent of mothers with a high school degree report breastfeeding until the 6-month mark, this number is markedly higher (72.5%) for mothers who graduated from college. On the pressures and challenges middle-class women experience related to breastfeeding, see Afflerback et al. (2013) and Avishai (2007).
9. Rutherford (2011) argues that as middle-class children have gained more private freedoms within their nuclear families (for example, by being given choices and having their viewpoints taken into consideration), their public freedoms have eroded. Fewer children are allowed to roam neighborhood streets, catch the school bus on their own, or run down to the corner store to buy milk for the family. See also Lareau (2011) on the ways middle-class children are heavily supervised by adults.
 10. Cairns et al. (2013); Cairns and Johnston (2015); MacKendrick (2018); Waggoner (2017); Warin et al. (2012).
 11. Organic food sales totaled around \$47 billion in 2016, more than doubling since 2007 (OTA 2017). Despite the rising popularity of organic foods, a review article finds that while consuming organic foods may reduce exposure to pesticide residues and antibiotic-resistant bacteria, evidence that they are more nutritious than conventional foods is lacking (Smith-Spangler et al. 2012).
 12. “Pink slime” is a meat-based product derived from beef trimmings heated and then treated with ammonium hydroxide or citric acid to kill bacteria. It is used as a food additive or to reduce the fat content of meat. McDonald’s removed pink slime from its burgers in January 2012 after the British chef Jamie Oliver led a campaign against it (Annable 2012) and a few months before ABC aired an exposé about its use in the beef industry.
 13. Crawford (2006).

CHAPTER 5

1. Melanie also checked online before they moved to the area to confirm that no one nearby was a sex offender. On parents’ fears about sex offenders and efforts to protect their children from sexual hazards, see Elliott (2012).
2. Body dissatisfaction is present in women of all ages, and across the life span, although there’s some evidence that body dissatisfaction decreases as women age; but middle-aged women and obese women are most likely to report dissatisfaction with their bodies, preferring a body that is leaner/slimmer (Runfola et al. 2013).
3. In a study that followed people over a fifteen-year period, Puhl and colleagues (2017) found that people who experience weight-based teasing (i.e., who were fat-shamed) as children are more likely to be obese as adults, especially women. Further studies are needed to examine how individuals internalize shame around weight and what the consequences are for future weight-related outcomes and body image

- (see also Lupton 2012; Puhl and Heuer 2009, 2010; Throop et al. 2014). Fat stigma has long existed in the United States, but fatness has only been linked to ideas about health fairly recently (Farrell 2011).
4. The World Health Organization and the American Academy of Pediatrics recommend that women exclusively breastfeed for at least six months. See <http://www.who.int/topics/breastfeeding/en/> and <https://www2.aap.org/breastfeeding/faqsbreastfeeding.html>. For a discussion of the breastfeeding challenges faced by the poor and working-class mothers in our study, see Hardison-Moody et al. (2018).
 5. Cairns and Johnston (2015) use the term “calibration” to refer to the process by which women position themselves as “reasonable, informed, and moderate” in terms of how they eat, shop, and feed children.
 6. Saguy (2013) argues that similar frames are often used to describe poor people and overweight people. In both cases, individuals are blamed for their failure to take control or responsibility for their situation. Given that rates of obesity are higher among the poor and people of color, individual blame serves to reinforce existing race and class hierarchies. See also Boero (2012); Guthman (2011); Kwan and Graves (2013); Strings (2015).
 7. According to the Centers for Disease Control and Prevention, 37.9 percent of US adults are obese (a body-mass index [BMI] of 30 or above) and 20.6 percent of US children ages 12–19 are obese (CDC 2017b). As noted in Chapter 1, rates of obesity have doubled among adults and tripled among children since the 1980s (Segal et al. 2017). Regarding the social construction of the “obesity epidemic,” see Boero (2012); Guthman (2011); and Saguy (2013).
 8. Mothers are often blamed for childhood obesity (Boero 2007; Saguy 2013; Wright et al. 2015). A 2011 anti-childhood obesity campaign in Georgia, for example, created billboards and public service announcement videos implying that mothers made children fat by feeding them big meals and that mothers were accepting of children’s bigger body sizes.
 9. A common theme in our interviews and observations was the attention people pay to girls’ and women’s appearances. From catcalls to casual comments, the female body is routinely subject to appraisal (Bordo 2004; Evans and Riley 2014), conveying the message that women’s value lies in their looks (Young 2005).
 10. See Hays (1996) on how protecting children’s self-esteem has become an imperative of mothering.
 11. Elliott and Bowen (2018).

CHAPTER 6

1. A *coyote* is a border-crossing guide, a person hired to transport people over the border into the United States. Crossing the border is expensive and risky, and it has become riskier in recent years, as a result of the terrorist attacks of September 11, 2001, and the increased militarization of the border (Holmes 2013).