Why is This a Battle Every Night?: Negotiating Food and Eating in American Dinnertime Interaction

This article analyzes interactions about food and eating among dual-earner middle-class families in Los Angeles, California. It synthesizes approaches from linguistic and medical anthropology to investigate how health is defined and negotiated both in interviews and in everyday communication. In particular, it explores dinnertime episodes from five families to illustrate how interactional bargaining contributes to struggles between parents and children over health-related practices, values, and morality. It compares naturally occurring video-taped interactions to parents’ evaluations of their families’ health elicited in interviews. The analysis of food interactions reveals much about the discursive construction of health and family life, including frequent conflicts between parents and children over eating practices. [health, food and eating, dinnertime interaction, children, working families, United States]

Next to breathing, eating is perhaps the most essential of all human activities, and one with which much of social life is entwined. (Mintz and Du Bois 2002:102)

In the United States, “health” has become conceptualized as a morally-laden personal attribute linked to notions of individual responsibility and achievement, particularly as highlighted in ideologies of self-help concerning food consumption and exercise found in health education (Adelson 1998, 2000; Backett 1992; Crawford 1977, 1985; Izquierdo 2004, 2008; Izquierdo and Paugh, n.d.; LeVeen 2002). Food and eating patterns in particular are central in lay models of health and illness (Calnan 1990). Studies suggest that the family is the main source of such health knowledge and the primary context for negotiations of health on a daily basis (Beach and Anderson 2003; Crossley 2002; Starr 1982). Through participation in everyday food-related routines and social interactions as both active participants and observers, children are socialized to cultural and class-specific orientations toward health and eating practices, as well as to related notions of morality, responsibility, individualism, success, and what it means to be a family (De Bourdeaudhuij 1997; Goodwin 2006; Ochs et al. 1996; Ochs and Kremer-Sadlik 2007; Ochs and Shohet 2006; Ochs and Taylor 1992, 1995; Paugh 2005, 2008; Sirota 2006). The interactional life of families is thus a crucial site for understanding how family health and well-being are created (Seigrin 2006), and the moral implications involved in negotiating health on a daily basis. Yet few studies have examined the socialization of health-related beliefs and practices as they relate to food in the course of everyday family interaction.
We employ an innovative approach to understanding health, synthesizing theoretical and methodological tools from linguistic anthropology and medical anthropology to investigate health beliefs and health practices among American working families (see also Izquierdo and Paugh, n.d.). We investigate how health is defined and negotiated both in interviews and in everyday interaction among dual-earner middle-class families in Los Angeles, California. In particular, we examine food interactions for what they can reveal about the discursive construction of health and family life, including frequent conflicts between parents and children over eating practices. In this article, we analyze mealtime interactions in five families in which children are judged for not meeting appropriate eating expectations.

Our analysis illustrates the difficulties these American families face, and compromises they make, as they negotiate health practices during dinnertime. Meals are punctuated by “battles” over individual desires and parents’ moral expectations for health-conscious choices, or, in other words, what children “want” to eat and what parents think they “should” eat. Further, eating practices become a prime site of debate over individual control, regulation of excesses, and what constitutes moral behavior—slipping into judgments about a “good” or “bad” parent, a “good” or “bad” child. These episodes illustrate the interactional bargaining involved as families struggle with health-related ideals, practices, and morality in everyday life.

Investigating Interactions about Health and Eating

Although language is an important component of much research on health and illness, everyday social interaction and family communication about health practices have been largely neglected (Bruss et al. 2005; Cline 2003). Language is viewed as an important tool for improving doctor-patient communication and is studied by physicians and health professionals (Cassell 1985a, 1985b). In medical anthropology, language is a focus in terms of understanding local meanings and folk models of illness and health, such as through developing taxonomies of illness and disease (e.g., Young and Garro 1994). Recent work influenced by interpretive medical anthropology (Good 1994; Kleinman 1980) examines narratives of illness and healing in order to understand how illness meanings are culturally constructed and constituted through language (e.g., Garro 1992, 1994; Garro and Mattingly 1994; Good et al. 1990; Mattingly 1998; Mattingly and Garro 2000). However, narratives are typically elicited by the ethnographer, rather than occurring in the context of everyday social interaction.

Sociolinguistic approaches to health-related interactions have remained distinct from medical anthropological research and concerns. A large body of work utilizing conversation analysis tends to focus on structural aspects of doctor-patient or other medically related interactions in clinical settings (Beach and Dixon 2001; Frankel 1995; Heritage and Maynard 2006; Heritage and Stivers 1999; Jones 1997; Maynard 1992; ten Have 1999). Research from a discourse analytic perspective also focuses on therapeutic discourse in institutional or semi-institutional settings, such as home care nurses (Bergmann 1992; Cicourel 1982, 1986, 1987; Labov and Fanshel 1977; Tannen 1983; Tannen and Wallat 1993). This research sheds light on the exchange of talk between professionals and laypersons in medical encounters, focusing on knowledge asymmetries and miscommunication through such linguistic devices as topic control, turn-taking procedures, interruptions, and directives. It does not seek to analyze participants’ beliefs or ways of talking about and enacting health and illness in everyday life, nor does it examine naturally occurring interaction among family members.

There are some recent exceptions. Beach (2001, 2002, 2009) uses a conversation analytic approach to analyze an extensive data set of phone calls between family members and friends regarding a woman’s cancer diagnosis and course of the disease. This research highlights the importance of looking at communication among family members, shedding light on how laypersons understand, manage,
communicate, reconstruct, and work through an illness diagnosis, treatment, and course. Capps and Ochs (1995), seeking to bridge psychological and linguistic anthropological perspectives, illustrate how narratives about panic attacks both create and reinforce the symptoms of the disorder. Ochs and colleagues (e.g., Ochs et al. 2004; Ochs et al. 2005) have applied ethnographic and discourse analytical tools to the study of children with autism in order to better understand the disorder. Kremer-Sadlik (2004), for example, finds that parents’ interactive strategies enhance high-functioning autistic children’s abilities to interpret interlocutors’ perspectives and intentions, an ability that was impaired in their performance on theory of mind tests in the laboratory. But despite attention to spontaneous interaction among intimates, this research continues to focus on illness and other disorders, rather than on health and well-being.

While the anthropological literature on food and eating has grown significantly in recent years (see Mintz and Du Bois 2002 for a review), few studies have been attentive to how food choices and eating patterns are socialized to children through language in situated social interaction. Particularly relevant to our analysis is a comparative study carried out on the socialization of “taste” by Ochs, Pontecorvo, and Fasulo (1996), who analyzed interactions about food at dinnertime among 20 middle-class families in Italy and the U.S. They found that both American and Italian families focus on getting children to eat foods that are nutritious, often through providing explicit nutrition lessons. However, American families prioritize food as material good and reward (e.g., dessert), while Italian families prioritize a theme of food as pleasure over all others. In the American families, tensions often arise, as they describe:

These language practices help to construct an affective schema of the meal for children in which dessert is laden with positive affect (but with strings attached) and the rest of the meal with negative affect. Dessert in this manner is used as an instrument of parental control over children’s eating comportment; as such it can become a source of conflict between parents and children. (Ochs et al. 1996:23)

Food becomes a “weapon” and mealtimes both a source and means of socializing children into conflict “when children refuse others’ attempts to get them to eat, when others reject children’s demands for a desired food, or when alignments between family members are formed around food preferences and dispreferences” (Ochs and Shohet 2006:41). Negotiations over food thus socialize eating habits and ideas about nutrition but also are a prime site of socialization for culturally specific ideologies of morality, individualism, relationships, pleasure, and consumption (Ochs et al. 1996; Ochs and Shohet 2006).

Wiggins (2001, 2004; Wiggins et al. 2001) also highlights the importance of examining family interactions about food and eating, particularly in terms of comparing actual family eating practices to official nutrition education and promotion policies. Wiggins applied a discursive psychological approach to audio-recorded mealtime interactions in ten families with at least one child (with a wide range of ages) in the north and midland areas of England. Focusing on advice and other talk about the nutritional content of food, Wiggins (2004) identified two types of “healthy eating talk” during dinnertime: “general advice giving” that generically discussed why food is or is not healthy, and talk “focusing on the individual” that held a particular person accountable for his or her food choices and mealtime practices. An important point that emerged is that talk focusing on the specific eating practices of an individual may implicitly evaluate the individual’s tastes and character (Wiggins 2004:10). In other words, negative evaluations of food and food choices may spill over into judgments of the moral quality of the person. Further, Wiggins and colleagues argue that eating should be viewed as “an interactional practice rather than an individual behavior” (Wiggins et al. 2001:9), thus challenging the multitude of studies that rely on elicitation of people’s attitudes toward food and eating outside of situated interactions. Instead, Wiggins stresses that food-related attitudes are bound up and constructed
within the local interactional context, and that “what is more interesting is how constructions of food (and preferences) can also construct our relations with others and with the experience of eating itself” (Wiggins 2001:15).

Drawing on the above work, we assert that health-related decisions and practices should be understood as integral to and shaped by everyday family interaction. As Kaplan (1999:4) states, “food can ... be used to illuminate the social, psychological, and emotional well-being of the family as well as reflect its cultural and economic background and parenting patterns.” Yet little attention has been paid to “the practices through which children come to regard food as charged with specific sociocultural meanings” (Ochs and Shohet 2006:39). We view health as a symbolic category and seek to understand its multiple meanings for family members. Further, we investigate how definitions of healthy bodies and healthy minds match or do not match up with the realities of busy working family life. With a focus on language socialization practices and the discursive construction of health, we analyze our data for how family members co-construct, frame, and reframe one another’s accounts about health and attempt to influence their health-related practices. We attend to both ideology and practice, drawing on interview data and utilizing observation and video recording of how people “do” health through daily embodied and discursive practice.

Sample and Methods

Our data is derived from a study of American working families conducted by the UCLA Center on Everyday Lives of Families (CELF), which integrates perspectives and methods from anthropology (linguistic, cultural, medical/psychological, and archaeology), psychology, education, and applied linguistics to document the everyday lives of 32 middle-class, dual-income families in Los Angeles, California. Couples were homeowners with a monthly mortgage; had at least two children living at home, including one child between 8-10 years of age; and had both parents working outside the home for at least 30 hours per week. Families were recruited through fliers in schools, recreational facilities, and community newspapers. Efforts were made to include a wide range of ethnicities and occupations. In this article, we focus on dinnertime interactions in five families with health-related practices that are representative of more widespread patterns found throughout the sample.

The study employed diverse data collection methodologies including semi-structured interviews and questionnaires, video recording of daily activities, sampling of stress hormones, mapping and photographing families’ homes and belongings, and tracking of family members’ activities and uses of space. Each family was recorded over a period of one week for approximately 50 hours, consisting of four days of videotaping, including two weekdays and the weekend, conducted by two videographers both inside and outside the home. Family members were videotaped as parents took children to and from school, ran errands, engaged in extracurricular activities, dined at restaurants, shopped, and so on. Videotaping began when the first parent woke up in the morning and typically ended when the children went to bed. Although some family members seemed to orient to the camera during the early hours of the first day of filming, most families did not pay much attention to the videographers, due to the time pressures of carrying out their daily activities (see Ochs et al. 2006 for discussion of this method). Each couple participated in a two-hour semistructured interview about health, well-being, and illness. Interviews were conducted with both parents simultaneously. Among other questions, the interview contained a series of questions designed to elicit what health means to each person, including asking them to define health and what it means to be health conscious, to describe healthy and unhealthy people, and to reflect on their own families’ health practices. In addition, couples provided narrated tours of the family’s refrigerator, kitchen, and medicine cabinets. In the current study, we examine family health ideologies and practices through our intensive video and health interview data.
Enacting Health and Morality in Everyday Life

Our middle-class working parents have complex and frequently conflicting ideas about health, fraught with notions of causality, morality, and responsibility with gendered nuances. Health practices and ways of speaking about health index moral values and personal attributes, and our families actively negotiate this moral terrain on a daily basis. According to the adults we interviewed, “health” is a physical, mental, and often spiritual state that is constantly changing as individuals try to find a balance between extremes and excesses of behavior, desires, and obligations. They cite everyday routine activities they consider necessary for healthiness, such as eating well, exercising, sleeping enough, and managing stress. There appears to be a pervasive search for “balance” and “stability,” including managing the demands and time constraints of work or career, and maintaining social relationships. Adults portray health as a process, employing metaphors of “fixing” their health and of “modeling” good health behaviors for their children—in other words, putting their ideals into practice in everyday life. However, many cite being “stressed” because of trying to manage their children’s social, moral, and physical well-being, in conjunction with their work and other commitments. Respondents, particularly women, oscillate between discursively portraying themselves as active agents in the construction of their health, and alternately as passive subjects who lack the agency to attend to their health because of work, social obligations, financial pressures, and other external forces, like media and peer influence on the family. Despite the multiple facets of health mentioned in interviews, both men and women in our study prioritize food selection and eating habits as central to ensuring the health of themselves and their children. The following case studies explore parents’ evaluations of the health of their families, and the actual interactions that take place regarding food consumption in their everyday lives. Names of all participants are pseudonyms.

The Anderson Family

Rhoda and Ed Anderson have three children, 11-year-old Sandra, 8-year-old Laura, and 5-year-old Molly. During their health interview, Ed and Rhoda explain that for them good health means eating healthy foods like vegetables, taking vitamins, exercising, and getting enough sleep. Both parents claim that living a healthy life requires hard work and that this is a continuous struggle in their everyday lives. In particular, the parents discuss the importance of “modeling” good health practices for children through their own behaviors:

Example 1: I don’t think I’m doing that but that’s what I would like to do

1. Rhoda: Modeling is one of the best things you can do for them, good modeling. I guess teach them how to eat healthy and teach them to exercise. That it’s a good thing. It’s fun. I don’t think I’m doing that but that’s what I would like to do.
2. Ed: My three things would be also education.... I mean they’re going to have to make their own decision, so the more information that you give them the better decisions that they can make you know. Educate them. I think modeling, I think that’s really important.

Rhoda immediately qualifies her statement about “good modeling” with “I don’t think I’m doing that but that’s what I would like to do,” thus implicitly evaluating her behavior as a “bad” or inadequate model. Though both parents explain that their busy lives often leave them tired and unable to fulfill their health ideals, Rhoda assumes blame for the quality of her children’s health:

Example 2: It’s all my problem

1. Ed: Well I don’t see our kids as being particularly healthy as far as their eating habits or their physical fitness.
2. Rhoda: They’re not- but I am try- it’s all my problem.
3. Ed: No it’s not.
4. Rhoda: I’m trying to- it is cause I go shopping for them. I make things for them their lunch or dinner, whatever, and ok, try to give them the foods and vegetables that they don’t want.
5. Interviewer: I think that’s really hard actually ((laughs)).
6. Rhoda: They just want all the bad food you know?

In their account, both Ed and Rhoda depict eating, exercise, and “modeling” as moral activities. They utilize moral domain words like “problem” and “bad,” and later in the interview contrast themselves with an imagined “that kind of family,” which they are not. Rhoda in particular feels she does not provide a good model and depicts her family health as ultimately out of her control: “and ok, try to give them the foods and vegetables that they don’t want.” Ed rejects Rhoda’s self-blame but does not assume responsibility for the food the children eat or the state of their health. In this family, as in many of our families, the mother is held most accountable for children’s eating habits.

Rhoda’s difficulties getting the children to eat what she considers healthy foods surface in our video recordings of the family’s mealtimes. The following is an example from a Tuesday night dinner of spaghetti and salad. Rhoda has left the refrigerator door open while she is pouring milk for the children to drink. Sandra complains about being given the milk and notices a new beverage, “French berry lemonade,” in the refrigerator. A lively 6 1/2 minute negotiation between the children and parents ensues as they bargain over consuming a dairy product along with the lemonade. The following excerpt is part of the negotiation:

Example 3: Drink your milk first

1. Sandra: ((looking in the fridge)) What’s this? I want it, I want it!
2. Rhoda: What?
3. Sandra: ((pointing to the French berry lemonade)) That!
4. Rhoda: Ok but first I want you to drink your milk.
5. Sandra: No no::! No no no ((whining)) no:. (1) Please not milk.
6. Rhoda: ((returns the milk to the fridge and then carries the lemonade bottle to the table))
7. Molly: What’s tha::t?
8. Rhoda: If you drink your milk you get it.
9. Laura: What is that?
10. Sandra: No:
11. Rhoda: It’s um ((reading the bottle)) French berry lemonade.
12. Sandra: I need it, I need it, I want it.
13. (1.5)
14. Molly: How about you have that AND milk?
15. Ed: ((sitting down at the table)) We’re eating right? . . . [the family discusses salad]
16. Sandra: ((standing with hand on the lemonade bottle)) Mommy mommy please. Please please?
18. Sandra: ((with hand on the lemonade bottle)) No I hate milk.
19. Ed: I know you do, but you got to drink your milk.
20. Sandra: Why::?
21. Ed: Because it’s- it’s how you’re going to grow (.5) strong.
22. Rhoda: Okay if you’re not going to have milk then you can eat a string cheese.
23. Sandra: I’ll have a Go-gurt.
24. [the children offer multiple compromises for obtaining the lemonade]
25. Sandra: But mom wait wait wait. Mom can I have this ((touching the lemonade)) and then I’ll have a yogurt?
26. Ed: ((taking lemonade from Sandra)) No ((shakes his head)) you have to eat ((laughing)) your yogurt first ((unscrewing bottle cap)) and then that’s the privilege for having this.
27. Sandra: Ok. I’ll have yogurt then I’ll have that.
28. Laura: Can I do that?
It is clear that a negotiation about drinking milk is about to begin even before the girls see the French berry lemonade, as Sandra complains about getting milk and looks in the refrigerator. She spots the lemonade and asks “What’s this?” and starts demanding it, “I want it, I want it!” before her mother can even answer (line 1). Rhoda responds with a conditional promise: “Ok but first I want you to drink your milk” (line 4). The conditional promise is a very common sentence frame found in our families’ negotiations over food, as sweet foods are often promised in order to get children to consume the food on their plates. Sandra rejects this offer and continues to negotiate: “No no::! No no no ((whining)) no.: (1) Plea:se not milk” (line 5). Rhoda returns the milk container to the refrigerator after having poured milk for the girls, and then gets out the lemonade and puts it on the table. Molly immediately asks, “What’s tha::t?” (line 7). Rhoda’s response indicates that she anticipates another request for the drink; rather than answering Molly’s question, she attempts to preempt any requests with a repetition of her conditional promise: “If you drink your milk you get it” (line 8).

The family then discusses the bowl of salad on the table, until Sandra again pleads for the lemonade (line 16). Ed reiterates Rhoda’s conditional promise (line 17), to which Sandra counters with a strong complaint: “No I ha:te milk” (line 18). At this point, Rhoda compromises: “Okay (1) if you’re not going to have milk then you can eat a string cheese” (line 22). She then allows Sandra to successfully bargain to replace the string cheese with an even more desirable and sweeter Go-gurt (line 23). Here, it would be wise to keep in mind Wiggins’s (2001) point that food evaluations cannot be separated out from the interactional context and participants’ goals at the time: Sandra’s intensified assertion about hating milk on line 18 functions not only as an assessment of a particular food, but also as a potent conversational move in trying to win a food negotiation. The children continue negotiating: Sandra’s sisters join in the bargaining session, with Laura offering to have milk mixed with Coke (but cannot, as they are out of Coke), while Molly chooses to mix the milk with the lemonade! Ed then implicitly confirms their power to bargain and compromise when making health-related choices, as well as linking such choices to an overarching moral ideology of equality between siblings, by telling Laura that she can substitute a Go-gurt for milk and get the lemonade like Sandra: “If your sister can do it you can do it” (line 31).

The negotiation also prompts several lessons about nutrition and eating from Ed: that milk is necessary to “grow strong” (line 21) and that the consumption of a healthy food (the dairy product) gives them the “privilege” to have a sweet and presumably non-nutritious drink like the lemonade (line 25). Shortly after this segment, Ed offers a scientific explanation for why they need to drink the milk for their bodies: “You have to have some sort of calcium to make your bones grow.” Here, the nutritional value of milk is highlighted; Ed does not comment on the taste of milk or how it might be enjoyable in and of itself, or to him personally (also see Wiggins 2004). In fact, he ratifies Sandra’s account of personal preference, “No I ha:te milk” on line 18, with “I know you do” on line 19. Nevertheless, nutrition trumps taste here, as he finishes with a rule statement: “but you got to drink your milk.” Despite these lessons on nutrition and the parents’ concern with “modeling” healthy practices for their children, Ed and Rhoda drink the lemonade without drinking milk or eating an alternative dairy product. They do, however, model the skills of negotiation and compromise as they bargain with the children over healthy eating practices, individual choice, and the children’s own agency. In the end, the lemonade is depicted as a reward for consuming a healthy food (similar to findings in Ochs et al. 1996), while the milk is confirmed as the less desirable drink. Though the children do consume dairy...
products, such a pattern may contribute to Rhoda’s feeling of having little control over her children’s eating choices and health and may lead to unexpected health consequences for the children, such as the consumption of increased calories and sugars.

The Puri Family

The Puri family is composed of mother Shanta, father Vashkar, and their two sons 9-year-old Harun and 5-year-old Virat. Our conversations with Vashkar and Shanta, and our observations of this family’s daily interactions, indicate that the parents struggle with their children’s food consumption and level of exercise. Mealtimes are interspersed with negotiations about what the children should eat. In the following example from a weekday dinner, Shanta prompts a negotiation by asking Virat, “What do you want to eat?” In response, Virat opens the fridge and begins looking, prompting Shanta to ask, “What do you want?” on line 1:

Example 4: What do you want to eat?

1. Shanta: What do you want?
2. Virat: ((while looking in fridge)) I want (xxx)
3. Shanta: The only thing I have right now for you is (.5) either you take your tuna? (.5) OK? You want that tuna or you want me to uh bake a salmon for you? ((opens freezer and points to a piece of fish in the door)) Here this one. ((closes freezer))
4. Virat: Uh: ((opens fridge again)) I want to see (xxx) I want some jello.
5. Shanta: NO, NO jello. You already had enough jello.
6. (2)
7. Shanta: Virat, just tell me quickly.
8. Virat: ((opens fridge again)) NO.
9. Shanta: Tuna or salmon?
10. Virat: No, no.
11. Shanta: NO, you cannot have- uh- that. [re: jello]
12. Virat: No, no, no! ((whining)) I want some jello.
13. Shanta: You cannot have jello.
14. Virat: Yes I can.

Like many of our parents, Shanta attributes her young child, 5-year-old Virat, the competence to make desirable health-conscious decisions. By asking an open-ended question about what the child wants to eat, Shanta sets the stage for bargaining and invites Virat to choose his own option, ostensibly from the entire contents of the fridge and freezer. Yet she already has particular foods in mind—tuna or salmon. Despite this, she proceeds to argue with him when he offers an unacceptable choice using her prior sentence frame, “what do you want?” (line 1) to reply: “I want some jello” (line 4). Her question may create confusion for this 5-year-old when he is asked what he wants, and then told he cannot have it. Further, Shanta does not offer an explanation about why jello does not make an appropriate meal. She does, however, imply that there can be excesses of such a food when she tells him that he “already had enough jello” (line 5). Virat’s mother may be concerned with the practical issue of ensuring that Virat gets adequate nutrition for the day, but she may undermine her own efforts at socializing healthy practices by using an open-ended question that allows for individual choice. Virat may not be able to make the kind of healthy and self-regulating selection she desires and may in fact utilize choice of food as a way to assert his own agency and identity (see James 1998). The struggle over individual choice and parental control emerges vividly at the end of the interaction, when Shanta says, “You cannot have jello” (line 13) and Virat boldly replies, “Yes I can” (line 14).

In their health interview, Shanta and Vashkar complain that Virat does not do well in physical education and attribute it to their own lack of modeling of exercise:
Example 5: Maybe it’s our fault

1. Interviewer: Why do you think he doesn’t [exercise]?
2. Shanta: Maybe it’s our fault.
4. Shanta: Because he was [by] himself, and we did not go too much around.... We didn’t take him out enough.... And the only thing which we did was play home games, indoor games.

Like Rhoda and Ed, these parents deal with issues of blame and responsibility, expressing guilt through use of a strong moral domain word fault and assuming responsibility for what they “did not” do to model exercise adequately for their child. As a result, they feel their parenting choices may have compromised their child’s well-being and his ability to make healthy choices.

The Morgenstern Family

In the Morgenstern family, we find similar negotiations. Mother Jeri and father Jeff have three children: Anna (8 years), Isiah (4 years), and Joshua (1 year). In the health interview, both Jeri and Jeff state that the individual is responsible for the condition of their own health, which is maintained through diet, exercise, and spiritual development. Jeri very explicitly makes health a moral issue, repeatedly claiming that it is up to the individual to make the right “choices” in health and life, and that these choices are linked to decisions about “right and wrong” and “ethics and values.” She refers to parents as “drivers” when discussing their role in teaching children to be healthy: “We are the drivers, you know, in the car right now for these children.” This metaphor depicts parents as in control of family life (the car), while simultaneously modeling for children the appropriate way to live (how they drive). Jeri’s ideologies about parental influence become evident in an authoritative parenting style concerning food consumption.

In our video data, Jeri and her oldest child Anna in particular engage in repeated conflicts over eating, particularly how much food Anna needs to consume, as in the following excerpt:

Example 6: Why is this a battle every night?

1. Jeri: ((points to the table)) You can go sit at the table and eat Anna.
2. Anna: ((takes a bowl of soybeans from the counter))
3. Jeri: No- no here- here. ((taking the bowl from Anna)) Let me split them so that Isiah can have some too. (1) Take this. ((pointing to Anna’s plate with food on it)). Take this stuff.
4. Anna: I’ll take this ((picking up a piece of pita bread)) ‘cause I can’t eat anymore
5. Jeri: ((in a raised voice)) Anna, if you can’t eat, you can’t eat anything. Not just choose-picking and choosing what you want.
6. Anna: I- I- I know it.
7. Jeri: You need to have two pieces of chicken. (1) Okay? Two pieces of chicken.
8. Anna: Fine. ((picking up two small pieces of chicken)) One and one.
10. Anna: ((whining and shaking her head)) Why no::t?
11. Jeri: Hon, come on. Why is this a battle every night?
12. Anna: ((almost whispering)) I don’t know.
13. Jeri: You need to eat that piece
14. Anna: Cut it, cut it, cut it.
15. Jeri: And this piece, and you’re done.

Here, Jeri does not leave Anna’s dinner choices open. To the contrary, Jeri is very involved from the start of the meal, issuing directives during almost every conversational turn that she takes. Yet in this interaction, Anna tries to make her own choices by implicitly rejecting the chicken she doesn’t want to eat by taking the pita bread and claiming she “can’t eat anymore” (line 4). However, her own food preferences are disregarded. Jeri immediately sanctions Anna’s choice with a rule statement, “Anna,
if you can’t eat, you can’t eat anything. Not just choose- picking and choosing what you want” (line 5). Anna’s preference for nonmeat foods, in this case soybeans and pita bread, are not explored or praised for health consciousness. Anna concedes the family rule, “I- I- I know it” (line 6). Yet, Jeri implicitly bargains by making the deal that Anna can eat just two pieces of chicken. This is justified with her use of “need” to imply that there would be physiological or perhaps moral consequences for Anna if she did not consume the amount indicated by her mother. As in the above examples, Jeri creates a contrast between needs and wants in terms of food consumption. Further, she highlights that the size of the pieces is relevant (line 9). Yet despite conceding to the rule of no picking and choosing, Anna demonstrates agency by taking the two smallest pieces on the plate. Jeri augments her authoritative demeanor and tells Anna which two to eat. Her frustration becomes evident as she employs a metaphor equating the dinnertime ritual to war: “Why is this a battle every night?” (line 11). Yet she mitigates her negative affective tone with the use of the diminutives “little” and “teeny” in “Anna not the little teeny pieces” (line 9). In the end, Anna eats the chicken, but this pattern of interaction persists and is a familiar scenario—and key socializing routine—in this family, as illustrated by both Jeri and Anna’s comments about it happening every night on lines 11 and 12. Often such interactions become even more overtly evaluative of Anna as a moral being, with Jeri comparing Anna’s consumption patterns to those of other children in the household, including siblings and visiting friends who eat all their food. Interactions over eating practices in this family deal with issues beyond physical health, including managing individual choice, maintaining parent-child status and authority differences, and constructing food consumption as a moral activity.

The Friedman Family

While Anna’s mother struggles to ensure that Anna eats enough food, 9-year-old Linda Friedman’s parents Tommy and Alice struggle to limit her food consumption. When asked in the health interview if they feel their daughter leads a healthy life, both parents adamantly respond, “No.” Her father states: “She can’t control her diet.” He explains: “She just eats the wrong foods. She doesn’t seem to care about what she eats or how she looks. That’s just not important to her. Which she can’t really do anything about. Or won’t do anything about it.” Tommy links health practices with self-control, morally evaluating his daughter’s behavior by suggesting that she “won’t do anything” about what he judges to be bad health practices. He highlights that there are “wrong” foods and ways of eating, again implicating Linda’s moral comportment in that she makes the “wrong” choices by eating unhealthily. The parents enrolled Linda in a pediatric weight management program and say they try “to get her to watch her diet” and be more physically active. In fact, Alice claims that she and her husband are “a very good influence” on Linda’s eating and exercise habits, despite that Alice describes herself as overweight and not physically active enough.

During their health interview, the parents portrayed themselves as vigilant in serving healthy foods and monitoring their children’s eating habits. But, once again, we see their struggles emerge interactionally and sequentially as they co-construct Linda’s health choices. In the following example of Linda, her 8-year-old brother Daniel, and her parents during a Sunday dinner, we see how Linda successfully negotiates her own way in order to consume more food despite parental disapproval:

Example 7: We told you when we gave you the pasta that was it

1. Linda: ((stands, takes her plate, and goes into the kitchen))
2. Alice: ((turning head toward Linda)) The pasta’s [ not warmed up =
3. Tommy: [ ((shaking head)) Mm mm!
4. Alice: = ((looks toward Tommy)) Linda.
5. Tommy: ((waves finger toward Linda while looking at Alice)) Mm mm, mm mm.
It is unclear if Linda goes to the kitchen for more pasta, hamburgers, or fries, but Alice assumes it is for pasta and tells her there isn’t any more warmed up (line 2). While this suggests that Linda could have more if she heated it, Tommy immediately responds “Mm mmm!” and shakes his head no toward Alice (lines 3 and 5), which then prompts a sanction from Alice, “LINDA I think you had enough” (line 7). While Alice’s assessment—triggered by Tommy’s prior turn—is mitigated by “I think,” Tommy is much more adamant, invoking an earlier proposition: “We TOLD you when we gave you the PASTA that was IT” (line 9). Linda begins negotiating; she claims hunger and frames her request as a “need” rather than a “want”—she needs more food to provide “strength” for their trip to Disneyland the next day (line 19). She also questions the earlier proposition, claiming it was just in reference to pasta (line 10); and she targets her less resolute mother with an appeal, begging “Mom please” (line 16).

The conversation then shifts to Disneyland clothing, but Linda persists until her father grants her one more hamburger, but no more fries. Linda sits down at the dinner table and begins eating again. For the next minute, the family continues to discuss food, with Alice asking Tommy to pass her more pasta. Daniel then begins to request more pasta as well. This move prompts a strong reaction from Linda:

**Example 8a: I wanted seconds!**

1. Daniel: Why don’t I get pasta? (.5) I want more.  
2. Linda: You have enough!  
3. Daniel: Please (2) Dad:ddly:: pour me more.  
4. Linda: But-  
5. Tommy: (xxx) give me a second.  
6. Linda: BUT Daniel had the same amount as I did.  
7. Alice: Mmm mm. (.5) Not even close.  
8. Linda: Then why did you give me more? ((picks up a yo-yo from table and plays with it))  
10. Linda: ((drops yo-yo under the table but continues playing with it)) Why did you give him more? (1) Why did you give him less? Why did you give ME more?  
11. Alice: Because he- because he doesn’t eat as much.  
12. Linda: SO!  
13. Daniel: Dad:::  
14. Linda: I WANTED SECONDS!  
15. Alice: Why are you arguing with me?  
16. Daniel: Daddy:::  
17. Linda: You shouldn’t have give me that much ’cause you know I’m always gonna get seconds!  
18. Daniel: ((gets up from the table and goes into the kitchen))  
19. Daniel: I’m going to get some more.  
20. Linda: [ And that’s not fair if- if- ((pointing toward kitchen)) if he has MORE!  
21. Tommy: [ (xxx)  
22. Alice: Okay I’ll do that. I’ll make very small portions so you can have seconds.  
23. Linda: Make me like just have (.5) one vegetable.
When her brother begins negotiating for more food, “Why don’t I get pasta? I want more” (line 1), Linda denies him with an assessment that has been modeled for her before: “You have enough!” (line 2). When Tommy then agrees to give Daniel more pasta on line 5, Linda rapidly invokes two strategies to negotiate more food for herself: (1) blaming her mother for not regulating her food intake by giving her a smaller portion so she could have “seconds” as usual; and (2) mounting an explicitly moral argument about sibling equality and parental fairness, in that if Daniel gets more, she should get more as well. She challenges her mother’s actions, demanding, “Then why did you give me more?” on line 8. She also picks up a yo-yo from the table and begins to play with it. This can be viewed as an embodied act of resistance to the rules of the dinner table, as it immediately prompts a negative sanction from Tommy on line 9. Nevertheless, Linda continues dangling and playing with the yo-yo under the table and out of her father’s sight for the rest of the interaction. She continues to challenge her mother’s actions, “Why did you give him less? Why did you give ME more?” (line 10) and utilizes a rule statement with modal verb should: “You shouldn’t have given me that much cause you know I’m always gonna get seconds” (line 17). She implicates her mother as responsible for the control of her diet and negatively morally evaluates her as not treating both her children the same: “And that’s not fair if- if he has MORE!” (line 20). The parents then counter with the proposition that Alice will start giving Linda smaller portions (line 22), and while Linda agrees, she still negotiates, suggesting that instead they could give her only one vegetable (line 23). Alice does not counter this proposal, offer a nutrition lesson about why Linda should eat more vegetables, or suggest that vegetables can be enjoyable; rather, she questions Linda’s comportment: “Then- then you- then you won’t complain?” Tommy answers before Linda can with a negative moral evaluation of her: “Yeah she will” (line 25). After a very brief pause, Linda continues arguing with her parents:

Example 8b: That’s not fair that he gets all the fries!

27. Linda: Tell him he can’t have seconds ’cause =
28. Daniel: [ ((returns to table and drops a handful of French fries on his plate))
29. Linda: [ = ((sees Daniel and starts yelling)) THAT’S NOT FAIR THAT HE GETS ALL THE FRIES!
30. Tommy: Linda, you have plenty.
31. Daniel: There’s only a little- [ can I have the REST?
32. Linda: [ NO I DIDN’T!
33. Linda: I’M STILL HUNGRY HERE!
34. Daniel: ((pointing toward the kitchen)) Mom can I have the rest?
35. Linda: ’Cause I didn’t have that much =
36. Daniel: Mom can I have the rest of (the fries)?
37. Alice: ((shakes head once and then cocks it from side to side as if unsure))
38. Linda: [ = for lunch.
39. Daniel: [ ((running to the kitchen)) I’ll take (xxx)
40. Linda: I just had soup.
41. Daniel: ((from kitchen)) Mom there’s only one.
42. Alice: ((to Linda)) What do you want extra of?
43. Linda: I don’t know pasta [ (xxx)
44. Alice: [ Maybe some peas and carrots.
45. Daniel: ((returns to the table with something in his hand, does not sit but begins eating))
46. Tommy: ((calmly, to Linda)) Would you like a turkey meatball?
47. Linda: ((quietly)) Can I have both? Pasta and a little bit of turkey meatball?
48. Tommy: ((takes a meatball from his plate and passes it to Linda))
49. Alice: ((jumps up quickly and goes to kitchen)) I’ll make some- I’m going to warm up some more pasta.
50. Tommy: ((to Linda)) You’re welcome [re: for the meatball].
51. Linda: Thank you.
52. Alice: Tommy I’ll give her a little bit more pasta.
54. Linda: You got fries DANIEL! That should be enough for you ‘cause you got FRIES.
56. Tommy: [ Linda, worry about yourself.
58. Linda: ((shoves Daniel back toward his seat))

Linda augments her campaign for sibling equality and more food when she sees Daniel return to the table with a handful of French fries on line 28. She frantically yells, “THAT’S NOT FAIR THAT HE GETS ALL THE FRIES!” (line 29). She then tries another tactic, claiming hunger on line 33 with an explanation about eating little for lunch on lines 35, 38, and 40. Alice starts to shake her head no but then cocks it from side to side, indicating uncertainty and room for more negotiation (line 37). In the meantime, Daniel ignores Linda’s increasingly desperate requests and continues asking for the rest of the fries for himself (line 36). Despite all that has taken place since Linda first tried to get a second helping of pasta, Alice then asks her “What do you want extra of?” on line 42, indicating that a compromise might be possible. Linda again requests pasta on line 43. Alice’s subsequent suggestion that Linda have more peas and carrots to placate her hunger is completely ignored (line 44). Then, even though Tommy began the interaction with the authoritative statement discussed above, “WE TOLD you when we gave you the PAsTa that was IT,” he backs down in the face of Linda’s aggressive campaign for more food and offers to give her, in addition to the hamburger already given to her after Example 7, a turkey meatball on line 46. Still not satisfied, Linda requests pasta in addition to the meatball (line 47). Tommy does not answer verbally, but gives Linda a meatball from his plate (line 48). Alice appears to interpret this move as permission to give Linda more pasta. She jumps up from the table and goes to the kitchen to heat it up (line 49). She tells Tommy, “I’ll give her a little bit more pasta” on line 52, minimizing the impact of her statement with the use of the diminutive “little bit.” Tommy does not acknowledge Alice’s remarks and in fact shifts into a politeness lesson for Linda, saying “You’re welcome” on line 50 to prompt her to say thank you for the turkey meatball. Then, when Daniel again asks for more food on line 53, Linda sanctions him regarding quantity in a way that has been modeled for her by her parents: “You got fries DANIEL! That should be enough for you ‘cause you got FRIES” (line 54). The discussion ends with both parents admonishing Linda, and Linda shoving Daniel back toward his seat.

Throughout this interaction, we see negotiation between the children and the parents, between the children as siblings, and between the parents themselves. In the health interview, the parents co-constructed Linda’s food consumption as problematic and expressed their intention of helping Linda learn to regulate it. However, they undermine their goals in their dinnertime interactions with her. They begin dinner with a strong prohibition against Linda obtaining more food after her initial portions, and then spend a good deal of dinnertime bargaining with her about it. In fact, Linda uses virtually every one of her parents’ and brother’s conversational turns regarding food as a stepping stone to mount her argument for more food until she receives it. Her parents allow her to challenge them repeatedly, simultaneously socializing her, as well as her brother, to engage in conflict and negotiation over food limits and types (Ochs and Shohet 2006). They also enact contradictory stances: Alice seems open to giving Linda more food from the start (e.g., Example 7, line 2), while Tommy’s authoritative declaratives and negative assessments of Linda contrast with his repeated acquiescence to her demands for food. In the end, they reward her resistance with even more food than she initially requested. Tommy complains during the health interview that Linda “can’t control her diet,” but analysis of their dinnertime interactions raises questions about his allocation of blame and responsibility solely to
this 9-year-old child. The family’s patterns of interaction, combined with their embodied practice of repeatedly going to the kitchen to get more food throughout dinner, play a significant role in their co-constructed struggles over eating, child health, and control.

The Zapata Family

One final example further illustrates how individual choice, social relationships, sibling rivalry, and eating intertwine. Marcela and Andres Zapata have two children, Nancy (8 years) and Jorge (10 years). Like the other parents in our study, Marcela and Andres claim they are concerned with their children’s eating habits, as stressed by Marcela who feels the children eat too much “junk food.” Both parents express a strong desire to provide their children with “well-balanced meals” and repeatedly cite food and eating habits as being central to maintaining health. Yet during the four days that we video-recorded them, we observed that the family did not cook at home, despite the nutritious meals the parents described during their health interview. Some meals were eaten at restaurants, and others were ordered and delivered to their home. The parents attribute their lifestyle to busy schedules and lack of time. However, eating out does not necessarily resolve the conflict over what to eat for this family, as illustrated in the following videotaped negotiation over where to eat:

Example 9: What are we gonna eat tonight?

1. Jorge: What are we gonna eat tonight?
2. Marcela: I don’t know baby. We’re trying to \[ figure it out.
3. Nancy: \[ ((lifts arms in air)) I know:::w.
4. Jorge: \[ Oh Donna’s Pastrami?
5. Marcela: \[ ((to Jorge)) Well go get ready!!
6. Andres: \[ Wu-
7. Nancy: No I don’t want -
8. Andres: We’ll go (xxx) \[ and we’ll go (xxx) =
9. Marcela: \[ ((turns to Nancy)) Get r-ready!
10. Andres: \[ = I don’t know.
11. Nancy: \[ But I don’t want (1) pastrami.
12. Marcela: \[ ((sighs)) Arg(hhh).
13. Nancy: Cause I don’t EAT anything \[ (xxx).
14. Marcela: \[ This is our debate EV::RY SING:LE DA:Y:
15. Marcela: \[ ((laughs))
16. Videographer: \[ ((laughs))
17. Marcela: ONE wants to go somewhere so sometimes we don’t tell them we just go and they EA:T or they don’t ((makes hand gestures while speaking)).
18. Videographer: I see.
19. Marcela: Uh::m (.5) but ((to Nancy)) CAN YOU GET READY ANYWAY! Cause we’re leaving.
20. Nancy: DANTE BURRITO!
21. Marcela: Go get ready!
22. Nancy: DANte BURRITO.
23. Marcela: And then we can do this.
24. Jorge: \((yells from another room)) DONNA’S PASTRAMI!
25. Nancy: \((yells in response)) DANTE BURRITO!
26. Jorge: DONNA’S PASTRAMI!
27. Nancy: DANTE BURRI:TO!

In this excerpt, control of the family meal is discursively passed from the parents to the children. Jorge opens the discussion by asking his mother, “What are we gonna eat tonight?” on line 1. He then successfully proposes Donna’s Pastrami, as his mother ratifies his suggestion on line 5: “Well go get ready!” She does not consult with her husband or her daughter, who then objects on lines 7 and 11: “But I don’t
want (1) pastrami.” The children continue arguing over whether to go to “Donna’s Pastrami” or “Dante Burrito.” Marcela tells the children to get ready anyway (lines 19 and 21), suggesting that they will battle it out in the car, as she states: “And then we can do this” (line 23). Though Marcella says that she and her husband sometimes just choose the restaurant to avoid fighting, she highlights how much this negotiation is a part of their everyday life on line 14: “This is our debate EVERY SINGLE DAY.”

Conclusion

Our analysis of interview data displays how participants position themselves in their narratives about health, while the analysis of naturally occurring conversations captures how they actively negotiate health in mundane interactions involving food and eating. For the families in our study, health and well-being are directly associated with everyday practices like food consumption and exercise. Such practices index physical condition, but also individual morality, responsibility, agency, and control. A major theme is the extent to which families describe good health as a state to be achieved by the individual, particularly through food and eating choices. It is a matter of personal responsibility that is tempered by work, school, and other responsibilities. Yet parents claim significant responsibility for the present and future quality of their children’s health, illustrating tensions between parental authority and individual agency, and resulting in frequent negotiations and compromises over food choices. Health and healthiness are defined in moralistic terms, involving judgments about “good” and “bad” practices that consequently implicate “good” or “bad” parents, spouses, or persons. Such judgments emerge in metaphors of “fixing” and “modeling” health as discussed by families, creating feelings of blame and guilt when parents judge themselves as failing to be “good” models for their children, as evidenced in children’s perceived unhealthy food choices. These ideologies and ways of talking about heath and eating extend across our ethnically diverse sample of Californian families.

Our comparison of interview data and video recordings of everyday life reveal that while parents have theories about and goals for what their children should eat in order to be healthy, this is complicated by their everyday practices. In our first example, the parents impose a dairy product on their children, while simultaneously drinking the desired lemonade and allowing multiple compromises. In our second example, Virat’s mother knows exactly what she wants him to eat—tuna or salmon—yet she frames it as if he is free to choose whatever he wants from the contents of the kitchen. Our third example illustrates how Anna and her mother battle each night over the portions and kinds of food she needs to consume. And issues of sibling rivalry, parental authority, and assumptions about individual morality and control permeate Linda’s campaign for more food. Parents in our study lament the significant feelings of stress and dissatisfaction generated by these daily battles over what the family should and should not eat; yet our examples illustrate how they actively co-construct such interactions, even when deciding where to go out to eat, as in our final example of the Zapata family. It is apparent that these conflicts build sequentially turn-by-turn as family members co-construct and evaluate one another’s eating choices and preferences.

In all of the families, parents have ideas about what they want their children to consume and many try to enforce this through directives and rule statements. However, we find that parents frequently negotiate with children over types and quantities of food, giving in to children’s complaints about particular foods, engaging in bargaining for replacement foods, offering conditional promises that depict sweeter foods as rewards for eating “healthy” ones, permitting children to appeal ultimatums, giving priority to children’s bids for sibling fairness over set limits on food consumption, or even setting the context for a bargaining session by asking an open-ended question about what the child wants to eat. These strategies may
accomplish many local interactive functions (Wiggins 2001), such as relational work and helping busy families get through dinner, though often stressfully. However, they may also leave children with no clear message of which choice is the “healthy” one and may diminish parental authority in the process. Battles over eating become battles between individual wills. These interactions point to an uneasiness with which these middle-class American parents approach issues of authority and control, while also socializing child autonomy and the American value of individual choice. Conspicuously missing in these episodes are more positively affectively marked speech acts, such as praising individual preferences and food choices, or complimenting food quality and preparation. This contrasts with the Italian families described by Ochs, Pontecorvo, and Fasulo (1996), where children were encouraged to express individual tastes, priority was given to food as pleasure (rather than simply nutrition or reward), and dinnertime food talk was laced with positive affect markers.

In the course of such interactions, parents strive to model what they consider ideal health practices, but in fact may be demonstrating the practical and moral struggles that they themselves engage in over what, how, and when to eat in contemporary American society. At a time of growing public concern over rising rates of diabetes, heart disease, and childhood obesity in the United States (Koplan et al. 2005), it is critical to understand what happens on the ground during mealtime talk, and how ideologies of child rearing relate to socialization practices concerning eating. Future research could extend this investigation to additional interactional contexts involving food and eating, such as food shopping and preparation, other meals and snack times, and food interactions among children and their peers, to name some possibilities. Our study indicates that for families living in Los Angeles, health—including what it means to be a healthy individual and a healthy family—is complex, intrinsically morally laden, and actively constructed in the course of everyday social interaction.

Appendix A: Transcription Conventions

- Cut-off or self-interruption
: Elongated speech
(pause) Pause between utterances (in seconds)
((action)) Nonverbal action
(xxx) Unintelligible speech
. Falling, final contour
? Rising intonation, question
! Exclamation
CAPITALS Emphasis
[ Overlapping speech

Notes

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