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Nutritionism and the construction of 'poor choices' in families facing food insecurity

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Abstract

The dominant research approach to both food insecurity and charitable meal provision is nutritionistic, deficit-orientated, and ignores wider socioeconomic issues. This reinforces existing power dynamics and overlooks the agency of people living food insecure lives. We critique this dominant approach, and draw on the everyday experiences of families facing food insecurity to ground an alternative approach that ~~foregrounds~~ emphasizes food as a social determinant of health.

Key words

Food insecurity, poverty, hunger, nutritionism, community meals

When times are tough people go hungry. Recent issues of food insecurity and health have become more important for socially-responsive health psychologists. With rising levels of hardship more people are turning to foodbanks, food pantries, charitable meals, soup kitchens, and homeless shelters in order to feed themselves and their families (Carne and Mancini,

2012; Smith, Parnell, and Brown, 2010). While such charitable provisions may ameliorate some instances of hunger, they are largely ad hoc and only address the symptoms of poverty. This article explores the experiences of people facing food insecurity. We offer a critique of the dominant nutritionism that pervades psychological and health research on food.

Being able to access enough food to feed oneself and one's family continues to be a perennial health issue for people living in poverty. Food insecurity occurs when there is a lack of readily available, sufficient, nutritionally adequate, and safe foods, as well as the inability to acquire such foods (Parnell and Gray, 2014; Ramsey, Giskes, Turrell, and Gallegos, 2012). Food insecurity ~~typically~~ tends to occur~~s~~ alongside other forms of socio-economic inequality (Boon and Farnsworth, 2011; Baer, Hassan, Fleegler, and Scherer, 2015)~~,~~. However ~~but this is~~is the relationship between food and socio-economic status is often ignored in discussions ~~neoliberal rhetoric around poverty~~ regarding eating and poverty ~~and inequality~~ (Schrecker and Bambra, 2015). Although food has become a key public health priority, much of the research in this area ~~has fallen prey to~~replicates what Scrinis (2008) terms *nutritionism*. That is, the implicit and explicit consideration of food only in terms of its nutrient composition and the prescriptive connection between nutrients and bodily health in the construction

of 'nutritionally balanced' diets. This nutritionistic approach reduces food to macronutrients and calorie counts, overlooking wider sociocultural aspects of meal provision and commensal eating. There is often an underlying assumption in food-related research that people are mostly able to access necessary food items. Scarcity due to food poverty is rarely acknowledged. While notable exceptions do exist (Fox and Smith, 2011; Musarò, 2013), the intersection of food and poverty with regards to notions of class and health remains relatively unexplored. We propose that designations of healthy food are highly connected to class ideals, with class tensions evident in food research and recommendations (Crotty, 1999). For example, foods such as potatoes and bread were once considered healthy, but have now been reclassified and constructed by nutritionists as less than ideal. Yet, for lower income people bread and potatoes are staple foods. These issues of class, along with social and economic factors, are ~~conveniently discounted~~ typically disregarded when taking a nutritionistic approach. Moreover, the unhealthy dietary aspects of higher status groups are rarely subjected to the same level of scrutiny as the perceived dietary failures of lower income groups (Fox and Smith, 2011).

Research with food insecure people is dominated by an emphasis on nutritional education programs (Rodriguez, Applebaum, Stephenson-Hunter, Tinio, and

Shapiro, 2013; Rustad and Smith, 2013). Such research views measurable changes in nutrition knowledge as a positive result, despite participants remaining under-housed and food insecure. A key assumption underpinning this knowledge-deficit approach is that a lack of knowledge is responsible for 'poor' food choices (and thus poor health), and that a subsequent imparting of nutritional knowledge will improve food-related choices and health. An example is a study that recommends "promoting healthy eating and budgeting skills to…reduce the risk of disease later in life" (Johnson, Myung, McCool, and Champaner, 2009, p.29) despite participants pointing out that they had "more important things to think about than food" (Johnson et al., 2009, p.27). Arguments for nutritional education programs indicate ~~how disconnected some~~the disconnection between health researchers ~~are from~~and the day-to-day ~~struggles~~ realities of people living ~~austere lives~~with food insecurity. These assumptions of nutritional ignorance ~~neglect~~ overlook findings that many people experiencing food poverty already have healthy food aspirations (Sprake, Russell, and Barker, 2013), contrary to what some middle-class nutrition educators might think (Hoisington, Shultz, and Butkus, 2002).

This knowledge-deficit approach is also applied to research on charitable groups providing free or low-cost meals. These assumptions of ignorance are

evident in published work making ~~trite~~pedestrian recommendations such as educating charitable meal providers to plan more nutritious meals (Rodriguez et al., 2013), altering provided meals to more adequately fulfil nutritional guidelines (Davis, Weller, Jadhav, and Holleman, 2008), providing standardised meals (Lyles, Drago-Ferguson, Lopez, and Seligman, 2013), and utilising the services of nutritionists (Richards and Smith, 2006). Consequently, charities are expected to take greater responsibility for meeting the nutritional needs of the food insecure people they serve (Johnson et al., 2009; Lyles et al., 2013). This knowledge-deficit research approach is problematic in that it privatises social responsibility ~~and infantilises food insecure people~~. ~~T~~Additionally, the financial constraints of food providers are rarely taken into account ~~by researchers~~, despite charities repeatedly mentioning that they have difficulty providing appealing but nutritious meals within the budgetary constraints available to them (Goyings and Csete, 1994; Pelham-Burn, Frost, Russell, and Barker, 2014). Charities are increasingly being ~~C~~castigat~~ed~~ing ~~charities~~ for their efforts to feed the hungry foods that they may enjoy ~~is heartless enough. However, it does not stop there~~ (Lindberg, Whelan, Lawrence, Gold and Friel, 2015), with some researchers ~~deriding~~ identifying charitable meals as a contributor towards obesity and disease amongst the food insecure. Sisson and Lown (2011), for instance, recommend that "…kitchens and donors may need to rethink the old

adage that any food is better than none…" (p. 321), a statement that only those who have never experienced constant, abiding hunger and poverty could consider appropriate. For many charities the provision of meals is secondary to their social service and advocacy work (Dachner, Gaetz, Poland, and Tarasuk, 2009), having arisen from being surrounded by hungry people in need of food (Rock, 2006). Charities are not only being expected to do more with less, but such a deficit orientation deflects criticism from the government agencies and policies responsible for increasing levels of poverty and food insecurity (Poppendieck, 1998).

Nowhere is this nutritionism and deficit-oriented research approach more evident than studies analysing individuals within food-insecure populations. Many of these studies actively recruit participants from charitable meals and homeless shelters and reduce health to easily quantifiable biomedical tests (Silliman, Yamanoha, and Momssey, 1995). Blood samples are assessed pre- and post-intervention in order to determine the 'success' of specific programmes such as analysing cardio-vascular health (Murphy, Coke, Staffileno, Robinson, and Tillotson, 2015), reducing glucose levels (Johnson and McCool, 2003), measuring nutrition levels of homeless HIV+ people (Weiser et al., 2013), and diabetes management in homeless veterans (Rojas-

Guyler, Inniss-Richter, Lee, Bernard, and King, 2014). There is an element of dehumanisation in the way that these researchers treat people: participants are repeatedly referred to as 'subjects' and then subjected to invasive procedures such as skin-fold tests, blood-pressure tests, interrogations regarding past meals, and the taking of samples. Once the intervention is over and the researchers have their data, participants remain as food-insecure, 'unhealthy' and 'nutrient-deficient' as they were prior to the intervention.

Couching research practice in the language of concern for health conceals institutionally embedded power relationships (Pred, 1984). In particular, it obscures and obfuscates the downwards regulatory gaze (Foucault, 1970/1995) that underpins the analysis by many nutrition researchers of the bodies, practices and meals of people experiencing food-insecurity. Failing to acknowledge the existence of this downwards gaze results in researchers misinterpreting key aspects such as the enactment of agency by participants. For example, Johnson et al. (2009) mention the "low participation rate…due to the poor responses from hostel managers" (p. 26), yet these authors do not consider that people were understandably rejecting their invasive testing procedures. Further, Silliman et al., (1995) mention that a number of participants 'failed' to complete the blood testing. Again, there is an absence of

understanding that people are not 'subjects'. In overlooking human agency, these authors misconstrue people's non-compliance as 'failure', 'laziness', or 'incompetence'. These examples draw attention to the way in which power relations between individuals, groups and institutions are often invisible and assumed to be just the way things are (Pred, 1984).

The present study

One response to increasing food insecurity is the provision of free or low-cost charitable meals. This article explores the experiences of attendees at one such weekly meal at an urban Christian facility in New Zealand. Each week volunteers serve a hot, two-course evening meal to between 150 to 200 people. The lived experiences of people accessing such charitable food services are often overlooked, written out of history (Hodgetts, Chamberlain, Tankel, and Groot, 2013), and rarely included in public health research (Whelan and Lindberg, 2012). Consequently, our research approach seeks to emphasize the experiences of people attending the aforementioned weekly charitable meal.

We consider the use of participatory methods to be crucial when trying to understand the experiences of people facing food insecurity. Accordingly, we employed an ethnographic case-based approach. Ethical approval for this

research was granted by XXX. Over the course of 12 months XXX (the first author) attended the charitable meal each week, spent time shadowing the meal organisers, met with the leading social worker, and helped to prepare the meal alongside other volunteers. During this time XXX had multiple informal conversations over the evening meal with attendees, made extensive field notes, kept a reflexive journal, took photographs (as appropriate and as consented by participants), observed social interactions, and engaged in a series of formal interviews with five precariat households. These interviews~~,~~ includ~~ed~~ing a photo-elicitation interview (Harper, 2002)~~, and~~ shop-along excursions (Kusenbach, 2003), and two sit-down conversations with each family~~with seven precariat families~~. All formal interviews were recorded and transcribed, and c~~C~~are was taken throughout to ensure appropriate consent was granted by participants before proceeding with the research project. Interviews took place in participants' homes (or, in the case of the shop-along interviews, began and ended at the family home). The casual conversations that occurred while eating together at the community meal were fundamental to the research process, and were invaluable in building rapport between the first author and participants, creating a sense of familiarity and encouraging open dialogue.

The combination of observations, casual conversations, formal interviews, and photographs created interwoven layers of informative detail. Each of the participants offers insights into the mosaic of food insecurity, poverty, and marginalisation that are of significance beyond ~~particular~~ individual lifeworlds. Interpretive processes central to our analysis involved both 'looking at' and 'looking behind' images and words generated during the research process (Hodgetts, Chamberlain, Tankel, and Groot, 2014). Our analytic approach is based on the notion of 'researcher as bricoleur' (Lévi-Strauss, 1962), drawing insights from across the research coprus and bringing these into conversation with the health literature on food. We systematically examined the entire research corpus for instances that extend beyond the nutritionist focus to experiences of food insecurity. Our analysis explores the specific experiences of five participants (one from each of the households interviewed). In the next section we analyse and discuss their experiences (in the following order) of growing up hungry, the pragmatics of shopping at convenience stores rather than supermarkets, restraints on food choices, parents not eating so that their children can, food as a discretionary item, and not being able to rely on family networks for food support. In doing so we both centre the experiences of participants and accentuate the problematic aspects of a nutritionistic approach.

Experiencing food insecurity

The ideology of nutritionism assumes that people have equitable access to resources and foodstuffs. This is often not the case for people living in poverty. For example, Gemma (22 years) comes from a large low-income family. Gemma, her partner and their two young children are forced to share a room in her parents' social housing unit. Gemma reflects on growing up in a food insecure environment where her and her siblings often only ate once a day:

> *We all grew up, like starving. We couldn't even like have friends over because we didn't have enough food to feed them or, yeah. It was ratchet. We didn't even have like oranges… We went to school and we had no shoes or lunch and it was really cold, and then* [my teacher] *asked me why I didn't have* [any lunch]*, and I was like, oh, um. I didn't want to say the truth* [that there was no food at home] *but I was like, oh, because my mum didn't get up early to make our lunch. And then she goes, "Well tell your mum to move out of that area cause its, you guys are living in a poor area." I didn't understand it… And then, I went home and told Mum and she went off her head and I didn't know why. I think she made a meeting the next day!* [Laughs]*. Yeah. And then, that's when I was thinking, was it the area that we were always living in? Cos I only see people like me, you know.*

Gemma and her siblings regularly attended school having had no breakfast and without any lunch. In the reaction of her teacher to the absence of a lunch we can see how the drivers of poverty are often misunderstood by professionals who can misread situations of food insecurity. Gemma's quote also illustrates broader relational consequences of food insecurity. The social exclusion experienced by Gemma in not being able to have friends over highlights how food insecurity can hamper the enactment of social relations.

Low-income people generally experience reduced access to nutritious food (Crawford et al., 2014). Anna (32 Years) was recently made redundant and has since struggled to provide warm dry housing and food for her herself and her infant. Anna experiences difficulties in accessing affordable food from a supermarket and has to rely on buying food items from a local convenience store:

> [People] *don't understand. I can't afford to go the supermarket … it's the dairy* [convenience store] *and one dollar loaves of bread for me.*

As is often the case with more affordable (poorer) city suburbs, there is reduced physical access to fresh foods (Crawford et al., 2014). This impacts on those surviving on low incomes as food choices are influenced by physical availability and affordability of items (Dachner and Tarasuk, 2002). In Anna's case, cheap

loaves of white bread from the store situated within walking distance filled her stomach and alleviated the worst of her hunger. However, the lack of adequate nutrition impacted on her ability to produce enough breastmilk to adequately feed her baby, complicating an already difficult situation. Meeting nutritional guidelines for optimal health is next-to-impossible on limited means (Rydén and Hagfors, 2011), and is often a lower priority for food insecure people than filling empty bellies and stretching insufficient funds. Turning a regulatory gaze onto the food choices of those who simply cannot afford to follow nutritional guidelines not only further stigmatizes and alienates people already isolated from society, but perpetuates the stereotype of the failed eater who cannot achieve middle-class food ideals.

When faced with choosing between paying for public bus to transport herself to the supermarket and extra food items, Lea (41 years) chooses food. Diagnosed with a mental illness in her twenties, Lea has struggled to find paid employment while managing her illness and raising her two children. Her mental health remains precarious, as the scant welfare provision means she often goes without eating, which has a negative flow-on effect on her health. Lea walks 45 minutes each way from her small flat to access the cheapest supermarket in town. During a shop-along interview, Lea selected filling, inexpensive items that

require minimal power to cook (such as tinned fruit), would last the week without perishing (such as the carton of ultra-heat treated milk, which, while more expensive than fresh milk, will last the week without expiring), and could be used to make a complete meal (the bacon-and-egg pies, for example, will create one hot meal per pie). These items (see Figure 1) comprise her entire supermarket shop for the week. At the checkout Lea found that she was unable to afford all the items depicted and had to return several tins of food and the bread. The remaining items will barely meet the food requirements for the household. The image of a nearly empty supermarket trolley is evocative of the despair and desperation of people such as Lea who bear the brunt of punitive welfare policies. Leah is also unable to depend on assistance from her wider family network given that they are as "*they're as broke as I am*". Low-income people also experience considerable tensions between family members that relate to stressors of food insecurity. Despite Lea's best efforts, there is tension at home due to their limited diet, with Lea's daughter increasingly frustrated at the lack of available food.

INSERT FIGURE 1 HERE

Figure 1. Grocery items from weekly supermarket shop

Inadequate welfare provisions see parents of low-income families faced with difficult choices, such as having to choose between going without food or heating the family home. Subsequently, it is not unusual for low-income parents to go without food in order to provide enough for their children to eat (Carne and Mancini, 2012). For example, Julye (25 years) has three young children, one of whom has a significant disability, requiring substantial additional care. Julye discusses her strategies for stretching the family's food budget:

> *If there was only, just say a little bit of meat of something and there was just enough to feed the kids … then I wouldn't eat, I'd go without eating. Just because I'd rather them be fed …* [I'd say] "*Nah it's okay, I'm not hungry, I'm all right" …* [I go] *without dinner like twice a week or something? Just, yeah.*

This quote highlights some of the difficulties parents face in making 'good food choices'. Like Julye, many low-income parents work very hard to protect their children from experiencing food poverty (Fletcher and Dwyer, 2008). This is difficult when food is often regarded as the only discretionary item in budgets, particularly when other costs such as rent need to be covered first.

Due to her food insecurity Lea regularly attends charitable meals. This requires her and her daughter to walk another 45 minutes into the city centre in order to

access the community meal. Sometimes the food provided at the community meal is their only meal of the day. The community meal also provides more than food. It provides an inclusive community space for otherwise marginalised and excluded people (Wicks, Trevena, and Quine, 2006). The creation of a welcoming space helps to mitigate dehumanising experiences of exclusion, and provides the opportunity to engage in positive social interaction over a hot, filling meal (xxx). This type of social connectedness is a mitigating factor with regards to health, as the deeper and broader an individual's social support networks the more this alleviates the effects of poverty on health and wellbeing.

There are increasing pressures on the household budgets of low-income ~~of~~ families due to rising living costs (such as housing and utilities), insecure wages, and inadequate welfare supports (Cox and Black, 2012; Dale, O'Brien and St John, 2011). The participants in this research frequently have no choice but to rely on the charity of others to eat. For example, Ginny (43 years) is a sole parent with seven school-aged children who has to make very difficult choices to feed her family. When Ginny was asked about why her older children transitioned from a high school with an excellent academic record to a nearby high school (with a less desirable reputation) she replied:

> *…that was food driven really, for me to move schools ... Transport's taking up too much and just that extra bit can go into food rather than into transportation costs …* [if] *they want bus money, then I have to pull that out of the food budget. Well, everything comes out of the food budget … The only reason why I survive really is because people give me food. In the end I just get bits and pieces from everyone, from everywhere … If I do meat then it's just usually with like a carbohydrate because the meat's so expensive. But yeah, so it's, it's all trying to find like the balance of keeping everyone healthy and all the nutrients and stuff they need, and balancing up. Because carbs are easy you know, I get given bread quite often … Pasta is especially pretty cheap to like bulk out a meal.*

Ginny's meagre income from welfare provision is simply not enough to cover living costs and keep the family fed. Ginny relies on a range of charities to meet the shortfall in food provision. The family attends the weekly community meal, her children receive packed lunches from another charity, Ginny sources fresh fruit and vegetables from friends and family, and she makes do with whatever food items she is given. Meeting middle-class healthy food ideals is difficult to manage on limited means. Relying on the charity of others to eat means that there is typically little choice regarding foods provided. Like other food insecure families, Ginny makes the most of what is available in order to survive.

However, this patchwork of provision is not always able to adequately meet everyone's needs (Hodgetts et al., 2013). Without extra assistance families such as Julye's and Ginny's would struggle to survive.

Conclusion

Our findings show that the primary focus of public health research on the nutritional qualities of food has little salience for people experiencing food insecurity. Our analysis foregrounds how far removed middle-class nutritional concerns are from everyday experiences of food insecurity. Further, our findings demonstrate that the assumption that people do not make healthy choices due to knowledge deficits is problematic and renders people experiencing food insecurity as incompetent, rather than as active social agents responding pragmatically to a lack resources. There is also an inherent contradiction between charity dictates that 'beggars can't be choosers' and nutritional advice that beggars should make healthy choices. Our findings highlight the difficulties people face in feeding themselves on limited means. We argue that researchers considering food insecurity must move beyond moralistic considerations of individual behaviours, and instead acknowledge the wider societal inequalities that entrench food insecurities.

The accounts provided above support our assertion that we must move beyond research that views individual behaviours and lifestyles as the primary influences on food choices. Instead we need to acknowledge the role of societal structures (Raphael, Curry-Stevens, and Bryant, 2008), unequal distribution and access to food resources (Grant, Wall, Yates and Crengle, 2010), and government policy (Jack, 2012) in perpetuating health inequities and food insecurity. We require progressive social policies that promote equity and improve health (Buck-McFadyen, 2015). In the meantime, ensuring that empty bellies have food, and food that is enjoyable to eat, is one way of supporting people in trying circumstances with dignity, humanity, and compassion. We argue for a humane approach that responds to the lived circumstances and actual needs of people experiencing food insecurity.

The provision of food by charities alone cannot solve food insecurity and only alleviates immediate hunger (Poppendieck, 1998). However, the capacity of charitable groups to advocate for policy change is limited by their need to retain their relationships with government and the food industry in order to function. Charities occupy a tenuous position between meeting the growing needs of vulnerable people and the expectations of government funding bodies and donors (Lindberg, Whelan, Lawrence, Gold and Friel, 2015). Additionally, the

impetus for broader public policy solutions to hunger is blunted by the invisibility of people's experiences (Wakefield, Fleming, Klassen and Skinner, 2013) and by neoliberal arguments framing food poverty as an individual failing (Schrecker and Bambra, 2015). The charitable food system has also allowed the state to evade its responsibility to ensure that everyone has adequate access to food (Poppendieck, 1998). We need to emphasise the structural causes of food poverty in order to avoid stigmatizing people living with food insecurity through no fault of their own.

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Sunrise
EXTRA LOW
Indomie
Instant Noodles
Mi Goreng
KST 10 x 85g packs
IRVINES
MORNING HARVEST

Figure 1

Figure 1. Grocery items from weekly supermarket shop
INSERT FIGURE 1 HERE
547x914mm (72 x 72 DPI)