

Chapter 4

Saving (and Spending) Food Stamp Dollars

In this chapter I overview the food shopping habits of study participants within the context of grocery stores and farmers' markets in Asheville and explore the factors they cite as important when purchasing meat, fruits and vegetables, and processed food. I examine the motivations behind the different mentalities of farmers' market shoppers and non-farmers'-market shoppers with respect to their definitions of quality and value, their conception of what is "good" food, and how to save money on these items. I began my inquiries with asking about meat, which is a mainstay of the standard American diet.

More Than Just Meat: Purchasing "good" meat on a food stamp budget

Meat is a quintessential American food; an average of 222 lbs is consumed per capita per year (HSUS 2006). Given that meat production is subsidized by the government, it is also relatively cheap; still, being able to eat meat is seen as a status symbol. Most of the meat in the United States (99%) is factory farmed, rather than organically produced.³⁷ I begin by discussing those who purchased conventional meat, their descriptions of quality meat, and their budgeting habits.

Having "enough": Conventional food stamp users and meat purchasing

I almost didn't make it to Joyce's³⁸ interview; our first scheduled meeting was cancelled because of a relative's illness, and our second began late because I could not find her trailer. She welcomed me nonetheless, unconcerned by my late arrival. Inside,

³⁷According to calculations made by Farm Forward, using info from the USDA Census of Agriculture, 2002, (<http://www.farmforward.com/farming-forward/factory-farming>).

³⁸All participants' names have been changed to protect anonymity. See Appendix C for a list of participant pseudonyms, ages, and occupations.

she offered me water and we conversed as her year-old son played with my sunglasses and tried to eat the tape recorder. Joyce explained that he was her youngest and only child with her husband. She had three older children who came to visit on the weekends; they were not, however, part of her food-stamp household. This made it difficult to buy groceries with only \$367 a month; Joyce bought all her food on the day her benefits arrived, shopping exclusively at the Ingles and Go Grocery locations near her home. Despite her limited budget and constrained choices, Joyce made it clear, however, that she only purchased meat at one of those places. "At [Go Grocery] the meat don't smell good, it don't look good, sometimes it's black, so I definitely don't get meat there. I just basically get stuff in the bag that I know is good." The important thing to do when getting meat, she added, was finding "something that's got enough to feed everybody." To Joyce, appearance was an important factor, so she looked for meat bargains at Ingles.

Mike, a retiree I interviewed at a housing project, also was quite opinionated on where to purchase meat. He praised Ingles for its butcher. Explaining his preference for the local chain, he said: "Ingles, they butcher, he cuts good. He don't camouflage the tore up meat, broken or something." Appearance was important to Mike when buying meat; he added that it was important to get "meat that looks like it will be tender. Most of the time that's meat with a piece of fat in it, if beef don't have no fat in it, it's tough." Hannah, a bank teller and single mother of four, also made a distinction between stores by the quality of their meat: "I don't like Sam's [Club] meat because when I bought it, it wasn't good, that's why I stick with Ingles' [meats] being fresh and aren't as fatty." In a similar manner, Margaret, an older divorcee who resided in a housing project, talked extensively about the types of meat that she purchased and was very opinionated on the

quality of meat that she purchased: "I think Bi-Lo processes roadkill. Their meat is horrible...I've had meat from BiLo I couldn't eat." Margaret also considered herself knowledgeable about different cuts of meat, having been much more affluent at a point in her life when she could afford higher quality meat. Similarly, Eric, a father of two children who had been a former line cook, told me with authority that if "you're looking for good meat products you go to Bi-Lo for your beef, Food Lion for your chicken and you go to Ingles for pork." These respondents focused on the cut or fat content of the meat, and attributed differences in the meat to the stores themselves rather than to the meat processing company. They defined quality based on appearance and "freshness", and drew on past experiences to substantiate these claims, considering themselves to be the individual authority or judge of what meat was best.

Those who shopped at conventional groceries also defined meat value in terms of quantity, or how much they could purchase for their limited dollars. In particular, those who had little or no cash to spend on food in addition to stamps made a special commitment to make their food, but especially their meat, last. Jake was an unemployed man who spent his \$200 in food stamps largely on sandwiches, not only because he "didn't like to cook" but because he considered it his most economical strategy. He explained that "Ingles has that big old ham turkey pack for like \$8, so that lasts me easy two weeks...I don't pile meat on sandwiches like some people do...I could make it go twice as far." Jake also elaborated to say that he only ate once a day out of habit, although his habit of donating plasma for money was beginning to increase his need for protein. Margaret, who also relied exclusively on her food stamps (\$200) to buy food, also said, "I buy those big family packs of beef and chicken and I wrap them up so I'm sure to have

protein.” Anne, a waitress with a young daughter, echoed the same search for value, saying she bought “family packs so I can break it down and put them into packs so when I cook it’s six drumsticks of chicken instead of twelve so I just break it down.” Purchasing large quantities at one time was an almost universal cost-saving strategy. This tendency was consistent across families, regardless of size. Jocelyn, a mother of three boys, said:

I fill my freezer with a lot of chicken and fish because if we run low, we can always bake some chicken, we can always bake some fish. So it’s more or less like that.... the meat section I go there and grab a couple of pieces, packs of meat or something, sometimes I might have, and what’s so crazy is that I might still have meat in my freezer from that month and the month before last, so I have to downsize to add new meat to it, put some more fresher meat in there. But we keep our freezer full, try to, anyway.

For Jocelyn, keeping meat in the freezer represented a sign of security, so that there would be some food left at the end of the month. She explained, “[A]s long as you got plenty of meats in your freezer and you got rice and you got some vegetables, that’s a meal. It’s just the basics that get missing fast, the milk, the butter, the eggs.” Describing meat as the center of a meal was a common refrain among these participants. Tara, an unemployed, disabled mother, traveled to a place she called the “meat market” with her sister in a neighboring county to be able to have more selection:

At the meat market, you can mix and match your meats. You don’t have to take the box that they actually have fixed. If you don’t like chicken thighs, you can switch it out for something else. And you get like, for my family, maybe eight, nine packs of meat for like, under \$20.

Tara expressed that she enjoyed the meat market because she could obtain a variety of meat, large amounts, and a bargain, all things that were important to her in budgeting. Like Tara, Margaret, and Jake, other participants with fixed or no incomes severely restricted the amount of money outside of their allotted food stamps to be spent on food, which motivated them to purchase the cheapest items possible in order to ensure

to have “something that’s got enough to feed everybody” as Joyce put it. For instance, Patricia, a former cafeteria worker on disability, always went to Ingles with her friend (also on food stamps) immediately on the day her \$50 benefits were replenished on her card, because by that point, the two of them were “down to nothing.” When they arrived at the meat aisle, she said:

A: We get the cheapest they got. If one pack’s \$3 and one’s \$4, we get the \$3 one.

Q: So you always look for just the cheapest?

A: Yeah, you have to. Because your [Social Security] check is lotted out for everything else so, I only have \$200 left out of my check. If I spend \$150 [cash on food], then I only have \$50 for the month. Got to pay rent, cable, lights, phone, and stuff.

Patricia explained that what she bought could not change on a regular basis from month to month, lest she go outside of her window of what she had allotted from her fixed income check; many other respondents reported having a set, small amount of disposable cash after all their rent and utility expenses.

Overall, stockpiling meats—chicken, pork, beef, and fish—was presented as an important way to provide protein for the family. Across all participants, a store’s meat quality—defined as the cut, appearance, or amount of fat— could influence where other groceries were purchased. Buying “enough meat” was important; a majority of respondents said that given \$50 more in food stamps, they would buy more meat. These results align with those of Wiig and Smith (2008), who also found that food stamp families listed meat as the product that they spent the most money on.

Meanwhile, those who shopped at the farmers’ market or organic food stores also valued their meat purchasing, but characterized this desire, and interpreted their understanding of quality in vastly different ways. Whereas those who did not shop at farmers’ markets valued variety in the cuts of meat that they were able to purchase, and bought in bulk to stock up for future weeks and months, the farmers’ market shoppers

trends

valued knowledge about their meat's production, and defined quality as knowing the farmer or knowing the contents or the goodness of the life of the product. While they, too, were concerned with price, they made purchasing decisions using vastly different frameworks.

A Matter of Compromise: Meat purchasing habits of local and organic shoppers

Respondents who shopped at the farmers' market—or at local natural foods stores—consistently expressed disinterest in industrial or 'conventional' meat and a preference for buying 'higher quality meat.' Participants listed the dangerous practices of meat production, personal health concerns, and taste preferences as reasons for preferring organic or local meats.³⁹ However, not everyone was able to live up to his or her expressed ideal diets of eating entirely organic meat. The cost of organic meats can often amount to three or four times higher than that of conventional meats.⁴⁰ Thus, the preferences of these participants did not align with their economic realities. Respondents demonstrated several budgeting solutions: one, cutting back on their purchasing and consumption of organic meat; two, compromising, buying meat non-organic but other protein sources organic; or three, vegetarians who bought no meat at all.

Category
respondents

Within the first category, participants cited the price of organic meat as their only hindrance to purchasing more of it. For instance, Brittany, a single woman, was interested

³⁹ To speak to the ubiquity of non-organic meats, it is notable that 4 companies run 84% of U.S. beef processing plants, known as concentrated animal feeding operations (CAFOs) that these respondents claimed to oppose—a rapid consolidation in the past quarter-century (Hendrickson and Hefferman, 2007). These operations which process thousands or hundreds of thousands animals daily, have been cited for animal cruelty, worker endangerment, pollution, and e.coli contamination (Weber 2009). Thus the practice of purchasing organic meat or local meat is very rare among the general population, even including high-income consumers.

⁴⁰ For comparison I refer to prices of the two most commonly mentioned suppliers by respondents. Tyson chicken prices at Ingles range from \$.98/lb (on sale) to \$4/lb. Hickory Nut Gap pasture-raised meat prices range from \$5/lb to \$19/lb for pastured chicken; they are sold at Greenlife, Earth Fare, the French Broad Food Co-Op, and the farmers also vend at the Asheville City Market. (Source: www.ingles-markets.com, www.hickorynutgapfarms.com)

in purchasing local and organic food, but expressed her frustration with the prices of organic versus nonorganic meats at Ingles:

I don't even think I buy organic chicken necessarily. I just can't afford it, period. It can be \$12 for a package of chicken, whereas Tyson is \$4. It's a huge saving. So something more natural like Springer Farms might be on sale and I'll buy that... I'll buy like one package. Sometimes they have sale items, expiring in a day or two, so I just pick up chicken that's half price. I am always looking for quantity and quality. And Tyson being all-natural, it's not the best, but usually on the package it's hormone-free and antibiotic-free so I feel safer buying that. And that's what I really look for. I look for the label, that's important to me to not have hormones, to not have antibiotics in the chicken, it's just so damaging for the body that I won't go for cheaper stuff. I just don't do it.

In this way, she expressed the compromise she had to make by purchasing either Tyson meat or buying a mid-range brand called "Springer Farms," her refusal to purchase the cheapest thing at all costs, and her frustration of not being able to afford the organic meat that she knows is healthier for her. She also reassured herself that Tyson meat was better than "cheaper stuff" because its labeling indicated a lack of hormones. Although Bradbard et al. (1997) found that price was a primary motivating factor across the board for all food stamp users, the farmers' market shoppers were an exception to this finding. These shoppers also expressed a greater knowledge of the meat industry, which is what ultimately drove them to seek out local sources of meat rather than to rely on labels. For some, the responsibility they had to purchase food for others influenced this decision. For instance, Alice, a married mother with one young son, shopped at the City Market frequently and had identified a local meat supplier she preferred; her aversion to Tyson meat was even stronger than Brittany's. Explaining her decisions, she said:

I really hate to buy Tyson chicken because I don't support that industry at all; I just think it's so unethical. I don't like the factory meat. I hate feeding my son something that I know probably has growth hormone in it and antibiotics, that can be hard. ... Who knows where it comes —sometimes it says Mexico —I just don't know what their standards are for food. Whereas I buy something that I know comes from Hickory Nut Gap farms, I know it's just a whole different quality; it's something I know I can support. And I don't like contributing to an industry that I think is bad for the world. And health-wise for my son, I don't like feeding him knowing what kind of chemicals might be in that.

illustrative quotes

Alice expresses several themes consistent with others' opinions; first, the knowledge of the detrimental qualities of cheap meat both environmentally and health wise, and second, the security perceived in purchasing local meat from an identified producer. Given price, however, she and others said they cut back on their meat intake rather than sacrifice its quality. For instance, when Alice was receiving only \$400 in food stamps instead of \$500, she had to purchase the Tyson chicken she did not want to buy. But even though her benefits rose after her husband became unemployed, she decided that meat quantity was not as important anymore: "We've been eating less meat, I have been buying better quality meat. I'll make a stir-fry and have just one chicken breast instead of two." Cora, a mother with three young daughters, echoed similar cost-saving measures: "We don't do a lot of meat, we try to supplement with beans and different things that are protein and iron-filled. Now what I do try to do, first thing that everybody's doing now, is no growth hormone, no antibiotics. I try to go that route because I know, according to the FDA,⁴¹ they got to tell the truth up to a point." While conventional food stamp shoppers reported spending much of their income on meat, those interested in local and organic food realized that because of their values and the high price of this meat, they could not. Penelope, an AmeriCorps⁴² member living on a limited salary, said that cutting back on meat actually increased her enjoyment of it, while at the same time being a cost saving measure:

⁴¹ Food and Drug Administration, government entity responsible for regulating food safety.

⁴² AmeriCorps is a federal program that pays U.S. citizens for a year of service with an AmeriCorps team or with a nonprofit in any of the 50 states. Because the stipend for the program (particularly VISTA, Volunteers in Service to America), is so low, many of its members are eligible for and encouraged to apply for food stamps, especially because their living stipend is not counted as income. As Whitney, one of the AmeriCorps volunteers I interviewed explained, this had helped her to view the public benefits program in another light.

I wait until I have a craving, whether it be a New York strip or some shrimp. Something simple like that. But I don't feel like I have to berate [sic] it into every meal every day. So it's kind of a treat sort of thing. ... But when I do buy it I like coming to places like Greenlife, I try to get the high quality stuff.

Having been a former vegetarian, Penelope claimed that her body now "needed" meat, but not a lot; this is a vastly different sentiment than the conventional food stamp users expressed about meat. Like Alice and Penelope, Brittany also found herself sacrificing quantity over quality and gave an example of the inner dialogue she had while going to the grocery store:

I tend to look at like overall, what I am spending. And I think that, well I can get a chicken breast for \$3 or get a whole package of four chicken breasts for the same price. Yeah it's like, what I am going to go with, this is all natural, hormone free, so it's the same thing to me. But I'm getting three times more for that price. So I tend to look at that and think no, I don't want to go that direction.

While these participants often said that in an ideal world they would buy all-organic foods, most focused their funds on buying organic for one food group. This was made considerably easier since this group indicated that meat already made up very little of their diet. For instance, Catherine, a former consultant who bought her fruits and vegetables at the farmers' market, provided a good example of the decisions of those who ate meat but did not consider it the center of their diet:

I very rarely eat meat, but if I were to buy chicken or fish or beef or anything like that, it's going to be here [at Greenlife]. I don't buy any of that at a supermarket....I don't buy what's cheaper in terms of, I don't buy cheap hamburger meat with hormones. I'll eat scrambled eggs instead. That's not the way I shop. I do without or I eat cottage cheese. I'm looking more for what I can have quality-wise.

Catherine refused to buy meat at a "supermarket"; she would buy organic meat from the natural foods store when possible, but most of the time would eat conventionally-produced dairy products to obtain protein. This tradeoff also worked in the opposite direction. A household of three band members said the performing long hours required them to buy lots of protein for energy; they estimated \$300 of their \$520 food stamp

budget was spent on meat. They bought conventional meat, but free-range organic eggs. Lucy wished that “all the meat we ate was not processed with hormones; I really wish that, because you can taste the difference. You can feel the difference. It’s why we’re eating eggs three times a day. It was really important that they be good eggs.” These participants recognized that they were making a tradeoff in terms of where their organic dollars were going; they considered themselves to be making a healthy choice, but were aware that their diet was not ideal nor that all of their protein sources were coming from “clean” places. While consideration for avoiding hormones and antibiotics was one reason that certain respondents preferred to buy local or organic meat and buy less of it, it was not the only reason. Several respondents who shopped at farmers’ markets, including Catherine, said that they used to be vegetarian, which influenced their purchasing habits.

Offering explanations

Interestingly, women who were former vegetarians made the greatest attempt to buy small quantities of purely organic and local meat, even more so than those who were operating by compromise. These women, who often said that they went vegetarian as teenagers, expressed concern for the way animals were treated before slaughter and thus sought to purchase from places where they knew meat came from. Karen, a mother of two, said she bought local meat from Hickory Nut Gap, not merely because it was organic but because “I’m really anti-factory farm. That freaks me out. So with the meat, it’s [important] the way the animals are treated...physically how they’re treated...and what they’re putting in their bodies too. As far as what they’re feeding them and injecting into them.” Miranda, also a former vegetarian and mother, also tied the problems with animal slaughter from a health and environmental standpoint to her decision to eat small amounts of meat; she explained, “I eat meat a couple of times a week and [my husband] -

a couple bites here and there. But I believe strongly in reducing our impact on the planet, so we try to eat meat responsibly.” When asked to elaborate, she replied:

I think there are ways that we can kill our meat that are toxic in so many ways, and ways that we can eat meat responsibly and raise our animals so that they’re happy and we kill them responsibly. And I’ve gone back and forth my whole life, whether or not I wanted to be a vegetarian because the killing of animals is very hard for me. But I believe strongly in humanely killing an animal and using it for good purposes and not overconsumption.

Miranda and Karen both initially became vegetarian because of an initial concern with animal welfare and realizing the harmful feelings of animals killed for food. Once they began to eat meat again, they characterized the practice of eating less meat as being tied to that continued awareness of respecting animal suffering. At the same time, however, some remained deeply conflicted about eating meat. Tory was also a former vegetarian who began to consume only organic meat for health reasons, but confessed, “I just don’t like meat. I never liked it. So it wasn’t hard for me to be vegetarian. But I think I’ll keep eating meat, just trying to eat it, and maybe try to get in my diet like once a week...As a side dish.” While Tory was ambivalent about eating meat, she still drew a boundary between her habits and overconsumption, specifying that “I hope it won’t ever become something I eat all the time.” Thus, more than any other group, including those who bought organic meat and had never been vegetarian, these former-vegetarian women engaged with their eating habits on a much more personal level, and had even internal debates about what they ought to be eating and if this decision aligned with their moral intuitions about violence and animal welfare.

A final category of farmers’ market shoppers were current vegetarians. Some recognized that this allowed them greater leeway in the foods that they were able to purchase. Sarah and her partner acknowledged that shifting to vegetarianism two years

ago allowed them to better allocate their money. More importantly, it provided them with the opportunity to begin shopping more often at Greenlife and to be able to afford some organic vegetables: “We stopped eating meat, that opened up, that and quit smoking cigarettes, that opened up a bunch of extra money and we couldn’t justify with the story of ‘we can’t afford to eat healthy.’” Mary, a vegan single mother breastfeeding her son, realized that not eating meat also freed her up to buy local and organic food and she was able to spend within her food stamp allotment of \$320 for her and her son. She realized, though that “some people just feel that meat is healthy, so I can see how they would feel like they had to choose between produce and meats, because I don’t think, if I wanted to eat meat, I would have enough to eat meat and buy the produce.” Indeed, I found no vegetarians within the non-farmers’-market shoppers, none of whom had spoken ill of meat consumption. I see this as one way in which the racial differences between my groups manifested themselves, as vegetarianism has often been construed as a whitened cultural practice (Guthman 2008a; Harper 2007).

Summary *

Summary of comparisons between the two groups

A majority of all respondents, regardless of their preference for local or organic food, responded that it was the “quality” of meat at a shopping venue that influenced their decision to shop there. This tendency to judge a store based on its meat quality was more prominent among those who favored conventional meats.⁴³ It also seemed that food was but one part of their lives, one more expense in addition to the many other incurred on a monthly basis. Thus, although “quality” was cited as an important marker by both groups

⁴³ This is perhaps at first glance not surprising, since meat packaging is a final step of processing done on a store-by-store basis, and fresh meats are highly perishable. Discount grocers thus receive meat from other stores, and this dissuaded several shoppers from purchasing what they saw as ‘brown’ or ‘wasted’ meat; places like Go Grocery were therefore characterized by people like Joyce and Tara as a great place to get a bargain, but not on meat and dairy foods.

who purchased meat, this adjective was described in various ways that reflected the concerns and priorities of the families I met.

Those who bought local and organic food also considered themselves to be using their food stamps judiciously. To them taste, and health concerns were more important than buying bulk quantities of meat. At the same time, they felt constrained by income and had to make critical decisions about which protein products to buy organic or local. Vegetarians in particular struggled with the moral implications of their purchasing habits, while no other participants reported this tension. By contrast, non-farmers'-market shoppers were concerned with getting the most meat for their money, for reasons of food security, a sense of getting a "full meal", and as an economical way to save.

Thus, the starkest difference between the two groups regarding the question of budgeting meat was that the non-farmers'-market group most commonly expressed needing to purchase 'enough' meat for the month. As previous studies have shown, this is a working-class perception of emphasizing quantity over quality (Pill 1983; Bradbard et al 1997).⁴⁴ Bourdieu wrote that the difference between working class and bourgeois forms of eating was that the first "focused on "plenty" (1984:194), a distinction that also holds true here. However, while the non-farmers'-market group concentrated on quantity, my research discovered that in contrast, food stamp users who decide to purchase organic or local meat—whether or not they purchased the meat at farmers' markets, although most did—struggled with deciding whether or not to purchase something that fit with their personal values yet was also a significant monetary investment. Unlike DuPuis' (2000) characterization of refusal of consumption as a purely individualist political act, however,

⁴⁴ Anecdotally, this mirrors the differences in marketing techniques of these products. Conventional meat in the store is typically presented for its value while organic meat advertisements emphasize its quality and distinction, with less of an emphasis on low price.

participants who did not eat meat characterized it as a health concern and, as we will see later, a concern for local and sustainable farming practices for the larger community.

This difference in perception between quality and value mirrors other cultural arguments such as the idea of rarity and authenticity (Holt 1997; Johnston and Baumann 2010) versus the concept of quantity, as well as discussions of food choice models (Furst et al. 1996; Bisogni et al. 2002). However, unlike Bisogni's study, which focused on middle-class white participants, and Johnston and Baumann, whose participants are nearly all high-income whites interested in local and organic food, my findings expand more fully on the personal decisions or beliefs about how to trade off quantity for quality specifically within the context of a low-income budget. This paradigm also emerges with comparisons made between other types of products such as fruits and vegetables.

How Else To Save? Budgeting fruits, vegetables, and processed foods

Fresh fruit and vegetable consumption is markedly low among all populations of Americans, with reasons of taste, convenience, and lack of education as hypothesized barriers to greater consumption (CDC 2009; Guthrie et al. 2007; Devine 2001); among all Americans, college graduates are reported to have the highest fruit and vegetable consumption. Two lines of opinion emerged from my respondents: first, some respondents expressed interest in eating more fresh fruits and vegetables, but found that they could not make it work given their limited food stamp dollars. Second, I found that those who were not interested in buying more fruits and vegetables considered themselves to be making more economical choices by instead buying food that would last them longer. Often, interest in fruits and vegetables was more tied to one's background and exposure with agriculture than to level of formal education.

Budgeting for Conventional Food Stamp Shoppers

Most people, such as Margaret, felt that their budget constrained their ability to buy fresh foods. She bought canned foods, because she didn't think she would be able to use fresh produce in time; "I don't like to buy a lot of fresh produce because then it'll go bad. It's just like throwing money down the drain. So I buy canned vegetables, but I don't like them that much." Aware that most of her food was processed, Margaret lamented that she could not use her stove to cook and bake as she wished. Jake, who I met at Greenlife, was also trying to make do with his \$200 food stamp allotment, the maximum for one individual. He too, was highly aware that he was not eating as well as he could. Since beginning to receive food stamps, "I've actually had to decrease my [food] intake, so I eat a lot of sandwiches. It's not the healthiest thing to do in the world... I should buy better food but I don't. I should buy fruits and vegetables but I don't. I just buy bread, milk, sandwich meat, Swiss cheese, mayonnaise, mustard." Jake saw his economic reality as one where he could only buy what he called "the basics." While he recognized, for instance, the value of a fresh homegrown tomato, which a friend had given him from their garden as a gift once, he said he might start purchasing those only while they were in season. George, a single man living with AIDS, said that in the past he was interested in buying fruits and vegetables, but since losing his car could no longer visit the WNC Farmers Market on the southern side of town. "If I could get all my produce at the farmers' market I would. But like I said I don't get out that way and I can't afford it." Constrained by the bus line, he bought all of his food at Ingles. Thus, these participants described themselves as unable to purchase the fruits and vegetables they felt that they ought to.

Others simply saw fruits and vegetable expenditures as an economic loss. Tom was a homeless man concerned with obtaining sufficient calories, yet unable to spend cash on food and had to stay within the \$200 maximum allotment for an individual. Like Jake, his main method of obtaining food was to buy a sandwich and prepared macaroni or potato salad at Ingles on his way into the city. When I asked him what factors led him to not buy more fruits and vegetables other than an occasional banana, he responded:

It's just, eating a certain amount of calories in a day, are you gonna die? Fruit and vegetables, have to eat an awful lot of them to maintain that. Going to need to be eating all day. No, I like them, I like vegetables, fruits, salads, and stuff, it's just a little bit, it's hard to get all the amount of calories you need from that.

With this statement, it appeared that Tom knew that fruits and vegetables were good for him, but believed that his \$200 food stamp budget would not buy enough calories to sustain him. He later remarked to me that he thought the benchmark figures per person were somewhat unfair, given that they allowed him, a 200-pound man, the same money to buy food as a 130-pound woman, although their caloric needs were different. Tom thus prioritized getting his sandwiches and carbohydrates. Mike also considered fruits and vegetables to be an afterthought; spending money on these was "according to how much is left open, I can afford. If maybe, I don't know, things are running good, maybe \$25-30 on potatoes, onions, green pepper. And you know, stuff like that if I'm gonna make spaghetti or something." As with Jocelyn, vegetables were to him a part of the meal rather than the meal itself. Thus, just as meat represented a sign of security, fruits and vegetables were seen as a secondary purchase to the more caloric-dense foods like meat. Additionally, processed foods were often looked upon favorably by non-farmers'-market shoppers for reasons of convenience and flexibility.

Conventional food stamp shoppers viewed processed food not as unhealthy, but as a money-saving strategy. Margaret, who found it too expensive to use her oven on a regular basis, said, "I'd say what I spend a lot of money on is canned stuff, because I know it's going to last. Good old Chef Boyardee, spaghetti and meatballs, I do spend a lot on pasta." Her inability to cook food influenced her purchasing decisions. Even those who cooked, such as Brian, who was trained as a line chef, said that he liked to buy macaroni and cheese for his children; "even though it's a starchy meal, it pretty much turns into sugar for the most part. It's not ideal for health issues, but it keeps you from going hungry. And it's something you can kind of teach the kids to fix." Brian weighed the detriments of boxed macaroni and cheese (not as healthy, starchy) against the benefits, such that that he could stock up on "three for \$1" sales, or teach his kids how to cook something, and concluded that the benefits were more important. He continued that when he did not have energy to cook, that "sometimes I get like a family meal, lasagna thing I can stick in the oven that, \$12, 13, for a meal that can physically feed me and the kids for two days easy. Good grief, that to me is a bargain overall." Joyce, who had children coming to stay with her on the weekends that were not part of her food stamp household, said that when she looked to save, she bought foods like pizza rolls because she needed "stuff that's easy to cook fast and ain't gonna cost a fortune, something that's gonna fill them up and not gonna run me out of money." When making decisions between products at the grocery store, these shoppers aimed to spend frugally, favoring quickly-prepared meals and convenience foods for their families.

Budgeting for Farmers' Market Shoppers

Conversely, local and organic food shoppers often saw buying processed food as a waste of money and reported spending more on fruits and vegetables. Cora, a mother of three whose family ran a community garden at a housing project, opined that buying bulk snack foods was actually more expensive than buying whole foods and making meals from scratch, which she considered her “philosophy” of “real meals.” She explained, “what we notice ...is that [cooking] saves you money. While you may get 500 pizza rolls in a box, but if you have three children and they eat that in two days, you’re still looking at another five days of the week that you have to provide them with meals.” When I asked Diane, a mother of five who was only receiving enough food stamps for her three native-born children (rather than all five of her children), how she saved money, she replied, “first of all, I try and make everything from scratch. Like pasta sauce, everything is going to be from scratch. So like often I’ll make something in bulk and then put smaller portions in the freezer.” She continued, however, conceding that the way she wanted to eat was expensive:

There’s just not enough money. I certainly couldn’t, like if I bought all organic I would probably run out sooner than I do now. I mean probably [after] a week, feeding as many people as I’m feeding. So yeah, it is difficult. If I didn’t have a vegan diet and we didn’t care about organic, we could probably make that money last the whole way.

Within the non-farmers’-market group, buying meat and processed foods in bulk were highlighted as cost-saving measures. By contrast, within the farmers’ market group, cooking meals from scratch was more emphasized as a way to save.⁴⁵ Instead, the farmers’ market shoppers made decisions about buying organic versus cheaper conventional food in a formulaic way. Alice, for instance, said “It is a balancing thing...

⁴⁵ Neither group reported heavily relying on coupons but for different reasons; conventional food stamp shoppers more because they forgot or didn’t think to, or used it more for cleaning supplies; local and organic shoppers because “all coupons are for processed food” as Sarah said.

like a formula. I'm getting this and this this week, so I can afford to pay a little more. I'm only buying one pound of beef so I'm gonna buy the organic beef. ... I do weigh it out. Maybe I can get away with spending something more on something that fits my values." Many respondents identified focusing on produce that was part of the "Clean 15", a well-known list that circulates about which fruits and vegetables have the lowest pesticide residues. Sarah, for example, debated which fruits to buy organic: "Just in my head I think well, bananas have a thick peel on them, stuff like grapes with a thin peeling for our grandson, even if it is a little extra. Just trying to keep those chemicals out as much as possible." She repeated the same phrase as Alice: "trying to weigh it out," and mitigated the health concerns of pesticides with the prices of grapes. Jane described her rationale for purchasing not in choosing conventional over organic, but compared her purchase to something junky she or someone else might have bought instead with the money. She explained that she thought to herself, "If I got a bag of chips, it'd be \$3, so if I get organic broccoli and it's \$3... it's a lot more expensive, but I am not getting chips." Budgeting decisions took the form of tradeoffs as to which type of food to get at the store or at the farmers' market.

Food and Farming Background: Influence on fruit and vegetable consumption

However, within both groups were participants who had a farming background, and they all recognized that influence on their desire to consume fruits and vegetables. Gina, a woman who grew her own food for 15 years before moving into a housing project, told me how she bought canned peaches in syrup because she didn't like what she saw at the store. She said, "I would spend everything I got in vegetables if I could, fruits and vegetables, and I would just live off of 'em, but you can't get it." She did not

consider what she saw in the produce aisle to be truly fresh peaches, she explained. She continued: “you can tell just by feeling it, smelling it, putting your thumb print in a cantaloupe and then smelling it. ... After growing a farm for 15 years, you’ve learned the little bitty things to find out if it’s all right or not.” Because Gina was so used to obtaining fresh fruits and vegetables for free at her home, she was reluctant to spend money on what she found at the grocery store for what she considered to be an inferior product, so instead she bought canned peaches. However, she was still able to obtain fresh foods from time to time from her family when she would go assist with canning a harvest. Heather, another woman at the housing project, had grown up eating fruits and vegetables from her father’s garden, and expressed an interest in eating local tomatoes because of their freshness. Florence, a retired cashier, told of her daughter in law’s relatives and how they had an organic farm, and would often share their fresh strawberries or fruits and vegetables with her. In the farmers’ market group, those whose parents had gardens or farms, such as Penelope, Tory, and Melanie, cited this background as something which had led them to also imitate this practice in their adult lives—all of them were cultivating gardens at the time I interviewed them. Thus, these and other respondents had amassed informal cultural capital from their families which they then replicated as adults.

Concluding Thoughts

Across meats, fruits and vegetables, and processed foods, a few commonalities emerged. For instance both groups named buying items on sale whenever possible or buying generics as ways to save money, also noted within the literature (Wiig and Smith 2008; Kempson et al. 2003; Bradbard et al. 1997). However, the differences were more interesting to examine. As we have seen, the motivations that conventional shoppers and

food stamp shoppers have to purchase meat is very different; both have different definitions of quality, and one group values quantity while the other can do well with less. While some saw processed foods as a way to save money, others characterized making food from scratch as a frugal way to budget. Finally, fruits and vegetables were valued at different levels according to one's food and farming background, and perception of economic ability to purchase them. Fruits and vegetable purchasing is also, however, tied to notions of healthiness. In the next chapter, I will elaborate further on differences in consumptions of fresh fruits and vegetables—the key products at a farmers' market. I will unpack differences in participant definitions of healthy food, and how their food and farming background as well as personal illness can come to mediate their understanding of healthy foods such as these.

More Analytical

Chapter 5

Healthiness: 'Knowing Food and Growing Food'

Defining Good Food

The way in which low-income people understand the terms "local" and "organic" are critically tied to their interest in purchasing this food; however, because these terms are so often tied to healthiness, opinions on how food influences health are also important. In this chapter, I begin with comparing differences between the groups on their definitions of healthy food. I explore how participants' perception of how food influences health is shaped by their educational background, but more importantly, mediated by informal cultural capital obtained through their experience with food and farming, and through the framework of their own illnesses and stressors of poverty. I then reflect on how these understandings are connected to cultural arguments within sociology about how social classes make different value judgments about food.

analytical

Conventional Food Stamp Shoppers: Definition of healthy food

Non-farmers'-market shoppers most often referred to healthy food as 'fruits and vegetables,' or mentioned a specific food nutrient. Largely, their answers were simple and succinct. Healthy food was defined as "vegetables, turkey instead of beef sometimes...different meats," to use the words of Hannah, a single mother and bank teller. Anne, a waitress, defined "healthy" as "produce, meat, beans, nothing like, processed food." Jocelyn, a mother of three boys, expressed, "When I think of healthy food I think of plenty of vegetables, the right proteins, not too much bread." Joyce, a mother with one son, said, "different varieties of vegetables" were healthy foods. Fruits

many quotes

and vegetables were stressed over beef, in particular; Tom said “mostly fruits and vegetables, not a lot of red meat.” Mike similarly described healthy as “The A vitamins, vegetables, the vitamins in vegetables keep your digestive system involved, open, if you eat good vegetables.” Linda also pointed to another macronutrient citing foods that were “lower in fat, but not artificially low in fat. Higher in fiber.” Specifying fruits and vegetables, or the nutrition contained within them, such as saturated fats, was a common answer. For the respondents who were afflicted with a health condition, this awareness of macronutrients, which have become much more visible in the supermarket due to front - of-package labeling on foods, is one possible reason behind their interest in the nutrients in food as opposed to the whole food itself.

Others, when asked to define healthy food, replied that they saw health in a broader perspective; beyond what was in the food, they referenced attributes such as portion sizes, personal behaviors, and cooking methods. For instance, Mike elaborated, “What’s bad for you is to overeat, don’t have anything to do with the food, the way you treat it.” Tamara, an older resident of the housing project Mike lived in, said in regard to healthy food, “I think they would be talking about greens. I know greens are good for you. There’s a whole lot of things unhealthy, like drinkin’.” Tom also felt that bad food could be mediated by personal behavior: “I think if you exercise enough and whatnot you’re going to burn it down. There are probably some minor toxins that could build up and cause chronic problems down the road.” Others also chose to define the term more broadly; for instance, Patricia said, “any vegetable if it’s cooked right is considered healthy. If it’s cooked right and not got gobs of oil and stuff in it. And hamburgers if they are eat up with grease they’re not good for you... so that’s just the way I look at things

like that.” Cutting back on grease was a common answer, as was preparing foods from scratch: Alejandra, a Mexican mother I interviewed, said, “Healthy food is what you cook at home and how you cook it. It depends on hygiene for preparing the food. And food that is not healthy is all that you eat out.” These participants focused on the personal touch, such as through cooking and means of preparation, and in their response contextualized healthy food as part of a larger framework of health.

Farmers’ Market Shoppers: Definition of healthy food

When asked to characterize healthy food, farmers’ market shoppers—as well as participants who purchased organic foods—gave rather different responses; they referenced the value of whole, raw foods and drew distinctions between these foods and “dangerous” processed foods. Melanie, a student of herbal medicine, presented a concise definition when she offered:

Whole, real food is healthy. Something that doesn't have an ingredient list, something that hasn't traveled thousands of miles and was picked when it was unripe, has lost nutrients, driven across the world or the country. Real food. So like, fruits and vegetables, cheese, whole grain breads. Basically, nothing more than five ingredients on the list.

Melanie equates healthy food with local food; at the same time, she defines it as food that does not come packaged or in boxes. She then makes a specific distinction as to how many ingredients could be in the product, echoing the same philosophy of Michael Pollan, who suggested Americans avoid processed foods with more than five ingredients, and whose books she enthusiastically referenced to me. In the same vein, Penelope, who was cultivating a summer garden in the plot behind her house, said, “Healthy food, I think, is going to be not processed, and organic, not have all the hormones, antibiotics, and chemicals. As organic as possible.” “Fresh”, “local”, and “organic” were repeated terms stressed when this group described healthy foods.

Another common theme was to define healthy food in terms of what it lacked; food that was absent of chemicals, preservatives, or “clean” was considered healthy. Cora, a mother of three whose family ran the garden at a housing project, explained that “I think of raw foods, things that are not filled with preservatives, artificial flavors, sugar...you can make a dessert [with] three really raw good foods such as fruit...you’re creating your own destiny, so to speak in your eating experience.” Diane, a mother trained as a doula,⁴⁶ echoed the importance of whole foods: “Healthy is as close to its natural state as possible, basically. So the less processed, the more raw- like the carrot is more healthier than even like a cooked carrot or frozen.” In general, healthy food was described as whole, free of toxins and chemicals, and “unprocessed.” This definition creates an image of purity around whole foods, which they perceived to give energy and enhance life.

A connection between spirituality and food also became clear when these participants were asked to define healthy food. Wendy’s studies of herbal Chinese medicine led her to define healthy food as prescribed by one’s constitution: “what’s fresh, or has chi,” was important for proper balance. Betty had studied herbal medicine for years and also kept a garden in her backyard. An herbalist, she referenced a spiritual component when describing healthy food; “I really see a component beyond like a living element of spirit in the food that is just grown in a personal way. And not processed and never really, not packaged. So healthy food is grown, unprocessed, unpackaged that someone made.” The distinction made between dead food and “live food” was made salient by the farmers’ market group of shoppers.

⁴⁶A Doula is a midwife’s assistant. Diane was not currently working at the time I interviewed her.

Finally, these respondents focused on self-maintenance; Tory, a divorced mother who ran a family daycare, said that healthy foods were “whole foods that make you not be sick, help you have enough energy for the day and keep your body clean.” All mothers expressed the need to eat healthily for personal maintenance, given that most of them had young children. Thus, between the two groups of shoppers, the definitions of healthy food were markedly different; the first focused on food groups, nutrients, or referred to food preparation methods. The second, meanwhile, focused on the whole value of foods which they often described in a spiritual or positive manner. These differences might seem to be attributed to educational level connection between diet and health—for some, a crucial component to their lives as a result of formative experiences with life-threatening illnesses, for others, a less-noticeable correlation.

Illness and Healing in the Context of Food: Personal and General Perceptions

Diabetes is given much hype in the media as the number one cause of diet-related death; this illness is strongly connected to low-income people in public health circles and is often targeted in policy initiatives. When I set out to do my interviews, I was expecting to find a large amount of diabetic participants, given that their low-income status predisposed them to be consuming fewer fruits and vegetables and more processed foods than the general population.

However, when I probed about illness and diet, I received a wide range of responses indicating that people were aware of how food influenced their health in very quite novel and tangible ways. Two themes emerged here: a personal response to food influencing health, such as through an illness, or an expressed general opinions on the connection between diet and public health. Distinctions in opinion on general perceptions

Indicate when things emerged & when you directly probed

of food influencing health within both groups, however, were mediated by one's background with farming, their feelings about their poverty, and their decision of how to use illness to promote dietary healing.

Conventional Food Stamp Shoppers: The addictive qualities of bad food

Only a few of the older participants who I interviewed were diabetic and to some extent realized that the food they ate during their life contributed to this outcome, but did not make this connection explicitly. Patricia had been diagnosed with diabetes for several years and spoke of how she had to change her diet, and that if "I've had a little too much sweet [food], I get a headache, I just feel lousy. And then when I'm not eating that stuff, I don't feel that way. So it really affects you." At the same time, she found it hard to not be able to eat as much cake as she wanted at birthday parties at the housing project at which she lived. For Margaret, this same sort of timing also happened, but in a more sinister way: "Eating really horribly becomes almost an addiction until you can consciously make an effort to eat well for a couple days. Because when I eat really crappy food, really heavy food, I'm constantly hungry." Barbara, another woman with a severely limited food budget of \$134 for herself and her 17-year-old son, told of days when she would go to the store and eat entire packages of mini Mounds bars when they were on sale for a dollar. Her doctor had told her to not eat refined sugars because it triggered her ADHD,⁴⁷ but she continued to buy brown sugar and drink what she called "natural" soda, attempting to phase out her Orange Crush, which she admitted would set her on edge. While these participants were aware of how eating foods would trigger their symptoms, at the same time, participants with diet-related illnesses were not as condemnatory of

⁴⁷ Attention Deficit and Hyperactivity Disorder

unhealthy eating as were the farmers' market shoppers, since many of them described cutting back on these foods rather than eliminating them altogether.

Conventional Food Stamp Shoppers: Stressors of poverty influence food behaviors

Psychological factors of poverty certainly influence food consumption patterns, especially for those who have experienced a radical change in diet; however, people who are not diagnosed with any condition can still experience profound changes in how they eat. I found that for those who had been economically well off before, such as Catherine and Susan, being on food stamps was particularly draining to them, and in Margaret's case, it took a chance encounter to realize the effect of her diet on her health. Margaret had moved to Norwood Apartments, a housing project, after living in a storeroom without heat or air conditioning with her dog for four years. She had no income outside of her food stamps, and thus was not able to use her oven because of the tremendous electricity bill it would cost. She reported eating mostly canned foods, boxed pastas, and meat, in order to stretch her \$200 budget. To afford driving her car to the store, she took along another resident of the housing project to pay for gas. I interviewed her twice because our first interview had to be cut short. During our first meeting, she talked at length about her drastic life change after her husband left her, and how she slowly went from being a well-to-do socialite who practiced yoga, did yearly cleanses, and spent \$250 a week on groceries, to becoming homeless and friendless. "I was used to eating very good, very healthy...[when] you really try to buy food on a really limited budget, you're hungry, it's hard to buy really good food, because the produce has become so expensive," she said. Margaret spoke longingly of the food, such as fish, that she used to enjoy. However, it was clear that she also enjoyed some of what she was eating, such as

macaroni and cheese, and beef roasts in her crock pot.

Between our two visits, however, something had changed. She told me that the weekend before our visit, she had just gone to McDonald's for a burger off the dollar menu, and was heading to Walgreens with a coupon for ice cream when she decided to enter a mobile health clinic parked outside the store, where she learned she had very high cholesterol and was weighing the most she ever had. This experience motivated her to begin eating better, and with great pride she showed me the marked-down salad mix she bought and had been eating for the past few days. Something she noticed was that it was much more filling to her than the microwave burritos she had been eating before:

With a large salad, [a] chimichanga almost gets me to the point of bursting. Whereas before if I'd had just one chimichanga, I would be craving about eight more. And I'd have chimichangas until I explode.

She talked about how her insecurities about affording food caused her to eat unhealthily; at this point, her attitude had changed, and she spoke about her depression and how previously she was not motivated to eat well for a long time:

For four years I didn't have a kitchen. It was just a microwave. I really think, sometimes unhealthy eating is a socially-sanctioned suicide. And I mean, when you're really depressed, it's like there is no tomorrow, why not eat that entire pie? Who cares, and if I lay in bed and have a heart attack I'm like "Thank god, I'm out of this hellhole."

Margaret felt a strong tie between the cycle of being food insecure, the need to stock up on filling foods, and then the depression that set in alongside eating these foods. Although she was not diagnosed with a specific condition, Margaret repeatedly pointed out to me how she knew her health was deteriorating since her life had changed so drastically six years ago. Margaret presented as someone who was trying to change her habits and become more upbeat but strongly felt that her depression was tied into her desire to eat healthier food.

Similarly, Linda also described how her poor eating habits conflicted with her ideals; her mother was a home economics teacher who had influenced her to cook most of her meals. However, with her diabetes, fibromyalgia, and confined to a wheelchair, Linda had recently been hospitalized and felt as though she had low energy. She described why she had begun to buy frozen meals:

And...then I've got arthritis. And when those two are both acting up I don't really feel like doing anything. It's very tempting to get a Milky Way and put peanut butter on it for a meal. So that's why ...because you grow up and it's beaten in your head, you don't get pre-prepared meals, you do everything from scratch, but then you're running against, you don't feel like moving, so you've got two very strong things and they're like butting heads, so when I found those two [frozen] meals for \$2 a piece, when it just worked out to a couple dollars a piece, I just thought, that's not too bad.

Linda explained how she struggled with what her mother had taught her to do and what she was generally accustomed to prepare on one hand, and how her illness made her reach for comforting foods like candies and sodas on the other hand. Thus, the stressors of poverty and insecurity influenced these participant's decisions to turn to food for comfort and convenience. (I will expand on participant perceptions of food purchasing in the context of other expenses in Chapter 7.) Many respondents reported having binged on foods in the past, similar to Linda's behavior, and following their doctor's recommendations, tried to cut back, but described the process as difficult.

Conventional Food Stamp Shoppers: Managing illness by "eating less"

Eating fewer of the foods they had once greatly enjoyed proved as one strategy to regular food stamp users, particularly the elderly. Mike, who had problems with, as he put it, "gastration," stated his situation frankly: "I don't wanna die yet. So I try not to eat anything that's not good for me. Try to watch what I eat, eat healthy. By being healthy I'm conserving, a plate with meat, vegetables, and a starch on it, but not too much. Instead of eating three pork chops, I might eat one now and one later on." He reduced the

amount of meat he was eating in an attempt to lose weight. Heather, a woman who suffered greatly from salt retention, told me how she had had to stop binging on food and thus avoid having to take extra medicine when her legs became swollen as a result:

Before all that, like if I wanted donuts, instead of eating one, I'd sit down and eat four. I'd just want to fill up on whatever I was eating. Or if it was beans or bread or something, I'd just want to make a whole meal out of that one thing... now I find out that I do real good if I leave that salt off, if I don't get no salt at all, I feel okay and get my work done.

Having realized that as little as half a piece of bread would “mess [her] up all day, causing her to take two medications, she concluded, “I learned to leave [the salt] off.” Tamara had also recently been hospitalized with a blood clot, which her doctor told her was attributed to her diet and weight gain with her diabetes; “He told me I could eat a little piece of red meat like pork chop or something, just a small piece. But no fat meat or something, like I want to eat. See, ‘cause when I cook my greens I want me a big chunk. And I can't eat it, and I won't eat it, and that means I don't gain no weight, I reckon.”

Heather, Mike, and Linda had to cut back on prior eating behaviors which they admitted were excessive, and were able to pinpoint when eating triggering foods would cause noticeable changes in their daily well-being. All of them cited not being able to eat the foods that they truly wanted, out of health concerns. At the same time, they all characterized their current diet as being healthy, now that they were cutting back, and did not seem to believe that their diet was what had specifically caused their change in health, in the same way that Margaret had.

Making a diet change for Tara, a mother with a teenaged daughter and husband, was difficult because of her budget. She had hidradentitis, a rare and painful skin condition that required multiple surgeries to remove inflamed legions. She told me her doctor had advised her to eat fewer greasy foods and eat healthier foods like “certain

types of meats and yogurts” but she didn’t believe she could do it: “If it’s not on sale, I just don’t get it. I don’t see, I can’t pay five, six [dollars]... not in these times. I look at it, five, six dollars, that’s two packs of meat, or a pack of meat and something else.” Her reticence to change, which she admitted somewhat sheepishly, as well as her belief that it would be too expensive, is indicative of her need to want to have as much food as possible before her food stamps ran out—her daughter was not in her food stamp household, so she was receiving stamps for two people rather than three. And, as discussed in Chapter 4, her reference to the meat as being more important for her to buy than foods that will supposedly manage her illness is indicative not only of the previously mentioned trend among these consumers to value meat, but also hints at her belief that changing her diet cannot appreciably change her suffering from hidradentitis.

City Market Shoppers: Using diet as a response to personal illness

Non-farmers’-market participants who suffered from an illness or condition tended to speak about either eating less food, or noticing the immediate cause and effect of eating poorly on a short-term basis. By contrast, many participants who shopped at the City Market expressed interpretations of food as having healing properties for their health, and many could recount specific instances in which their illnesses were combated—sometimes drastically—by the food that they ate. However, they remained mindful that this change was difficult for them to maintain because it required buying higher quality food on a regular basis, revealing a tension between their ability to maintain optimal health and their financial realities.

I met Sarah and her partner Jim in Greenlife’s café. They brought along their grandson, who they were taking care of after her daughter had been removed as his

Using sub-headers to guide reader

guardian. Sarah was a calm, older woman in her mid-fifties who had lost her job at Olive Garden after being injured in an accident. Both she and Jim had been out of work for eight months. As her grandson patiently waited in his chair, sometimes shrieking with delight at the toy car he was playing with, Sarah recounted her experience being on food stamps, and how their amount had recently gone up with the addition of her grandson to their household. Jim told about how they had changed their diet drastically in the past two and a half years, going from eating Totino's pizza to becoming vegetarians after watching a movie about animal cruelty. Jim proudly mentioned he had not been sick but twice since changing his diet. When I asked Sarah if she had experienced any similar changes, she recounted what she called a "miracle" when her dry socket, which the doctor had told her would need "extensive surgery", was healed by a change in diet. She relates:

This was coincidental, we started eating raw, and within three to four days it just started closing in and healing, and I was like 'wow, that was just amazing that eating raw like that healed that struggling problem, and that was amazing that the live food would do that.

Sarah attributed her brief stint with raw—uncooked, whole vegan—food, to have powerful properties of vitamins and nutrients that fixed her pain and saved her money. However, Sarah and Jim confessed that they only maintained their raw diet for a few days, finding it too expensive to continue on their food stamp budget. Interestingly, however, for others, shifting away from a plant-based diet was a way to mediate their illness. Tory, also experienced a radical shift in symptoms when she decided to change her diet to something more holistic in order to avoid a drastic medical intervention.

Tory, who had been vegetarian for years, explained to me how she had been spending thousands of dollars on filling cavities that her and her children had, and noticed her youngest son's teeth were growing in soft. She explained:

I was like crying, I was to the point of frustration all the time....we [were] trying everything the American dentist had told us to do, and it doesn't work. ... I was just really tired of it, and then I heard these stories about people's cavities healing themselves just by what they were eating, and I was all, "it's the answer!" You know, at least I should try.

Based on the stories she saw on an internet message board, Tory followed the tenets of the Weston Price diet, which focused on "nourishing" whole foods such as pastured meat and dairy. In the year and the half she had been doing this, she reported there were no new cavities since she began feeding her children cod liver oil. "[We've] been trying to do that although that's a little hard. That can get really expensive. So we've been doing that and I feel good about it, yeah." Although she did not express regret at having been vegetarian ("it was ultimately bad for my health, but I'm not sorry that I did it"), she did proclaim that she was "sick of Western medicine" and was angry that the doctors and nurses she dealt with had merely believed the cause of her problems was not brushing her teeth properly, rather than suggesting a change in diet. With her new dentist, she explained, he was more supportive of their incorporating Weston Price tenets into their diet. While her diet change was radically different from that of Sarah and Jim, it lends credence to the sense that it is the change itself, coupled with a distrust of the medical establishment, irrespective of what a new diet may entail, that these participants believed was the cure to their dental problems.

Another way in which diet changes occurred for other participants was their experience with what they believed to be sensitivity to nonorganic foods, and thus a need to exclude conventional food from their diet as much as possible. Jane, a 44-year-old woman who had struggled with a variety of illnesses for nearly 20 years, emphasized how she had made a discovery that pesticides in her food were affecting her cortisol levels. She explained that as she was in physical therapy for a displaced jaw, she found it

beneficial to her pain to cut out sugar; when she developed colitis, she discovered she had a gluten intolerance and after cutting out grains, “all of a sudden things got a lot better. So, by doing the food thing, I ended up feeling a lot better.” She then continued to explain that she learned that any non-organic food she was eating could have contributed to her adrenal fatigue because pesticides because “the adrenals are hormones, they’re influenced by the hormones in food...the pesticides, they bond with the estrogen in our body.” Jane also gave other examples of being aware of her body; she saw that allergic reactions to food could happen over a span of days; she realized she could not eat raw fruits and vegetables. Her focus was entirely on what foods she could use for “prevention”; she found that her body did not “react well with medication, so I choose to do everything as naturally and healthfully as possible.” Although stricken with a multitude of illnesses, Jane had faith in the power of food as a healing instrument; she expressed beliefs about food that are not grounded in conventional medicinal science, but are likely influenced by her involvement with massage school. However, she also said that of organic “it doesn’t feel like a choice, it feels like something I have to do for my health so...before I was weighing the money issue, now I am weighing, I am not sure that maybe I am going to chose to have less food.” Again, the difficulties of buying organic on a food stamp budget were raised and debated. However, like the others she also expressed a distrust of medicine, preferring to reference such folk remedies as the dandelion or chickweed she could eat in her backyard.

Betty, the herbalist, credited her experience with breast cancer as a factor that influenced her change in diet; when she refused to have a mastectomy or chemotherapy, given her terribly “invasive” experience in the hospital after a biopsy, she began to

cultivate a garden. “Walking away from conventional treatment, that was when I first started growing things. I had an inspiration; I knew I needed to be outside and I had an inspiration that if I eat food that I grow, it will heal me. And I started growing things, which is so life-giving.” She continued; “My body is healthier and more in rhythm if I can eat food that is grown close and seasonally.” Miranda, who had been diagnosed with fibromyalgia and also refused to take medication “because of what it does to your body”, said that she felt the difference in her body if she did not eat organic food; her pain was “abated or exacerbated by what I’m eating”.

While the types of diets that participants began to follow—raw food, high organic, or Weston Price—varied, the perception that the food was directly changing their entire well-being was much more concrete than the other group. Additionally, however, the concern of pricing was always apparent to these respondents—the fact that making this change was expensive, and in some cases, not sustainable for a period of time or the diet could not be followed.

Farmers’ Market Shoppers: Food as preventative medicine

When probed about the connection between diet and health, farmers’ market shoppers and local and organic shoppers described food as preventive medicine for illness, and pointed to the decline of the American diet as having caused the rise in chronic disease nationwide. For instance, Kate expressed the belief that most Americans were operating on a nutrient-deficient diet; “If everybody just had adequate nutrition, good nutrition, good quality, then we wouldn’t see cancer, we wouldn’t be seeing all these health problems, all the mutant phenomena that doctors deal with nowadays. ... We would have the oomph to battle any illness that comes.” Kate observed a decline of the

modern diet and attributed it to weakened immune systems and in turn the rise of degenerative illness. She believed that only real whole foods have the nutrients needed for good bodily processing, similar to Betty's belief that "food is medicine." Amanda expressed the same sort of concern about the decline in human health, manifested in a more tangible way by her family and friends; "I feel like [food] affects us in a mind-body-spirit way, it affects our relationships, it's one of the most core things because it's a basic need. It affects everything. How we work, how we sleep, our children's health when we give birth to them, the health of the planet." Amanda believed that food consumption was a central concern of human existence, not only for her immediate family members, but also extending into multiple environmental and social aspects of human existence. Along the same lines, Melanie explained that: "You are what you eat, and you are what you assimilate. So if we don't eat foods that our bodies have evolved to accept...[like factory-farmed meat]... I just think that's unhealthy— something that's unnatural." Like Amanda, who referenced an earlier point in time when diet-related illness was less prevalent, Melanie also indicated that food in America had undergone a radical shift so that foods now being produced, in particular factory meats, were "unnatural." And like Betty, she also referred to the body in a spiritual sense; it was a "temple." Tory also referred to food in a whole body manner similar to Melanie's "you are what you eat" metaphor:

Food definitely regulates my general well being, my emotional well being, just how I, it's just. I can't even think how to describe it...I guess I think most people have severe problems with food in America, they're eating the wrong things. Making them very unhealthy. And they're just too brainwashed to even think that there's anything else out there.

In general, all these respondents made the declaration that food was one of the most fundamental parts to their emotional state, their capacity to ward off disease, and imbuing

their selves with what they were eating. They also generalized that the American diet was in a state of decline and that people were not “aware” or “conscious” of what they were eating. Cora provided an excellent example of how she saw others relating to food, drawing on her experiences living within the community at the housing project for nearly ten years:

What we ingest becomes vital. But people so often disregard it. Because I think that food has become for a lot of people either something to do, at least we're living and staying alive, just eat enough to stay alive. Or it's entertainment. It's become a form of entertainment, a way that we suppress negative feelings, a way that we feel good. It's kind of like lust. Food is not about survival anymore, about strong and being healthy. It's become this very kind of strange thing, very superficial thing. I just think it's important, and I've seen— my husband and I will sometimes talk about it, not in a judgmental way necessarily, but just like 'wow, I can't believe people do that.' You get food stamp benefits and people will go, you see their carts filled with cases of soda, donuts. You're just like, “what do you eat to survive?” So basically you have these children growing up malnourished without knowing it. Because you can be chubby and walking around at five and not know that you're malnourished, parents don't know. So you see these carts full of things, you can't believe that this is, when they got their food stamp benefits, this is what they chose. And what else supplements that, and what are you putting in your body that's really keeping you alive? Not just giving you a sugar rush so that you and your kids can get through the day, artificial fuel. What is, where is the substance? Where are the nutrients and the vitamins, it's just weird.

Cora describes the food environment of those within her predominantly African-American community. She highlights important characterizations of food's role in the lives of others which no other respondents were able to make, and in fact parallels the damaging effects of food that Harper (2009) has studied in her discussions of the detrimental effects that diet has on African-Americans. Her framing of food as entertainment—an alleviative value, what Margaret and Linda alluded to somewhat, is a novel and perceptive addition. Although she presented this in what she said was a non-judgmental way, Cora also made the same comparison that Kate did, namely that eating processed food was equivalent to not eating food for its original life-sustaining purposes and would lead to malnourishment in children.

Comparisons

Similarities Between the Two: farming backgrounds influence food behaviors

Just as their definitions of healthy food were more encompassing, those who had come from backgrounds where they were exposed to growing food were better able to make the connection between diet and health; this was true of food stamp participants with all shopping habits.

Educational impact on defining healthy food

While the differences between these two groups might be attributed to formal educational level, the exposure of each participant to social networks related to food or farming or their level of interaction with farming during their past, significantly affected their answers. Of the 16 farmers' market shoppers, half of them grew their own food and four of these were studying or had studied herbal medicine, an uncommon path focused on "hands on and experiential learning."⁴⁸ In her response, Kate, who shopped a majority of the time at the farmers' market and was studying herbal medicine, had one of the most comprehensive definitions of healthy food:

I would define healthy food as non-rancid, non-hydrogenated oil-ed, non-processed, no white flour, as fresh and clean from pesticides and herbicides and fungicides as possible. 'Cause those are the most nutrient rich foods, like ripe off the tree or the plant. And I guess foods that don't deteriorate your insides, 'cause rancid foods, like, they have so many free radicals that destroy your cells, and you have to make up in antioxidants to bind up those free radicals. And healing is really difficult to do if you eat shitty food all your life.

Kate demonstrates not only the tendency to describe an absence of chemicals as healthy, but references a more complex definition of a healthy diet, which was heavily influenced by her social interactions. Through her experiences at college with her peers, Kate said she was able to learn about growing her own food when her friend ran a

⁴⁸ The Asheville area has the Chestnut School of Herbal Medicine, the Blue Ridge School of Herbal Medicine, and the Appalachia School of Holistic Herbalism ; the NC School of Natural healing is a massage therapy school.

farmers' market in a large city. Additionally, the home she lived in contained a half-acre communal garden, shared dinners with her housemates, and friends who were teaching her about growing food and introducing her to new diets such as the Weston Price Diet and the Primal Diet, which focus on excluding all types of processed food in favor of fermented fruits, vegetables, and grains, and even eating raw meat in some instances, to preserve the "nutrients" of the food, which had given one of her roommates "energy enough to run like [a] cheetah," Kate explained.⁴⁹ Melanie, who was also studying herbal medicine, declared, "Food is what keeps your temple running" and gave the example that because she had a 'warm' constitution, she was supposed to avoid spicy foods to maintain optimal health.

However, formal education through massage school or another forum was not necessary to express this level of knowledge about food. Gina was an older woman who had recently moved into one of the housing projects I interviewed at. She told me that her and her family had lived up on a mountain, 17 miles away from a grocery store for most of her life. She had also kept a garden with her children, but had recently had back surgery and was not able to have a garden plot in the housing project. Gina expressed that when she thought of healthy food she thought about "it goes from the beginning from growing it...it all starts with who's growing it and where it comes from." She explained that she was able to tell by sight when broccoli in the store had "seeded" and gone bad; she wanted to go to farmers' markets more, but was dependent on her son for mobility, given her recent gallbladder surgery and diverticulitis. She proclaimed:

⁴⁹ The Weston Price diet focuses on following traditional, native foodways. Four of my respondents expressed following the tenets of this diet to some extent and others incorporated in things like buying raw milk from a farmer. My participants referred me to *Nourishing Traditions* (Fallon and Enig 1999) as the book that espouses this diet.

A lot of people are not conscious about what they eat, nor do they realize whatever is in the food could definitely affect your health. I found that one out the hard way... when you lose your gallbladder, your gallbladder is infected by the food that you eat over the years, so that really made me aware. Right after I moved to Charlotte from off the mountain, that's an example because the food up the mountain, it's country food. So, that's a lot of starch and some other ... especially when you kill your own hogs, so you make your own sausage and bacon and country ham. It's all in the way that I was eating. It makes it bad.

Gina's experience expresses one of the ironies of having grown up on the farm.

Whereas she and Patricia, who had also grown up on a farm, were interested in fresh fruits and vegetables from the farmers' market, this did not prevent them from acquiring diet-related illnesses; the combination of fresh fruits and vegetables, but also "country food," contributed in their minds to their ill health. Similarly, another interviewee who had grown up in the country explained her understanding of this generational phenomenon. Melanie grew up next to her grandparent's farm from which she still obtained vegetables and fresh beef, explained:

Their entire lives they've eaten vegetables out of the garden and meat, for generations my family has farmed but then they also, that generation too of my grandparents sort of, I feel they're the generation that got duped, lost a lot of knowledge and started buying processed food because it was easy and because they were told by the media that it's good for them. [Growing up,] I would eat crappy General Mills cereal, Eggo [waffles] and Spaghetti-Os and stuff like that, but also have southern cooked food as well.

Melanie also was able to see how living next to the farm had influenced her eating behaviors, as she gradually switched from eating "crappy" food to trying to eat more organically, as did those before her grandparent's generation. Alejandra, an immigrant from Mexico, told me how she and other immigrants shared stories of feeling ill when first eating American food, having grown their own food their entire lives; for this reason, as well as to maintain the health of her autistic son, she sought out fruits and vegetables at the store, spending more on those products than on meat products. And Cora, who had begun growing food at her housing project, cited that experience and her mother's

insistence on fresh food as a child as influencing her to continue the tradition of making “real meals” for her family. Overall, informal education about food and farming, whether through one’s peers, living situation, or childhood, appeared to be a more salient factor influencing deeper personal definitions of food’s influence on health. This finding expands on literature such as that of Devine et al. (1999) who focused more on factors like educational level and health-related behaviors on food choices, but speculated that having ‘access to a garden’ would increase fresh fruit and vegetable consumption.

Concluding Thoughts

The differences in opinion between these two groups—buyers of local and organic food, and regular shoppers— have several potential causes. These differences might result largely because these two populations were buying different quantities of food—farmers’ market participants reported spending a much higher amount on fruits and vegetables, and many stated that they ruled out processed food altogether, defining themselves as “perimeter shoppers” at a grocery store. By contrast, regular food stamp shoppers reported buying a variety of frozen meals, prepared meals, sodas, and processed snack foods. While the insights of the farmers’ market shoppers are important, it is important to note that they lack the insight into other behaviors that non-farmers’-market participants mention; for instance, unlike the regular food stamp shoppers, none of the farmers’ market shoppers referred to overeating as a problem, or referred to portion control during meals as a way to eat healthily. This finding is contrary to studies that report that higher-class people engage in policing or self-regulating of the body in terms of portion sizes (Bourdieu 1984).

Non-farmers'-market participants described food's effect on health in terms of balance and avoiding certain foods or "junk"; they connected food consumption to having low energy, on a short-term basis, or obesity, in general. Those who were ill talked about how they were given instructions to change their diets, but felt that the cost of their foods, or struggles with personal preference and feelings towards junk foods, prevented them from fully adapting these changes. Many of their illnesses were diet-related, but participants did not really make that connection as to what was influencing their health.

By contrast, farmers' market shoppers talked more about their health decisions as a conscious choice; not something they were recommended to do by their doctor, but something they decided on their own. They also described how changes in diet manifested themselves in a more subtle way, for instance, how food could be used as healing or to mediate conditions such as toothaches and fibromyalgia, diseases that are not conventionally related to diet in Western medicine. In effect, food has a healing value for them within the health spectrum, and they tended to discourage conventional medicine, unlike the non-farmers'-market shoppers, who often could relate to me a very long list of various medications they were taking.

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These findings seem to shed new light on Bourdieu's classification of the differences between social classes in regard to their perception of food. On the one hand, it appears that the differences between the two groups mirror those between the upper-class and the working-class, where one is more concerned with health and another more concerned with quantity. Bourdieu argues that distinctions with regard to their perceptions of food emerge in that "food is claimed as a material reality; a nourishing substance which sustains the body and gives strength" (1984:197) to the working classes,

aligning this sensibility with their preference for dense foods such as meat and potatoes. For the bourgeois, he argues, “formality puts the pursuit of strength and substance in the background” (1984:199). However, the very rhetoric of “strength and substance” was a strong finding among the farmers’ market shoppers, who spoke of the vitality of food and the need to consume nutrient-dense foods to prevent illness and maintain health. The need for seeing health as vitality—rather than merely a means of socialization, as Bourdieu says—thus extends to both groups of low-income consumers, although this concept is described by both of them in divergent ways. Thus, the simple characterization of pinpointing farmers’ market shoppers as merely mimicking the behaviors of higher-income consumers is a superficial treatment of their beliefs. In fact, their interest in food as nourishment is an indicator of cultural capital that can be attributed to knowledge of farming and agriculture, as well as socialization in circles that provide alternative means of education about the food system outside of formal schooling. In the following chapter, I will explore the opinions of study participants on the meaning of local and organic food, and attempt to explain what motivations drive their decisions to either purchase this food or shy away from it.