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Contradictions in Food Choice and Body Image:

Implications for Obesity Prevention

By

Tamar Marie Johnson Antin

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of the

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Committee in Charge:

Professor Emeritus Patricia Morgan, Co-Chair
Clinical Professor Norman Constantine, Co-Chair
Dr. Geoffrey Hunt
Professor Stanley Brandes

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Abstract

Contradictions in Food Choice and Body Image: Implications for Obesity Prevention

by

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Obesity as a social and health problem is well recognized in the public's consciousness, and as a result, numerous food-related policies and programs have been conceived to encourage healthful dietary changes in individuals. In response to the high caloric content of fast food, menu labeling laws, which strive to reduce consumers' consumption of unhealthful foods, have become a popular approach to address obesity. These laws and other policies aimed at changing individual's consumption practices exist within a context where many factors may shape food choices. By considering the literature on food choice, which has remained largely independent of public health research on obesity and food policy, questions are raised about the extent to which individuals can and will prioritize their health when making food choice decisions. This qualitative interview study examined the food choices of 20 working class African American women – those considered among the highest at risk for obesity – to consider to what extent food-related policies may be effective in changing their consumption practices.

The following compendium presents three papers resulting from analyses of in-depth interviews with women. The first paper, "Conflicting discourses in qualitative research: The search for divergent data within cases," is a methodological piece that considers the important role of examining conflicting discourses within women's narratives to uncover more meaningful and holistic accounts of respondent's lives. The second paper, "A transdisciplinary perspective of food choice for working class African American women," presents a transdisciplinary model of food choice that shaped the study design and helped to reveal the multi-dimensional nature of food choice for women. Finally, the third paper, "Embodying both stigma and satisfaction: Messages for obesity prevention targeting young African American women," introduces an important emergent theme about body image that was uncovered with this project. Each of these three papers is unified not only by the simple fact that they resulted from the same research project but also by demonstrating the meaning and importance of contradictions – or inherent thematic conflicts – that are revealed through qualitative data analyses.

This dissertation is dedicated to tadpole who "sat by my side" day and night these past 7 months and served as my inspiration.

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ACKNOWLEDGEMENTS

INTRODUCTION

Obesity is an important public health concern as prevalence continues to increase, especially among the poorest populations in the United States. At the turn of the century, the prevalence of obesity for African American women in the United States 20 years of age and older was 51% compared to 31% for White women of the same age. Also, an inverse relationship between socio-economic status and obesity exists, situating low-income people of color in a position of increased risk (Ogden, Yanovski, Carroll, & Flegal, 2007). Numerous behavioral change interventions that focus on altering individual's eating practices in ways that will promote their health have been developed to address obesity. However, we have yet to see reductions in obesity prevalence (Gracia-Arnaiz, 2010)

To begin to understand why interventions may be less effective than previously expected, answers may be found in a multi-disciplinary investigation into reasons for food choices. This dissertation project sought such an approach by considering the political and economic conditions and social and cultural meanings that influence the eating practices of a population among the most at risk for obesity – low income African American women.

The following three papers are the products of a multiple method qualitative investigation of food choice for low-income African American women in the San Francisco East Bay area. The first paper is a methodological piece on the importance of examining conflicting discourses within respondent's narratives to strive for valid interpretations of qualitative data. The second piece introduces a transdisciplinary model of food choice that informed the study design and the analytical procedures used to analyze food choice as a multi-dimensional process for women. The final piece introduces the role of body image in the obesity discourse and illustrates the value of examining conflicting discourses within respondent's narratives.

To contextualize the interview quotations used throughout the following three chapters, the sample of women will be described below. First, I introduce the entire sample. Then, I present a short introductory paragraph for each of the 20 women who participated in this project.

Description of Sample

Women participating in the interviews were between the ages of 18 and 25 and all self-identified as African American. Only two women reported living alone. Most women lived with at least one other family member including their children, a parent, a grandparent, or a sibling. Only 15% of women reported living with a partner. Seventy percent of women worked at least part-time if not full-time and reported that they were enrolled at least part-time in school. Of the 13 women able to report their average household income, seven lived in households making less than $20,000 a year. In the entire sample, 80% of women lived on some sort of governmental assistance program like Food Stamps, Women, Infants, and Children Supplemental Nutrition Program, or Medi-Cal. Severe food insecurity was reported by 35% of women, a measure that refers to whether women experienced financial constraints that caused them to cut the size of meals, skip meals, or go hungry. Women's perceptions of their physical health were divided.

Approximately half of women reported their physical health to be fair to poor. However, perceptions of their mental health were more positive with 80% of women reporting good, very good, or excellent mental health.

Descriptions of Respondents

The following section introduces the 20 women who volunteered to participate in this project. In order to protect women's identities, pseudonyms are used in place of women's real names. In most cases, a pseudonym was selected by the respondent at the beginning of her interview.

FC01

Livia is a 25 year old woman from Oakland who grew up in foster homes until moving back in with her mother at the age of 18. Now she lives with her mom, step father, 18 year old brother, and 5 year old sister in a small apartment in what she considers a fairly dangerous part of Oakland. She doesn't currently work but is enrolled in a computer class at a local community college to help her prepare for a career in graphic design. Livia describes herself as very thin, which is something that concerns her because she thinks there is something wrong with her health. She's very interested in the nutritional properties of foods, particularly in ways that will help her improve her health and the quality of her skin, which is scarred. However, what she reported eating didn't necessarily correspond to the types of foods that she felt she should be eating. Hunger emerged frequently in Livia's interview, and she expressed particular concern about making sure that her little sister had enough to eat.

FC02

Marie is a 22 year old woman from Oakland who lives with her fiancé and 1 year old daughter. She goes to school part-time and works part-time. Even though Marie is quite young, she feels like a 30 year woman because of all of the responsibilities that she has in her life. Her mother died from a diet-related chronic disease a few years prior to the interview, and Marie is now charged with taking care of her older sister who has a learning disability. Marie was very concerned about her weight, particularly considering what happened to her mother. This issue came up frequently during the interview, and she expressed concern that she might have an addiction to food. Marie believes that her health is poor, and she attributes this exclusively to her weight.

FC03

Bella is a 20 year old women living with her mother and 18 year old brother near Richmond, CA. They rent a house in a safe neighborhood compared to other women participating in the study; however Bella still has to worry about school shootings which happen relatively often. Her father died when she was 6 years old. He wasn't good to her mother – he physically abused her and cheated on her throughout their marriage. After he died, Bella's mother moved them up from Los Angeles and they settled in Richmond. Bella works full-time and goes to school part-time at the local community college. She is also working on spearheading a fashion magazine that's focused on the East Bay. Prior to the

interview, Bella had recently started a new health regimen in order to lose weight for her boyfriend who about to return home from Iraq.

FC04

Sani is a 19 year old woman living near Richmond, CA. She lives in a working class neighborhood with her mother and two little sisters who are ages four and nine. Sani's father cheated on her mother, and seems to care very little about Sani so she didn't talk much about him. Currently, Sani is enrolled in nursing school full-time and works at a retail store full-time. She had hopes of one day breaking into the modeling world but she has trouble slimming down her 5'8", 130 pound frame. Because of this, Sani realized that she needed to begin pursuing another career option. Nursing school has changed Sani's perspective on food, and she fairly radically changed her diet about 3 months prior to the interview and began eating more whole grains, lean meats, and vegetables.

FC05

Jaz is a 19 year old woman from Richmond. She works two jobs making enough money to live alone – something that she is very proud of. Jaz grew up in Richmond and lived with her mom and older brother. Her father moved out when she was quite young, and she doesn't have a relationship with him. They don't get along, and it seems like he was abusive to Jaz. In addition to Jaz's jobs, she also cuts and styles women's hair from out of her house. Jaz is very interested in the fashion industry, and she is currently being pursued by a photographer to work as his stylist for photo shoots. Because of chronic health problems that Jaz has dealt with since childhood, she perceives her health as fair.

FC06

Sasha is a 24 year old single mother of 1. She lives with her partner and her daughter who was 16 months old at the time of the interview. Sasha is a high school graduate and now works part-time at a supermarket. Their household is very low-income. They make $15,000 to $20,000 a year, and Sasha is covered by WIC to help make ends meet. Despite being very low-income, Sasha says that her family has never had to cut back on food because there wasn't enough money. Sasha perceives her health to be fair because she feels like she needs to lose weight. On the other hand, she thinks her mental health is good.

FC07

Penny is a 25 year old women living with her mother and her 27 year old sister in Richmond. Penny is a college graduate. Two years prior to the interview, Penny moved back into her mother's house after leaving her husband in Virginia. Now she works part-time and goes to school part-time. Penny considers herself too heavy and recently starting dieting to lose weight. She decided to cut out a number of different foods that she loves but that she considers unhealthful. During the interview, Penny talked longingly about those foods that she was missing from her diet. In spite of trying to lose weight, Penny perceived both her physical and mental health to be very good.

FC08
        Turtle is a 20 year old woman from Oakland who lives with her parents and 11 year old brother. Her mother is quite sick and so Turtle and her father have to work together to take care of her and Turtle's younger brother. Their household makes between $10,000 and $15,000 per year yet Turtle didn't report any instances of food insecurity. She is currently enrolled in school full-time and is looking for a job so that she can save up to buy a car. During the interview, Turtle expressed an interest in losing weight. However when we began talking about her new exercise regime, she was very clear that it had nothing to do with her wanting to lose weight and instead was about her interest in gaining more muscle. Turtle perceives her health to be fair, primarily because she thinks that she isn't active enough.

FC09
        Cat is a 22 year old woman living near Oakland. She currently lives with her 6 month old son in a women's shelter, where she is trying to save enough money to live on her own. Cat graduated from high school and now works part-time and takes care of her son. She currently makes less than $10,000 per year but doesn't seem to have a problem with food insecurity. She also receives both WIC and Food Stamps. Because of how dangerous Oakland is, Cat chooses to spend a lot of time with her close friends and family to help protect them. In spite of the stress of being exposed to violence in her community and the health problems of asthma and acid reflux that she reported, Cat perceives her physical health to be excellent and her mental health to be very good.

FC10
        New York is a 25 year old Ghanaian American woman from the East Coast who moved out to the San Francisco Bay area 3 years prior to the interview. New York was much better off financially compared to the other women in the study and lives on her own in an apartment near Oakland. She graduated from college and now works full-time in salaried job. New York's mother is a dietician who influenced New York's eating habits when she was growing up. In college, however, New York rebelled against her mother's dogma and began eating foods that were less healthful. She describes how food is her "drug" of choice, but now she is very concerned about losing weight and has put herself on a diet and exercise regime to meet her weight loss goals.

FC11
        Eloise is a 19 year old woman from Oakland who is currently enrolled full-time in college in Louisiana. She was home living with her family during the summer at the time of this interview and working part-time. She reports that her family's household income is between $10,000 and $15,000 per year. Eloise's mother was an alcoholic so during her childhood, her father was the primary caretaker of her and her siblings. Eloise perceives her health to be fair because she doesn't feel healthy. She thinks that she's out of shape and needs to build up her stamina. She considers her mental health to be good.

FC12

NeNe is a 20 year old women living with her father, step mother, two siblings, and her 2 year old son in Fairfield, though she identifies Richmond as her home. NeNe completed some high school and is now enrolled in a youth program to gain construction skills so that she can find a good job. NeNe didn't know her family's household income, but she did report that she received governmental assistance including food stamps, WIC, and Medi-Cal. When asked about her health, NeNe felt that her physical health was very good and her mental health was good. She feels like she takes care of her body in a way that is healthful.

FC13

Lady is an 18 year old woman from Richmond who lives with her 3 month old daughter, her mother, and other family members. She works part-time and goes to school full-time. Though she wasn't familiar with her family's household income, at the time of the interview she was receiving governmental assistance including Medi-Cal, WIC, and Temporary Assistance for Needy Families. She reported some experience with food insecurity, but it didn't appear to be something that concerned her. Lady described her health as good, but her mental health to be fair. She explained that sometimes she feels overwhelmed with the responsibilities in her life that include taking care of her daughter, trying to stay in school, and keeping on track with meeting her goals. These types of stresses sometimes really get to her.

FC14

Diamond is a 20 year old woman who lives with her god mother in an apartment complex in Richmond. She is enrolled in a youth training program and will get her GED in December. Diamond also enrolled in community college for following semester so that she can begin working on courses that will help her prepare for a career in counseling. Though Diamond didn't know what her household income was, she was enrolled in Medi-Cal and experienced some instances of food insecurity, suggesting that her family was fairly low-income. Diamond describes her health as good because she does watch what she eats sometimes and her mental health as very good.

FC15

Shun is a 24 year old woman living in Oakland with her parents and other family members. She completed some high school, and at the time of the interview wasn't enrolled in school or working. She didn't know what her household income was, but she was receiving food stamps. Shun loved fast food and wanted to participate in the project for that reason. Shun described her health as good and her mental health as very good because she doesn't get actively sick very often.

FC16

NeNe is 24 years old and lives in Richmond with her 7 year old son. She graduated from high school and now goes to school full-time and does not work. Her household takes home between $10,000 and $15,000 per year, qualifying her for Temporary Assistance for Needy Families, Food Stamps, and Medi-Cal. NeNe describes her mental health as excellent but her mental health as fair because she doesn't exercise enough nor does her weight fall into the "healthy" category for her height.

FC17

Shorty is a 23 year old woman from Richmond who was living with her uncle at the time of the interview. She graduated from high school and was now working full-time for a youth training program. Shorty found out she was pregnant the day before the interview and was pretty shocked by the news. Shorty did report some experiences with food insecurity. She perceived her health to be good, but she described her mental health as fair. However, at the end of the interview, she described her mental health as good.

FC18

Chrissy is 22 years old and lives in North Oakland with her 6 year old daughter at her mother-in-law's house. Her partner is currently incarcerated and will be for a long time. She graduated from high school and currently takes care of her daughter full-time. Chrissy didn't know her household income but she does qualify for and receive a state sponsored health care plan for families in need. Chrissy describes her mental health as excellent but her health only as fair because she thinks that she's 20 pounds overweight.

FC19

KeKe is a 25 year old mother of 4 currently living in Oakland. She grew up near the mountains in a foster family but is now back in Oakland living close to her biological family. KeKe graduated from high school and now works and goes to school part-time. Her household makes between $10,000 and $15,000 per year, and she receives numerous governmental assistance including Food Stamps, Temporary Assistance to Needy Families, WIC, and Medi-Cal. Given her low-income, KeKe and her family have experienced food insecurity. KeKe perceives both her health and mental health to be fair but she didn't want to go into any more detail about the medical problems she suffers from.

FC20

Meme is an 18 year old woman who lives in Oakland with a roommate. She grew up in the foster care system and now, for the first time, has her own apartment that she pays for with the help of a governmental assistance program for foster care youth. She graduated from high school and now works part-time in day care center and goes to school full-time. Her household income is less than $10,000 per year which qualifies her for Medi-Cal. In the foster care system and now, Meme has experienced times of food insecurity. Meme perceives her health to be very good because she is very cautious about what she eats and how much she exercises. She reports her mental health as good, explaining that she does go through periods when she is very stressed about her finances.

These 20 women donated their valuable time and shared their engaging life stories to this project, and recognition of their invaluable contributions to the following three papers cannot be underestimated. It is for this reason that they serve as the introduction to this dissertation. Their stories and the ways in which they expressed themselves is what make the following three papers a valuable contribution to the literature.

CONFLICTING DISCOURSES IN QUALITATIVE RESEARCH: THE SEARCH FOR DIVERGENT
DATA WITHIN CASES

Introduction

Large-scale qualitative projects produce large amounts of textual, visual, and/or audio data that are difficult to analyze without the assistance of technologies. Fortunately numerous qualitative software packages exist which are designed to facilitate the distillation and synthesis of qualitative data. One common critique of these data management technologies is that they distill data to such an extent that the context preceding and following the extracted data is removed, creating problems related to the validity of qualitative results. To avoid this common problem, researchers must be more systematic in their approach to qualitative data analysis to ensure that themes and theories emergent from their data produce credible accounts of the study population. In this paper, I will address the fundamental importance of one particular scientific approach – the search for disconfirming evidence – to enhance the validity of findings. I then argue for the importance of moving beyond the search for disconfirming evidence into the realm of searching for divergent perspectives within respondents' narratives. This approach helps to reveal conflicting discourses within respondents that strengthen and refine, rather than invalidate, the knowledge produced in qualitative research. Finally, I will discuss how I used three classic analytical strategies to facilitate a systematic approach to the search for conflicting discourses.

A number of core principles differentiate science from pseudo-science, including the use of appropriate, empirical methods to investigate research questions, linking research to existing theory, logical reasoning, and replication and open critique of findings (Shavelson & Towne, 2002). Tangentially related to this paper are the principles of replication and open critique of findings. Related to Popper's notion of falsification in science, these principles often are discussed as processes external to a particular research project (Popper, 1959). In other words, researchers outside of a particular scientific endeavor participate in the creation of scientific knowledge by replicating (or falsifying) previous findings and openly participating in peer critique.

Researchers also have the responsibility to participate in falsification processes within their own projects by designing strategies to falsify their own scientific theories. One way to operationalize this fundamental scientific process in qualitative research is by explicitly searching for disconfirming evidence (Phillips, 2000). Though an important characteristic of science, this practice is often ignored or at least not explicitly discussed in social scientific analytical processes, particularly in qualitative analysis. A search for disconfirming evidence in qualitative research requires an explicit effort by scientists to identify refuting evidence. This process can be useful for probing the limits of validity of findings, refining themes to better represent data, and illuminating alternative explanations. Qualitative methodology books often mention this process, though only

cursorily, in discussions of validity (Bernard, 1998; Miles & Huberman, 1994; Seale, Gobo, Gubrium, & Silverman, 2004).

Though the search for disconfirming evidence is supported to some degree by qualitative methodologists, it remains at the periphery, with attention more often focused on the confirmation of evidence (Phillips, 2000). Neglecting this process in the creation of knowledge can raise important questions about the validity of qualitative results. By seeking out refuting evidence, we systematize qualitative research scientifically by examining the plausibility of rival perspectives.

This search is useful for examining validity of findings, however, I argue that we can exploit this search even further to enhance and refine, rather than just invalidate, knowledge production. In other words, a commitment to disconfirmation can be taken a step further to include a commitment to searching for divergent perspectives both across and within respondents. The search for divergent perspectives across respondents is more commonly recognized in qualitative research as necessary for adequately representing the study population. The search for divergent perspectives within respondents, on the other hand, has received much less attention.

Failing to search for divergent perspectives may prevent the discovery of meaningful themes that emerge from identifying conflicting discourses within respondents' narratives. These conflicts do not necessarily imply that respondents are being dishonest. Instead, they imply a more precise yet messy and realistic account of the ways in which people experience their lives. This conflict, in and of itself, can be meaningful but often may only be discovered through a commitment to not only a search for disconfirming evidence but also a commitment to a search for divergent perspectives.

In this paper, I will illustrate the importance of explicitly searching for divergent perspectives to identify conflicting discourses within respondent's narratives. I will use the results from a qualitative study on food choice and body image among African American women to show how three analytical approaches of the study design were used to help identify conflicting discourses within cases: fieldnotes, research memos, and comparison of findings across methods. After a description of the study, I will discuss how these three classic analytical approaches helped to reveal conflicting discourses.

Description of Study

Summary

The main study from which I draw sought to investigate meanings of food choice, food behaviors, and body image for low-income, urban African American women living the San Francisco East Bay area. Twenty women, recruited through street-level recruitment methods and referrals, participated in approximately a two hour, multi-method interview process with the lead researcher and received a $40 honorarium for participating. Three qualitative data collection methods were employed: open-ended questions, a cognitive domain exercise, and a photo-elicitation activity. Following the interviews, I wrote up fieldnotes to record observations about the interview and the respondent as well as to

document emergent themes and preliminary analytical ideas. All study procedures were approved by the University' Committee for the Protection of Human Subjects.

My primary motivation for including multiple qualitative methods in this study was to reduce the systematic bias that might result from the use of a single qualitative method. The three methods chosen attempted to address the same research topics of interest, and as a result, findings from each method could be compared and contrasted. A theme emerging across all three methods would enhance the credibility of findings. This strategy, formally referred to as triangulation, involves collecting information from a diverse range of individuals, using a variety of methods in order reduce systematic biases from too narrow a sample or from a single method (Maxwell, 2005). However, this strategy also allowed us to access different types of discussions related to the main topics of interest. For example, the photo-elicitation interview and the cognitive domain exercise were used to help reveal what might be unconscious meanings of women's bodies and food that would not have emerged from the open-ended questions alone.

Method 1: Open Ended Questions

Open-ended questions were informed by (1) the literature on food choice and body image for African American women, (2) a transdisciplinary model of food choice, and (3) pilot interviews with the study population. Topical areas for investigation and probing related to the multi-dimensional features of food choice, how social relations are expressed through food, the importance of identity and food choice, and the relationship between body image and food for women. The topical areas of inquiry evolved throughout the course of the interviews. After every fifth interview, I refined and reformulated the interview instrument in response to emerging themes, categories, and patterns. By refining the questions in this way, I was able to explicitly search for data that might disconfirm patterns that appear to be developing from analysis of the interviews. This process helped to refine the theoretical ideas that resulted from this study.

Method 2: Cognitive Domain Activities

Developed by cognitive anthropologists, cognitive domain exercises, like the freelisting and pilesort methodologies used in this study, provide the opportunity to explore the ways in which people perceive, experience, and attribute meaning to the world around them (Bernard, 1998). Freelisting is the first step when exploring a particular cultural domain. In this study, I asked participants to list as many foods as they could remember eating in the past 7 days. Each food was recorded on an index card by the interviewer. Following the freelist elicitation, I asked the participant to sort the cards into piles of similarity—the pilesort method. This component helps to reveal the relationships between foods within the cultural domain and to uncover the participant's constructed food typologies.

Method 3: Photo-Elicitation Interview

Finally, respondents participated in one of two versions of a photo elicitation interview (PEI), discussing either pictures that they took prior to the interview or pictures

that were selected for them. PEIs can enhance qualitative interviews in a variety of ways. First, they can be useful for quickly establishing rapport with respondents (Clark-IbaNez, 2004) and, as a result, can be an effective beginning to an in-depth, qualitative interview where time for rapport building is limited. Secondly, images are thought to stimulate a deeper level of consciousness than words in that the brain processes visual information differently than verbal information (Harper, 2002). As a result, probes of photos generated a different type of discussion than those from open-ended questions alone, thus broadening the exploration of food choices and body image while enhancing the validity of the study's findings.

Analysis

Interviews were transcribed as soon as they were completed in order to facilitate an iterative approach to the analysis and data collection processes. ATLAS.ti, a data management software program, stored all data and supported researchers' analytical procedures (*ATLAS.ti*, 1999). Pattern level analytic techniques guided the analysis to begin to identify patterns across all of the interviews (LeCompte & Schensul, 1999). This approach attempts to examine collections of coded narrative data to see how the data are related. Patterns can emerge in a number of different ways, including: (1) explicit declaration that theme exists, (2) frequency with which a theme emerges, (3) obvious omission of a previously expected theme, (4) congruence of a theme with prior theory and research, (5) a temporal sequence of themes or categories, and/or (6) through co-occurrence of multiple themes.

In addition to pattern-level analytic techniques, I also conducted a search for divergent data among the study population by explicitly search for conflicting discourses within each respondent. This process is described in more detail below. Once patterns and conflicts were identified in the data, broad theoretical ideas were developed to illustrate a multi-dimensional picture of food choice and body image relevant to this sample of women.

Search for Divergent Data Within Cases

Using Fieldnotes

Fieldnotes are traditionally considered a method for recording data from participant observation (Bernard & Ryan, 2010). In this project, I used fieldnotes as an early part of the analytical process. Immediately following each interview, I wrote up 3-4 pages of notes reflecting on the respondent and the interview. Summaries of salient ideas related to the research topics of interest, thoughts about what the respondent emphasized or omitted, contradictory discussions about the main research topics of interest, and reflections on how themes from this respondent related to others were included in notes. All notes were housed in ATLAS.ti together with interview transcripts and coded by a research assistant.

I identified a number of conflicting discourses within respondents by using fieldnotes in this way. These conflicts often appeared to emerge in a similar fashion across many interviews. Depending upon the context of the interview discussion, women would discuss their body image and food choices quite differently.

Most striking was the identification of conflicting discourses about the ideal female body. For example, fieldnotes from an interview with Marie, a 22 year old mother, synthesized the struggle between African American cultural ideals and societal ideals of the female body —both of which influenced these women.

> *Marie spent a lot of time in different points during our interview discussing how issues about body image influence how she thinks about food, and she extrapolated her feelings about this to the "90% of women" who are concerned about their weight. This notion of a thin body ideal is contested when Marie began to talk about how one's ethnicity influences her weight. She said that in her culture, the "more you eat, the better" and that while she was growing up she was taught that "having a fat booty is a good thing." She realizes that not all women feel this way, but she believes many African Americans do.*

Marie's interview was the second interview that I conducted. The first five interviews in the study helped to establish a systematic, iterative approach to the project that facilitated the identification and further examination of emergent conflicting discourses.

Themes about concurrent satisfaction and dissatisfaction with women's body weights also emerged through the process of writing fieldnotes. This finding challenges much of the literature on body image for African American women. Notes reflecting an interview with NeNe, a 20 year old mother from Richmond, illustrated this conflict.

> *NeNe talks about loving her body, but she also talks about wanting to gain a little weight because she thinks she's too skinny. However, later on in the interview NeNe talks about how her face is getting fuller and that she doesn't like that and thinks she looks fat. She likes being thin because she can fit into clothes, not all women can do that, she says (other women talk about this too-how clothes are made for society's definition of an ideal body, not women's cultural ideas about the ideal body). NeNe seems to struggle between liking her body as is, wanting to gain weight, but then being dissatisfied when she sees signs that she is, in fact, gaining weight.*

These notes, like those from Marie's and NeNe's interviews, served as a first step in identifying what turned out to be important salient themes emanating from the interviews across many of the respondents. By identifying conflicting discourses related to body image during data collection, I was able to adapt the interview protocol for subsequent interviews to include questions on body image—a topic which was not initially a focus of the study— to test the salience of this conflict across respondents participating in the project. Because I identified an important conflicting discourse early on during data collection, I was primed to consider its importance and, subsequently, used memoing during coding to identify conflicts in other interviews that weren't identified through the fieldnotes.

Using Research Memos

Research memos are a useful way to capture conflicting discourses within respondent narratives. Part of their merit stems from the fact that those responsible for memoing are those who are closely connected to the data. Analysts read entire transcripts multiple times throughout the coding process and become very familiar with the data, helping to elucidate conflicting discourses.

During the systematic analytical process, I continued my search for divergent data within cases and used research memos to capture conflicting discourses revealed in interviews. Though fieldnotes and research memos are both written reflections of an interview by those from the research team, they are quite differently methodologically. Fieldnotes are based on observations written immediately following each interview. They capture the interviewer's reactions to respondents' narratives while also recording observational details and discussions that are not represented in the digital recording. Research memos, on the other hand, are written during systematic analytical processes, often during coding or subsequent data exploration to capture a researcher's analytical thoughts about the data and to communicate those thoughts to other research team members. These memos about conflicting discourses were recorded using the ATLAS.ti memo manager. In the same way that codes are attached to a subset of data, so are memos. Because so many conflicts emerged within narratives, I adapted the codebook to include a code titled "contradiction." This code corresponded to research memos to identify conflicting discourses.

A number of conflicts, many related to body image, emerged across narratives and were revealed through the use of memoing. The following memo comments on an interview conducted with Meme, an 18 year old woman from Oakland, which highlights the conflict between an ethic of self-acceptance of one's body and body weight dissatisfaction.

> *Here a contradiction about body image comes out. [She says] you should be happy with what you got, (beauty comes from the inside, not the outside) but then she said earlier that people who are slimmer are less depressed, more confident…etc… This contradiction comes up a lot in many of the interviews, right? 9/28/2010*

Conflicting discourses in body image, like the one illustrated above, were among the most pervasive conflicts that emerged in interviews. The following memo, written while coding an interview with 25 year old KeKe, a mother of 4, also helps to shed light on women's struggles with their conflicting body weight perceptions.

> *Before KeKe talked about not wanting to get over 140 pounds, but here she talks about how she could stand to gain some weight. 9/29/2010*

Depending upon the context of the interview, women's narratives about their body image differed. For example throughout KeKe's interview, she continued to vacillate between loving her body at its current weight, wanting to gain weight, and also fearing becoming overweight.

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In qualitative projects, particularly those with tremendous amounts of narrative data, preliminary goals of analytical processes often include distilling narrative data into manageable pieces for theory building. Coding is a first step in data distillation that allows researchers to index sections of data for later extraction. However, depending upon how code lists are developed, inherent conflicting discourses which emerge at different points throughout respondent narratives may be missed. In such cases, the use of research memos to capture conflicting discourses helps to draw attention to important conflicts so that they aren't overlooked. In ATLAS.ti, research memos are attached to sections of the interview text so that memos are viewed alongside extracted narrative data when reports are created. This process helps to maintain the integrity of the interview by capitalizing upon the overall context of the interview, rather than just on the immediate context surrounding a particular quote.

Using comparisons across multiple methods

As mentioned above, my primary purpose for using a multi-method design was for triangulation. However, it quickly became apparent that the value of using multiple methods went beyond just triangulation alone. Multiple methods also helped identify conflicting discourses that emerged by comparing findings across methods within a single case. In other words, employing multiple methods to examine the same research topics often exposed differences in the ways in which women discussed those topics.

First, apparent conflicts emerged when results from open-ended questions were compared to results from the cognitive domain exercise. For example, comparing responses to open-ended questions about food practices and results from a respondent's cognitive domain activity about past 7-day eating practices revealed conflicts related to food choice. When asked about their food practices during the open-ended questions, some women discussed idealized food choices. They reported trying to avoid "unhealthful foods" and instead consuming more "healthful foods". However, the freelist activity—which was also designed to understand food practices—revealed conflicting information by exposing actual food choices. Many women reported frequent consumption of the very foods they had previously reported avoiding. In her freelist activity, Shorty, a 23 year old woman from Richmond, reported eating fried chicken and different types of fast food—foods that she considered unhealthful—over the course of the past 7 days. However, when asked directly about her food choices, Shorty replied,

> *Me, I try to eat healthy. Like turkey, fish, rice, black beans...I try not to eat a lot of fast food with all that grease and stuff. I cut down on soul food and I'm working on kind of like eating healthier. So, my food choice would be like—I like all things... I like to eat, but I like to eat healthy...I'm very picky about what I choose to eat and what I don't choose to eat.*

This conflict does not suggest that women were being dishonest, only that these two methods elicited different dimensions of their food practices. Had I independently analyzed

each method or included only one method in the study, I very well may have failed to begin to understand the complexity of women's food choices.

Comparisons between the PEI and the open-ended questions provided further evidence for conflicting discourses about body satisfaction. For example, Lady, an 18 year old mother from Richmond, responded to a before and after weight loss picture of Jennifer Hudson, a popular African American singer and actor, during the PEI and argued that women should be content with their bodies as they are.

You are who you are. If you're going to be fat then, you're going to be fat. I mean – personally I feel that everybody should be comfortable with who they are. Like if I was fat, I'd just be fat, I wouldn't care how nobody see you, I'd just be fat. I wouldn't really care.

During the open-ended questions, however, Lady was less emphatic about loving her body and instead discussed a neutrality towards her body.

Some women are confident with their bodies and this is nice...For me, personally, about my body, how I feel? I mean, I'm not confident about my body, but then I'm not not confident...I know I don't have like the best body ever. But I know my body is not like, just like "ugh", like sloppy.

This conflict between an ethic of self acceptance of one's body and, at the same time, disembodying body acceptance emerged in many of the interviews with women. It is likely that the PEI depersonalized discussions of body image for some women and allowed them to think abstractly about body confidence rather than considering body confidence within the context of their own bodies. However, the ways in which these conflicts emerged in the interviews were not synchronous. For example, the PEI for some women revealed personal body satisfaction while open-ended questions about their own bodies revealed dissatisfaction. For other women, the reverse was true. The PEI gave women the opportunity to talk about body dissatisfaction, while responses to open-ended questions about their own bodies exposed much body confidence and perceived satisfaction. Understanding the differences between these two groups of women is an area for future investigation.

Using multiple methods in qualitative research, typically employed for purposes of triangulation, is also invaluable for providing varying contexts within which respondents consider the same thematic areas of inquiry. This gives respondents an opportunity express multiple perspectives about similar topics. Such an approach can help the researcher move towards a more holistic investigation of the lived experiences of the study population.

Discussion

Researchers typically use qualitative software to help distill large amounts of textual data into smaller pieces that are more easily digestible and analyzable. This process of data distillation is particularly necessary for large-scale qualitative projects where time and resources are restricted. However, distilling sections of narrative from the context of interviews comes with a risk. For example, this process frequently involves the creation of reports of extracted coded narratives which can anonymize quotations if the researcher isn't diligent about recognizing which coded narrative comes from which respondent. This paper reports on one strategy I used to preserve the context of interviews during the analysis: a search for divergent perspectives within cases. By describing this strategy, I provide a framework for how to capitalize on three classic analytical strategies to specifically identify conflicting discourses.

Fieldnotes, research memos, and multi-method comparisons can work in tandem to provide narrative context for analyses, while also helping to identify and corroborate emergent conflicting discourses. Integrating fieldnotes as a first step in analysis can be invaluable, though research assistants writing the notes must be trained in how to analyze and interpret qualitative data in order to maintain the integrity and usefulness of fieldnotes as data and synthesis. Conflicts identified during this process can inform subsequent interviews and also draw attention to issues to look for during coding of interview transcripts. Secondly, writing research memos during analysis is useful for not only corroborating themes already identified during fieldnotes write-ups but also for elucidating new conflicting discourses within interviews. Finally comparing findings from multiple methods within a single case may demonstrate how complex humans' perspectives are, with each method eliciting conflicting information about a single topic.

Immersing oneself in the context of each interview can be incredibly time-consuming, particularly on large-scale qualitative projects that often produce thousands of pages of narrative data. However, by addressing this problem during the study design phase, we can develop and plan for strategies aimed at reducing threats to validity. Maxwell (2005) argues for qualitative researchers to identify approaches to systematically address threats to validity. These threats include the collection of flawed data or uncovering only a partial story, relying too much on one's own rather than respondents' interpretations, or disregarding a search for disconfirming evidence. Two specific types of threats addressed by Maxwell include reactivity and researcher bias. Reactivity, a concern during data collection, refers to how the presence of the researcher in the field influences the quality of the data collected. Researcher bias, which disturbs analytical processes that occur in data collection through to write-up, refers to a researcher's subjective assessment of which data are important or concern with only data that supports her own theory.

The threats to validity relevant to this paper are related to threats to the interpretation of narrative data and subsequent theory building. In this paper, I have illustrated a framework for minimizing such threats by conducting a search for disconfirming evidence within cases. Though technologies can obscure researchers' abilities to identify conflicting discourses, they can also be used to facilitate a within case analysis. Annechino and colleagues (2010) developed a relational database to conduct within-case analyses by comparing quantitatively generated acculturation scores with

narrative discussions about respondent's perceived acculturation. They found many discrepancies between qualitatively and quantitatively measured acculturation levels, which shed light on unmeasured variables that may have been important to their quantitative acculturation assessment.

Qualitative software programs are not a replacement for rigorously considering systematic study designs and analytical processes. As discussed above, the ease of use of these programs can obscure within case analyses. However the same technologies can also facilitate such a search—it just remains up to the researcher to carry out this process. The search for disconfirming evidence is a part of what makes science, science. Yet this search is frequently disregarded by researchers, threatening the validity of their results. In this paper, I have focused on the importance of explicitly searching for disconfirming evidence, while also proposing that researchers take this process one step further and search also for divergent perspectives within cases that may further enhance the study's validity.

A TRANSDISCIPLINARY PERSPECTIVE OF FOOD CHOICE FOR WORKING CLASS AFRICAN
AMERICAN WOMEN

Background

Obesity is an important public health concern as prevalence continues to increase, especially among the poorest populations in the United States. Over 60% of Americans are considered overweight or obese (Centers for Disease Control and Prevention (CDC), 2008), and among the most at risk are low-income African American women. Four out of five African American women are overweight or obese (Department of Health & Human Services, 2008), and being low-income places them at the greatest risk for adverse health outcomes (American Obesity Association, 2005).

Because obesity prevalence continues to rise, many food-related policies and programs have been conceived to encourage healthful dietary changes. Taxes on junk foods, increasing the availability of healthful foods in food insecure communities, nutritional labeling in grocery stores, and restaurant menu labeling requirements are a few examples (Nestle & Jacobson, 2000; Seymour, Lazarus Yaroch, Serdula, Blanck, & Khan, 2004; White, 2007). In response to the high caloric content of fast food and to a marked increase in the amount of household income spent on eating out, menu labeling laws have become a popular approach to address obesity (Steptoe, Pollard, & Wardle, 1995). Menu labeling laws require nutritional information (usually calorie information) to be placed directly on menus or menu boards so that patrons will see this information before placing their orders. These laws are based on the premise that exposure to calorie and other nutritional information at the point-of-service will cause some people to make more healthful food choices.

People are confronted with menu labels in diverse locations where a variety of factors may shape food choice, and the importance of those factors may vary by context. Steptoe and colleagues (1995) argue that "health is clearly not the only factor people take into account when choosing their food, and a focus on health may lead to exclusive emphasis on a set of motives that are of limited significance for many people" (p. 268). This conclusion is critically important within the context of menu labeling policies in as much as it calls into question the extent to which all consumers will prioritize health over other factors of food choice when exposed to nutritional labels.

The multi-dimensionality of food choice has been largely neglected in the health literature, yet it plays an important role in whether and to what extent nutritional information can and will shape food choice for diverse populations. This paper reports on findings from an investigation of food choice for working class, African American women between the ages of 18-25. Based on data gathered in 20 in-depth, multi-method qualitative interviews, this study provides descriptive narrative data that illuminate important factors of, meanings about, and constraints on food choice for working class African American women.

Conceptual Framework

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Few well-defined theoretical models have been developed to illustrate multiple factors and influences on food selection, and little is known about how these factors and influences vary across different populations (Story, Kaphingst, Robinson-O'Brien, & Glanz, 2008). To ensure a holistic approach in this study, I drew on three disparate literatures to inform the development of a transdisciplinary model of food choice.

First, the psychological literature on food choice provides an important foundation. Food choice is shaped by the conscious and unconscious "factors" that influence how people make decisions about what to eat (Furst, Connors, Bisogni, Sobal, & Falk, 1996). A "factor" refers to the type of information people use to make a decision (Scheibehenne, Miesler, & Todd, 2007). A food choice is the food alternative that remains after a consideration (conscious or unconscious) of the available information about multiple food alternatives (Todd & Gigerenzer, 2000). A number of individual-level factors shaping the food choice process have been identified in the literature. These include taste, cost, convenience, and health concerns (Baranowski, Cullen, & Baranowski, 1999; Drewnowski, 1997; Rozin & Vollmecke, 1986). The 36-item Food Choice Questionnaire (FCQ) is frequently used to assess a multi-dimensional array of personal factors—health, mood, convenience, sensory appeal, natural content, price, weight control, familiarity, and ethical concerns—that influence food choices (Steptoe, Pollard, & Wardle, 1995). The importance of factors varies by demographic and lifestyle characteristics. However, taste and sensory appeal are considered among the most important across groups (Scheibehenne et al., 2007).

Complementing psychological approaches to studies of food choice are social and cultural approaches aimed at understanding why people eat what they eat. In-depth investigations into the social and cultural meanings shaping food choice are typically not the focus of psychological research on food choice, though a few exceptions exist (Bisogni, Connors, Devine, & Sobal, 2002; Devine, Sobal, Bisogni, & Connors, 1999). Food choices also are shaped by beliefs and values that are learned and negotiated throughout our lives (Lupton, 1994). These socially and culturally constructed beliefs and values translate into meanings about food that shape food choices, and these meanings are communicated to others, in part, through the consumption of food (Corrigan, 1997; Douglas, 1972; Douglas & Isherwood, 1979; Lupton, 1994; Mintz & DuBois, 2002; Murcott, 1988; Wood, 1995).

> *...you become what you eat literally and figuratively, because consumption practices construct identity; you eat what you already are owing to the fact that alimentation reflects self-concept...; you are how you eat in regard to comportment and class; you often eat what others think you are, which is conveyed by what they serve you; ...and you sometimes eat what you wish you were or want others to think you are but might not be.* (Michael Owen Jones (2007), folklore and health scholar]

As alluded to in the above quote, what people eat is shaped and constrained by symbolic meanings that are defined and redefined over time and may present differently in different situations. For example Devine and colleagues (1999), in their consideration of

the role of identity in food choice, found that African American and Latino respondents were more likely than Whites to report that they were projecting their ethnic identity through their food choices, particularly at family meals and holidays. All in all, it is important to remember that foods, themselves, are imbued with meanings and those meanings are communicated to others through one's choice to consume them (Douglas, 1972).

Finally, a transdisciplinary model of food choice proposes that attention be paid to political and economic conditions that shape food choice. A political economic approach to health considers how economic and political conditions help to create social situations that produce poor health. Until recently, much of the literature on disparities in obesity has tried to identify ways to improve people's food choices - which are assumed to be rational and information-driven – by increasing their nutritional knowledge and their purchases of healthful foods. However, such approaches obscure the deeper causes of obesity. A political economic approach might investigate, for example, how the effects of social stratification influence resource allocation that constrains food acquisition and the ability to attain or prioritize nutritional information and knowledge (Winkelman, 2009, pp. 296-301).

Together, distinct yet inter-related literatures are combined to inform a transdisciplinary model of food choice that guided the study design and analysis. This model helps not only to identify factors of food choice that may be salient for a particular population but also to contextualize those factors to explain why they are salient.

Figure 1: Transdisciplinary Model of Food Choice
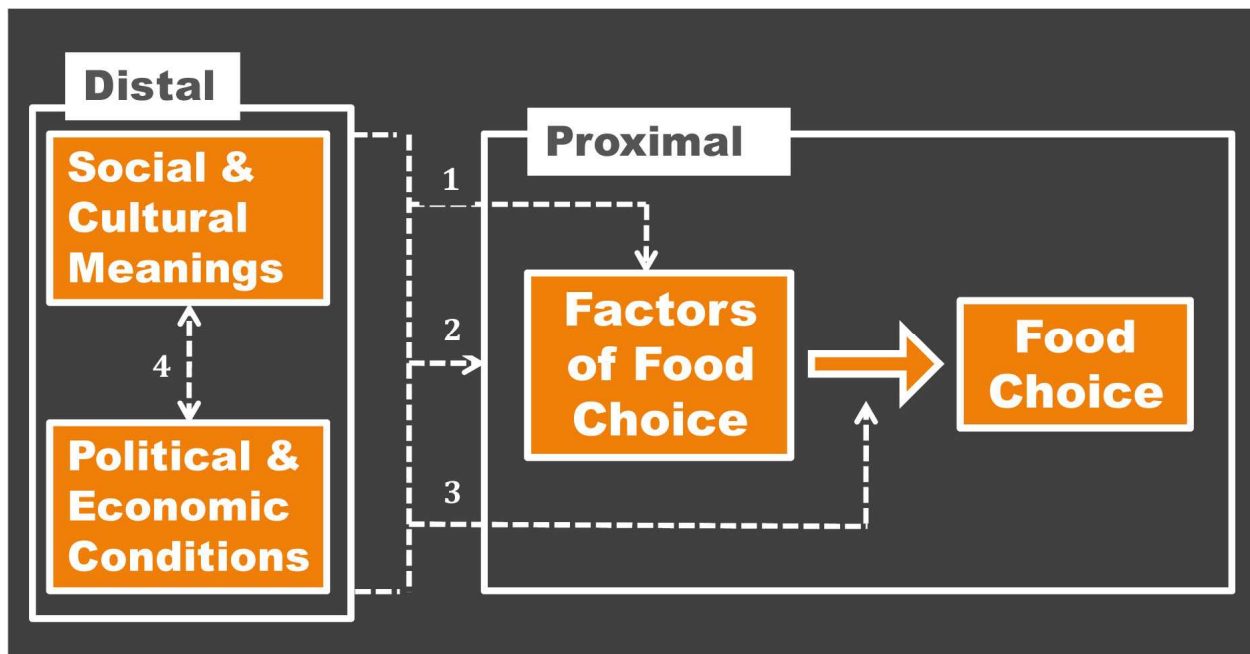
The right side of the model (proximal) represents a psychological process of food choice, as described in the literature, which occurs at the point of decision making. This

process may be explained by simple heuristic processes that rely on a single (or a few factors) of food choice to narrow down food alternatives to make a single food choice (Scheibehenne et al., 2007).

The left side of the model illustrates distal influences on food choice: social and cultural meanings and economic and political conditions. These distal influences could shape the proximal food choice process in at least 3 ways. First, an investigation into distal influences may reveal a number of factors that shape food choice for the study population which haven't yet been identified in the literature. Without an exhaustive array of food choice factors, we have an incomplete understanding of the food choice process and perhaps make erroneous assumptions about what occurs at the point of decision making (see #1, Figure 1).

Secondly, distal influences are antecedent to the food choice process, thus providing an exploration of why certain factors of food choice are salient for the study population. Understanding why some factors of food choice are more important than others furthers our understanding of why food choice operates in the ways that it does. Also, identifying antecedent influences on the food choice process helps discover possible sites for intervention, particularly with respect to political and economic constraints and enablers of food choice (see #2, Figure 1).

Thirdly, distal influences might inform food choice through the process of intuition. Gigerenzer (2007) argues that intuition guides decision-making through simple rules of thumb (or heuristics). Intuition comes from a variety of sources, including social instincts, and often operates through "the intelligence of the unconscious" (p. 229). The third relationship whereby distal influences act directly on the process of food choice may be through social instincts that are developed, for example, by imitating others' use of food consumption to communicate social and cultural meanings (see #3, Figure 1).

Finally, the relationship between social and cultural meanings and political and economic conditions may be important with respect to food choice (see #4, Figure 1). For example, economic conditions may influence social meanings of food, or cultural meanings of food may shape structural conditions that, in turn, influence food choice. Considering the relationships between distal influences further emphasizes the dynamic and complex character of food choice processes and provides further explanation about how certain factors of food choice become salient for decision makers.

This conceptual model offers a multi-dimensional foundation for investigating processes of food choice. I do not intend to use this study to validate a transdisciplinary model of food choice. Instead, the model served as a foundation to guide all aspects of the study design. This includes the data collection instruments and analytical procedures, both of which will be discussed in more detail below. Maxwell (2005) cautions against relying too much on existing theory in qualitative research in that such a mistake can cause you to ignore the inductive development of theory that emerges from the data. As a result, I also emphasized an inductive theory building approach to analyze the qualitative data. Few inductive theory building processes are devoid of a theoretical perspective from the onset. Therefore, explicitly combining an inductive approach with the study's conceptual

framework ensured that theory was an end point, not only a guide, for the study (Creswell, 2003).

<div align="center">Methods</div>

Multi-method design

I used a multi-method qualitative design for this study because of qualitative methods' utility for examining how people make sense of and interpret their behaviors, beliefs, and social worlds (Bernard, 1998; Maxwell, 2005). Twenty African American women were recruited from low-income areas in the San Francisco East Bay area. I posted signs in laundry mats and convenience stores, as well as online on Craigslist, and then screened potential volunteers by phone to determine eligibility to ensure that women were 18 years of age or older, African American, and lived in a low-income census track in the San Francisco East Bay area.

Interviews lasted approximately two hours and were comprised of three different qualitative methods: open-ended questions, a freelist and card sorting activity, and a photo-elicitation activity. Topics for the open-ended questions included: food memories, changes in food habits over time, definitions of and influences on food choice, body image, and nutritional labeling laws. The freelist and card sorting activity sought to examine respondents' food typologies. Respondents were asked to list an exhaustive array of foods that they had consumed over the past seven days. During the activity, each food was recorded on an individual index card. After 20-25 foods were elicited, respondents then were asked to sort the foods into piles of similarity and to title each pile with a descriptive word or phrase. Finally, respondents participated in a photo-elicitation activity. Before the interview, the first 10 respondents in the study took pictures of things or places related to food that were important to them, and the photos then were discussed during the interview. Because of logistical problems and the poor quality of the project cameras, this activity was changed to a more traditional photo elicitation activity for the remaining 10 respondents. Ten photos, selected by the lead researcher according to emergent themes from the previous 10 interviews, were presented to respondents to stimulate discussion. Though I originally sought to conduct 30 interviews, theoretical saturation - or the point at which no new information was being generated - occurred well before the 20th interview (Bernard, 1998). Therefore I stopped data collection after interviewing 20 women. All respondents received $40 in thanks for participating in interview. Study procedures were approved by the University of California's Committee for the Protection of Human Subjects.

Both interviewing and coding were considered iterative steps in the analytical process. As interviews were conducted, newly emergent themes informed the qualitative data collection instrument. In other words, open-ended questions were refined, omitted, and added to respond to the evolving themes and patterns that emerged from interviews. All narrative data, including discussions from the photo elicitation activity, the card sorting discussion, and responses to the open-ended questions were transcribed, and subsequently transcripts were housed and thematically coded in ATLAS.ti, a qualitative data management software (*ATLAS.ti*, 1999).

Category codes - essentially preliminary codes for indexing narrative data into main topics of interest - were informed by the transdisciplinary model of food choice (Figure 1) and the main research topics of interest. The category codes used included body image, cooking, every day eating practices, fast food, food choice, food meanings, food memories, and nutritional labeling laws. During this first round of coding, research memos were written and housed in ATLAS.ti to record preliminary analytical ideas about the data (Maxwell, 2005). Ideas that emerged from memoing informed the secondary codes developed for the second round of coding, which I conducted.

Secondary codes were informed by preliminary analyses. Once coding was completed, pattern level analytic techniques guided the analysis to identify patterns across all of the interviews. LeCompte and Schensul (1999) outline ways that patterns may emerge from the data. First, a respondent might declare that a particular pattern exists, and the analyst can investigate to what extent this pattern is salient in other interviews. Often, patterns emerge because of the frequency with which they are discussed across most of the respondents. Omission of themes is another way in which patterns may be revealed. Preliminary research may hypothesize relevant patterns; however if these hypothesized patterns are not supported by the data, then the fact that this pattern is absent may be an important finding. Conversely, patterns may emerge because they are congruent with prior theory and research. Co-occurrence of themes or categories might suggest a pattern if themes and categories are discussed concurrently by respondents. Similarly, categories and themes might frequently be discussed in a sequence thus suggesting a temporal pattern in the data. Because qualitative research projects are concerned with obtaining as exhaustive array of perspectives as possible from the study population, divergent themes among the study population, and contradictions across themes within each respondent and across respondents were also examined.

Results

Analyses focused on identifying both salient factors of food choice (the proximal side of the transdisciplinary food choice model) for women participating in the study while also identifying social and cultural meanings and political and economic conditions (distal influences) that helped to (1) elucidate additional factors of food choice not identified in the literature and (2) explain reasons for why salient factors of food choice emerged as important for women's food choices. Familiarity, convenience, nutritional quality, pleasure, cost, and feeling full were the most commonly discussed reasons for women's food choices. Further in-depth analyses revealed how these emergent factors were related to distal influences on the food choice process. Because this paper is concerned with the relationship between distal and proximal aspects of the food choice process, factors are discussed within the context of their distal influences. First, I will discuss how familiarity, convenience, nutritional quality, and pleasure were discussed by respondents in terms of the social and cultural meanings that explained their importance in women's food choices. Then, I will follow by introducing how the factors of cost and feeling full were typically discussed in terms of the political and economic conditions that constrained or enabled

food choice for women. All quotes are anonymized by using the pseudonyms selected by women.

Social Cultural Meanings

Results from this study illustrate the important influence of social and cultural meanings in food choice and how those meanings appear to shape the reported food choice practices of the women who participated in this study. Women reported a similar array of factors of food choice. However, the ways in which they interpreted the influence of those factors - in other words the meanings they ascribed to those factors - varied.

   (1) Familiarity

Many respondents reported that often what they chose to eat was based upon the food's familiarity to them. For example, Marie explained that her frequent consumption of whole milk, which she described as an "obsession", was a result of her mother giving her warm milk every morning and night during her childhood. Now, without milk, Marie doesn't feel like she could survive.

> *When I was growing up, I used to drink warm milk when I woke up and when I went to bed. It put me to sleep, and it also woke me up in the morning. Like, before I even woke up, I could be yawning or something, and my mom's handing me my warm milk, and I'm up and ready to go to school. Or, when I'm sleepy, she gets me the warm milk and I go to sleep. I still do it today. So I'm drinking my warm milk, my daughter's drinking her bottle with milk, and that gallon'll be gone in two days...It's just part of the routine. I don't know; it's like I can't stop drinking milk. I mean like if someone told me that I have to take milk out of my diet that's nothing I could eat, I would starve without milk.* (Marie, age 22, FC02)

Later in the interview, Marie reports that her doctor advised her to dramatically cut down on the number of calories that she consumes daily. Based on a 24-hour food diary that she compiled for a nutrition class, Marie calculated that she consumes approximately 8000 calories/day. She is aware that this far exceeds her daily recommended number of calories (~ 2000), yet the social meaning associated with consuming certain types of high calorie foods (i.e. whole milk) trumps health considerations for Marie in certain situations. Other women also reported perceived similar connections to familiar foods which prevented them from making recommended diet modifications.

Jaz also reported eating foods because they were familiar to her. Like other respondents, including Marie above, Jaz's consumption of certain foods conflicted with the foods she believed would promote her health. She suffers from a number of different illnesses and reports avoiding foods that are "bad" for her. However, there are some foods that she has trouble omitting from her diet because her associations with those familiar foods.

> *I write a list of all the bad foods for myself, and I list all the foods that are good for me that I like that's healthy. So I look in the bad list and it's like there's things on the bad*

list that I still eat, like fried food and spicy foods. It's like those two things are such an attachment…the hot food I still eat because it's, like, since I've been a baby, since I can remember, my mom would buy me hot Cheetos, she would eat jalapenos, whole jalapenos with her food and I would eat them with her. She would put a lot of pepper on certain food, and it's just like the spices really enhance the meal to me. And so I grew up attached to a lot of spicy food. ?(Jaz, age 19, FC05)

While foods may be familiar to respondents because of their associations with friends or family, they may also be familiar because of cultural traditions. Penny illustrates this perfectly when describing the food choices of her friends from college.

Certain friends that I had in DC who were all crazy, like, very much new agey, vegan weirdos. …They are just like 'I only drink tea and I'm just going to have a kale salad.' They are just weird. Because you know, that's I guess en vogue and that's cool for them. But my family is from Louisiana, so I can only play this so far. I can get with you a little bit, but at the end of the day, where is the shrimp? (Penny, age 25, FC07)

Penny perceived her friends' ways of eating to be healthful. But while she associated herself with that social identity at times, she never fully connected to or stuck with vegan practices because of the strong pull of her family's cultural food traditions. Penny's narrative illustrates the powerful pull of ethnic identity in food choice.

(2) Convenience

Convenience was also frequently mentioned by women in this study as an important factor in food choice. Marie explained how she and her family would choose convenience when they felt too lazy or hungry to cook at home.

When we get lazy, we go out to eat. When, you know, we have a household full of meat and you know, "oh it's gonna take forever to thaw, let's just go to Jack in the Box or something" so, I guess it just depends on how the person feels at the moment.(Marie, 22, FC02)

By and large, foods that women considered convenient were typically fast foods and other foods that women considered unhealthful. Usually cooking at home, even using short-cuts or prepared foods, was not mentioned in discussions about convenience. As Marie described above, convenience essentially is defined as something that you buy already prepared outside of the house.

When asked to define fast foods, women usually reported that these are foods that are prepared quickly, typically because they are frozen and just need to be reheated. Most women also considered these convenient foods to be bad for their bodies. For example, when asked to define fast food, Sani said:

Hard lard, because fast food is really horrible. I have nothing good to say about fast food. It's good but it's horrible. It's just calorie-packed, fat-packed horrible. Like the

cheesy, beefy burrito that we were talking about, that tastes good. Fat-packed lard. It's good, but I know it's fat-packed lard...It's just detrimental effects. That burrito just went straight to my thighs. (Sani, age 19, FC04)

For many women, the association of fast food with convenience sometimes took precedence over their perception of it as unhealthful when they made choices about what to eat. Most of the women in the study, who were busy with childcare, school, and/or work, saw the convenience of fast food as a time-saver. The ability to purchase fast food and other convenience foods at a reasonable price gave women the opportunity to decrease their own stress by selecting a convenient option to fill up their bellies and those of their families. This luxury provided women with one less task to deal with during the day. Notably, a couple of women who struggled with severely restricted budgets did not associate fast food with convenience. Instead, these women perceived fast food to be a luxury item for those who could afford it. In this example, fast food takes on a completely different social meaning for women of differing social classes, and illustrates how variations in the meanings ascribed to fast food influence the ways in which convenience foods are defined and selected.

(3) Nutritional Quality

Though prioritizing health in food choice was not always possible for women, women nevertheless reported many situations where they selected foods based upon nutritional quality. Some women emphasized a positive social identity that they ascribed to eating healthfully. For example, Meme believed that by consuming fresh produce, people would perceive her to be someone who took care of herself.

I think that [eating broccoli] tells people that I do think about what I'm eating when I'm eating...because at least when I eat it, I know that it's the right thing. And I feel when other people see me eating salad and fruits and vegetables like broccoli, spinach, tomatoes, lettuce, then they say 'Oh at least she do care what's going inside of her.' And I do. (Meme, age 18, FC20)

This positive social identity associated with consuming healthful foods was, in some cases, related to women's perception that food is intricately connected to health. Though this connection likely was learned through many sources, its saliency was brought home for many women because of their experiences with elder relatives. Meme ascribed a positive social identity to healthful eaters because of her experiences with numerous family members who she believed ate poorly and, as a result, suffered from diabetes and high blood pressure.

I have a few family members that died ...from high blood pressure, had a stroke, or diabetes or something you know. I feel like a big part of that is their diet. Like, I see it happening slowly. Like, if you eat too much of one thing, it's not good for you if you don't balance it out. I see it, but if I'm not practicing what I preach how can I tell somebody else how to do, or what to do. (Meme, age 18, FC20)

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Other women aspired to be like their longest living relatives who they considered healthful eaters. For example, as described above, Jaz suffers from a number of different health problems which has caused her to be concerned about the relationship between health and food.

> *The women in our family, we live for - well, I can't speak of myself - but seeing my great grandmother and my grandmother, they lived for a long time and their food was always mixed with a lot of veggies and things... she taught my mom how to cook and then my mom, she taught me how to cook. I would really like for that to continue if I have kid - and if not I'm going to teach my nieces, all five of them - I would really like to continue that because the way we eat in our family, obviously it's something that we're doing right because my grandmother, she's very healthy. She just had a hip surgery but besides that her health, in general, is fine. And her mother, she lived until 101.* (Jaz, age 19, FC05)

As illustrated in Jaz's quote above, most women in this study recognized a strong connection between health promotion and the nutritional qualities of foods. However, in spite of this connection, they didn't always prioritize nutritional quality when selecting foods.

In the instances when nutritional quality was reported to be a factor in food choice, women more often discussed how they related the nutritional qualities of foods to their body images rather than their health promotion. Bella, like other women in the study, described being concerned about her weight and, as a result, wanted to be careful about the types of foods she consumed. Bella's concern for a thinner body ideal, in part, was due to her involvement with an online magazine that promoted local youth culture and fashion. She felt her body weight should correspond to the expectations of the fashion world.

> *Even though I love fast food, me as a person that actually cares how I look. And what I eat influences me because when I eat, I'm like, 'This is gonna make my body do this. This is gonna make body do that. If I eat some more, it's gonna make me [makes sound like inflating balloon].' You know, that's how it influences me, because I know what I can eat, I know how much I can eat, and I know what I can't eat...'Cause the body image that I like, and me doing all the stuff that I want to do [i.e. the magazine], I have to watch what I eat...* (Bella, age 20, FC03)

Related to body image, Livia mentioned different types of foods that she needed to eat to promote beautiful skin. She's interested in modeling but felt that her skin wasn't clear and even enough to photograph. Below she explains why she's interested in eating foods that promote healthy skin.

> *I'm trying to be a model and ...you gotta have good skin. Your skin gotta be good and clear. I'm just figuring out what cause you to have dark marks on your skin. And I'm*

*realizing its certain food you eat. Like Chinese food can cause you to have it, and eatin'
peanut butter and greasy food can cause you to, and cookies and chocolate can cause
you to have it. And I realize walnuts and fish is good for the skin, and green tea is
good for the skin. Yogurt. I'm eating more…Stay away from greasy food or from milk.
Milk is not a good thing…That can cause your skin to irritate, especially cheese.* (Livia,
age 25, FC01)

(4) Pleasure

Sometimes in opposition to health, women reported selecting foods for reasons
related to the experience of pleasure. In general, food is supposed to be pleasurable to
consume, and it is typically marketed as such (Belasco, 2008). To ignore such an important
factor of food choice is to ignore one of the most fundamental reasons why people choose
to consume certain foods. Many articles have reported on the importance of taste in food
choice, and understanding food likes and dislikes – concepts related to taste - is an
important line of inquiry. However, I argue that taste as an explanation for food choice is an
imprecise concept because it obscures the true reasons for how pleasure operates in food
choice. All women expressed seeking out certain foods because they tasted good, but upon
further discussion, it became clear that it was not the taste alone but the pleasure women
gained from eating foods that they considered tasty. Women expressed pleasure in eating
by describing the satisfaction, happiness, or comfort that they experienced when eating
foods that they considered tasty.

For example, Cat talks about how a particular food marks a past experience in such a
way as to bring her pleasure.

*I went and I got a churro [Mexican-style pastry]. I like churros, because they make me
feel good, and they taste good. I don't know, I was in a mood to have one. And I like it,
because when you go there, they are nice and hot, and fresh. Usually, I would get this
at the carnivals, and it kind of reminds me of when I'm at the carnival, and when I'm at
a theme park, I always get one of those.* (Cat, age 22, FC09)

Many women shared Cat's perception that sometimes you just crave foods that make you
feel good. Often these types of foods were perceived as pleasurable because they were
associated with a happy memory.

Other women talk about experiencing pleasure when consuming foods that make
them feel satiated. Bella talks about the meaning of food, in general, and describes it as
something that makes you happy, that makes you feel satisfied.

*Food is something that makes you full, that makes you happy. After you eat you feel so
much success and relief. Because when you, like someone ask you, "What are you
feeling in the mood for?" and you say, "A burrito." And you eat a burrito and after you
done with that burrito you just feel so satisfied. You're just like, "Hooh, food." It's
something that makes you happy, to me. Cus it's like, without food through the day
you're grumpy. You get tired, you need food to be energized, to be, I would probably*

say like a little happy, you know, cus you do get grumpy if you don't eat. (Bella, age 20, FC03)

Even though Bella stressed food's ability to make you happy, she believes the foods that make one happy vary by the circumstance. Earlier in her interview, she described desiring "healthy" foods like fish and salad after she's done working out because that is what makes her happy. However, she craves fast foods for happiness and satisfaction after partying with her friends.

Some women, like New York, reported craving forbidden foods in order to experience pleasure through food's ability to comfort. New York describes "bad" foods as her "drug of choice" which she uses to decrease stress and find comfort. When asked why she ate these foods when she felt stressed, New York explained

> *It calmed me down, it was soothing...They're comfort foods, whatever that means right? It was comforting, they were comforting to me. I mean, uh, it tastes good, it was greasy, it was just comforting. I can say most people can relate to that. No one really calls carrots comfort food, not a lot of people, at least not anyone I know... 'cause it doesn't provide comfort I guess. It's not like a greasy pizza that's warm and just greasy and it tastes good for whatever reason.* (New York, age 25, FC10)

Eloise also talked about how the consumption of certain foods brings her comfort, though she didn't necessarily consider those foods "bad" foods like in the case of New York. When asked to clarify what she meant by soul food, she said:

> *Soul food is like comfort food. And, to me personally, soul food could be sushi because I love sushi and it comforts me. But in the black communities, soul food is just like neck bones, fried chicken, macaroni and cheese, stuffing, dressing, but I feel like soul food to me is food that brings me comfort. So maybe that means some hot chocolate with whipped cream on top - that would be my soul treat, and that would be my soul food.* (Eloise, age 19, FC11)

Pleasure through consumption is experienced differently for women. However the importance of experiencing pleasure through consumption is nevertheless an important factor in many women's decisions to select certain foods in different circumstances.

Political Economic Conditions

Considering the macro-level context in which people eat is important for understand food choice. Specifically, the extent to which political economic conditions constrain and enable food choice decisions, and frame how women prioritize factors of food choice has important implications for health promotion. Women revealed two important criteria of food choice - cost and the importance of "feeling full" - that illustrate how political and economic conditions influence their food choices.

(1) Cost

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Cost considerations emerged as important in the food choice decisions for some women in this study. KeKe, who is a self-professed fast food lover, believes that at least one reason she eats fast food is because of its low cost.

> *I love salad, [but] I can't afford it. Expensive. It's cheaper to eat fast food. That's why everybody eats fast food, because it's cheaper. And it's like they put all the healthy foods and nourishing foods, expensive, and then they take the cheap foods, the bad food, and put it cheaper. And that's just how society is, whether you want to admit it or not.* (KeKe, age 25, FC19)

While not all women believed that fast food was a cheap option, most considered the cost of food a factor in food choice. In general, many women associated low cost foods with "bad" foods (i.e., unhealthful), a perception which is not uncommon (Jerome, 1969). KeKe's quote draws attention to an important political economic condition that influences the food choices of many of these women. While cost is reported as a factor in food choice, it is the larger political economy that dictates what food options are available to women at a low cost. Meme eloquently describes her thoughts on this matter.

> *I only get paid like $500 per month, if I do really good. That's minimum wage. With minimum wage, it's hard for anybody to live off of that, you know? If you want to spread it and make it last, you going to go for the cheapest thing. Yes I buy fruits, yes I buy vegetables, but only if they on sale. If they're too high I can't buy that so I'm going to go to the next thing of, "Oh well they got bacon on sale 2 for $3". I'm going to go towards whatever is on sale [even] if that's the worst thing for me. I have to eat somehow and still be able to pay my phone bill, cable, all this other stuff. I feel like it's not fair for there to be so many health concerns and all these things that keep getting brought up if the government is not making it easy for us to change it... The middle class barely can afford it. People that have good jobs can barely afford being healthy you know. I feel like for [the government] to be putting bulletins and having health alerts and stuff, it's just making people more depressed knowing they can't afford that.* (Meme, age 18, FC20)

Meme explicitly discusses barriers to eating healthfully and suggests that depression may be a potential negative consequence of health promotion because societal structures prevent low income individuals from being able to prioritize their health. Narratives illustrate how some women perceive social class disparities in the ability to eat a healthful diet. Although women knew how to select foods that promoted their health, they were constrained by larger political economic forces that explained why, in some cases, they prioritize cost over nutritional quality in food selection.

(2) Feeling Full

Finally, and perhaps most notably, were references to hunger or to the importance of "feeling full" after eating which influenced women's food choices. Thirty-five percent of the women in the study reported experiences with severe food insecurity. In other words,

these women reported that during the past 12 months, they experienced periods of hunger because they couldn't afford enough food or because they had to cut the size of their meals because there wasn't enough money for food. Livia, a woman who was obviously struggling to make ends meet, explained:

> *A lot of people struggling because they can't afford to get food and they having a hard time trying to keep food in they stomach because they - they like, 'oh, I got to pay my rent, I got to pay my PG&E [utilities], and my luxury, I got to pay for that. I had a couple of times with my momma…I can't be able to pay rent and then I can't afford food. Which one would I have to choose? That's what a lot of people going through. We can only choose food or we choose to have a roof over my head.* (Livia, age 25, FC01)

Though only a few women reported food insecurity to the extent of Livia, the importance of 'feeling full' in food choice wasn't necessarily diminished. For example, Cat talked a lot about how her food choices are made by wanting to satisfy her hunger. She orders what she thinks will fill her up.

> *[When] I eat something, it depends on my hunger. If I'm hungry, very hungry, I probably wouldn't go for Chinese food because it doesn't really hold me long. I'd probably go for a pizza because the bread thickens up in your stomach, so it might last longer, like pizza or breadsticks or pasta. All sorts of pastas. I like pastas. And I usually eat, like I said, I always eat hamburgers. So, that's what I find more useful.* (Cat, age 22, FC09)

Women with children were particularly concerned about selecting foods that would fill up their children's stomachs. For example, KeKe who has four kids, talked about how important it is to her that her kids feel full, despite the fact that she is on restricted food budget.

> *[My kids] really enjoy raviolis. And I buy cans and cans and cans of it. It's so cheap. You know what I mean? It's so cheap, and I know it's not all that healthy, quote unquote, unquote, but it fills them up. And that's the main thing. I want my kids to be full.* (KeKe, age 25, FC19)

Women living under the constraints of a restrictive food budget must consider hunger avoidance when selecting foods because they have very limited financial resources. Some very low income women talked about how their food situation changed over the course of the month. They perceived their diets to be more healthful at the beginning of the month, after pay days, when they had more money to spend on food. However, by the end of the month, tremendous changes needed to be made so that they could be sure to have enough food to get through to the next pay day. Typically the more healthful diets eaten early on in the month were described as "full course meals" which included a meat, starch,

and vegetable. However, by the end of the month, fresh foods had typically run out and women had to rely more on processed foods to avoid hunger.

As illustrated above, factors of food choices are intertwined for women. For example, KeKe discusses how feeling full and a food's cost go hand in hand. In spite of its importance, satiation as a distinct factor in food choice remains under-developed in the literature, yet appears to play an important role in the food choices for many of the women in this study. Even some women who didn't appear to be as constrained financially as others, still referred to the importance of feeling full in food choice. Relieving hunger is such a fundamental reason for why humans consume food, though not all people report this as a factor in food choice. Perhaps what makes this group of women different is their varying degrees of and experiences with poverty.

Discussion

Interviews with women revealed the complexity of their food choices and the distal meanings and conditions that influence their foods choices in different situations. No one factor was salient for all women under all circumstances, and many factors appeared to operate simultaneously. Familiarity, convenience, nutritional quality, pleasure, cost, and feeling full were all important criteria for women. However, these factors in and of themselves shed little light on why food choice operates for women in the ways that it does. By considering the role of distal influences on food choice processes (i.e., social and cultural meanings, and political economic conditions), a more holistic understanding of food choice could be revealed – one the emphasized why factors of food choice proved important for women. I will discuss each of these distal influences separately to emphasize why various factors of food choice were salient for women.

A very limited research exists on the social and cultural meanings shaping African American food choice, and many focus on historical influences that shape contemporary eating practices (Airhihenbuwa & Kumanyika, 1996; Bower, 2007; Hargreaves, Schlund, & Buchowski, 2002; Whitehead, 1984; Williams-Forson, 1997, 2006, 2007; Williams-Forson & Whitehead, 2002). However, meanings may be ascribed to foods in a variety of quotidian ways as well. For example, some women emphasized how memories about certain foods that they were raised on explained their preferences for familiar foods. Food selections based upon past memories are not uncommon (Belasco, 2008). Deborah Lupton (1994), in her analysis of food memories of Australian youth, discussed how past food experiences imbued social and cultural meanings into particular foods and, as a result, had a profound effect on youth's current food choices.

Additionally, consumption of foods perceived to be of high nutritional quality were imbued with meanings related to identity and body image, and were not necessarily selected just because of a rational desire to promote one's health. While some studies of African American eating practices have found that respondents take a fatalistic attitude when it comes to discussions about diet and health, e.g. "you have to die of something" (Jerome, 1969), women in this study did emphasize the important role of nutritional quality in health promotion. However, when explaining their reasons for consuming

nutritionally dense foods, most women talked about wanting to promote a positive body image or wanting to project a positive self-image – i.e., one who takes care of herself - to others.

The significance of pleasure in consumption for women revealed an important factor of food choice largely absent from the literature and also emphasized the meanings women attached to foods. Lindsay (2010), in her article detailing the incongruence between governmental dietary guidelines and daily eating practices, stresses the important role of pleasure in eating. She argues that a preference for "social well-being" rather than health illustrates people's commitment to the aspects of life that that they value the most – those of enjoying life. The promotion of social well being through pleasurable consumption of foods may be particularly significant for groups, like working class, African American women who are faced daily with multiple forms of oppression, including the isms of race, sex, and class.

The second distal influence on food choice of concern in this study - political and economic conditions –has been well documented in the public health literature, especially in the case of availability to healthful foods (Airhihenbuwa & Kumanyika, 1996; Cummins, 2007; Hargreaves et al., 2002; Inagami, Cohen, Brown, & Asch, 2009; Kwate, Yau, Loh, & Williams, 2009; Zenk et al., 2005). Yet these considerations don't dominate obesity prevention efforts which have tended to focus on individual behavioral change. Results from this study emphasized how cost and hunger, or feeling full, are connected to broader structural forces that prevented women from being able to consume healthful diets, even in circumstances when they would have liked to.

As is commonly reported in the literature, the cost of foods is an important factor in food choice. This is particularly true for low-income people (Dammann & Smith, 2009; Inglis, Ball, & Crawford, 2005), and unsurprisingly proved to be an important factor of food choice for women in this study. Some argue that the association between poverty and obesity is related, in part, to economic constraints on food purchases. Nutrient-poor, energy dense foods typically are more affordable for low-income consumers (Drewnowski & Darmon, 2005; Drewnowski & Specter, 2004). Research suggests that when consumers are faced with restrictive food budgets, they deliberately purchase low cost, high energy foods to maintain daily recommended energy requirements while saving money (Drewnowski & Specter, 2004).

While women didn't report purposely selecting high energy foods at a low cost, they did emphasize the importance of feeling full in food choice. Typically when women wanted to feel full, they were not selecting foods based on healthful nutritional qualities. Instead they reported wanting to eat foods that were energy dense, like pastas and breads. Discussion of the importance of feeling full and cost in food choice frequently emerged in tandem during interviews with women, and most often were independent of nutritional quality because of perceived structural barriers related to the purchases of healthful foods. Drewnowski and Darmon (2005) have argued that because healthful diets are more expensive, real disparities in choice exist, resulting in some low-income people's inability to purchase healthful foods. This type of injustice, while not expressed by all women in the

study, nevertheless is a real barrier for low-income people to consume the types of diets that are promoted by health professionals.

Farm policies in the United States have been blamed for the cost discrepancy between healthful and unhealthful foods (Story et al., 2008), suggesting an incongruence between policy and public health efforts (Coveney, 2003). On the other hand, providing access, including political, physical, and financial access to nutritionally dense foods, will not, in and of itself, change people's food choices because of competing social and cultural meanings of foods that also have a strong influence on what people eat, as has been illustrated in this study. For example, the performance of identity (or identities) or the experience of pleasure through food choice exerts a strong influence on how women make food choices, and these factors might operate in opposition to changing or existing structural conditions in women's environments.

Population-level interventions, while well-intentioned, do not affect all people equally (Antin, Moore, Lee, & Satterlund, 2010). Designing obesity prevention efforts that maximize impact for all people, particularly those with the highest prevalence, is an important social justice issue. A social justice orientation to obesity prevention is one that looks beyond approaches that rely exclusively on perfunctory symptoms for obesity such as unhealthful eating practices, particularly for populations constrained more severely by upstream constraints on food choice. Instead, it critically considers the underlying contributors to obesity like macro-level political and economic forces, some of which have been discussed by respondents in this study, that constrain food choice and contribute to poor health.

Conclusion

The multi-dimensional nature of food choice identified in interviews highlighted inherent contradictions in women's discussions of their own food choices. The foods that women reported eating in the past 7 days - their actual food choices - often conflicted with more abstract discussions about their food choices – their ideal food choices. In part, social and cultural meanings as well as political and economic conditions explained the discrepancy between actual and ideal food choice.

Understanding this multi-dimensionality of food choice is important within the context of obesity prevention. In considering behavioral change approaches to address obesity, Story and colleagues (2008) are among the few who have stressed the value for considering food choice from an ecological perspective – one that considers the influence of individual factors, the social environment, physical environments, and macro-level environments on food choice. This study has examined the food choices of working class, African American women from a similarly broad perspective in order to explore how food choices are made among a population with the highest prevalence for obesity but who have received relatively little attention in the literature. By ignoring the many levels of influence on food choice, we risk misdirecting public health efforts towards well-intentioned yet under-productive obesity prevention programs and policies.

One implication of this study is related to challenging the effectiveness of some types of nutritional labeling requirements, like menu labeling policies, for diverse populations. Some have argued that even though evaluations of nutritional labeling are inconclusive, the magnitude of obesity as a social problem warrants policy action before conclusive evidence can be achieved (Ludwig & Brownell, 2009). However, I argue that the magnitude of disparities in obesity prevalence warrants further consideration (and investigation) into understanding the food choices of diverse populations in order to determine how to best guide obesity prevention efforts that will have a better chance of reducing obesity and related diseases among the populations who experience the greatest prevalence. While this study didn't evaluate menu labeling effectiveness, it sought to understand food choice among a population whose prevalence of obesity is among the highest. Given not only engrained social and cultural food meanings for women but also the political economic conditions outside of their control that create insurmountable barriers to prioritizing health in food choice, it is difficult to defend nutritional labeling interventions as an effective obesity prevention approach for working class, African American women.

Herein lies a potential contradiction of prevention. Health promotion campaigns do not necessarily correspond to the lived experiences of the populations they intend to target. As Lindsay (2010) argues, dietary guidelines are derived from scientific evidence that focuses on risk through consumption, yet those guidelines fail to acknowledge how food is "central to social life and pleasure" and those features of consumption may be prioritized above health guidelines (p. 476). Additionally, other important structural barriers, which affect diverse populations differently, may obstruct the adoption of public health guidelines. More research is needed to develop effective and sustainable obesity prevention efforts that seek to reduce health disparities in obesity prevalence, particularly among those populations who are often left out, albeit unintentionally, of population-level public health interventions.

EMBODYING BOTH STIGMA AND SATISFACTION: MESSAGES FOR OBESITY PREVENTION TARGETING YOUNG AFRICAN AMERICAN WOMEN

Introduction

Obesity persists in the United States, particularly among the most oppressed groups. Approximately, 60% of Americans are overweight or obese (Centers for Disease Control and Prevention (CDC), 2008), and among those with the highest prevalence are low-income African American women. Four out of five African American women are overweight or obese (Department of Health & Human Services, 2008), and being low-income compounds their risk for adverse health outcomes even further (American Obesity Association, 2005).

While the illnesses associated with obesity are real and pressing public health problems, related individual-level health interventions are not a sufficient solution. To date, the prevalence of obesity and overweight has not declined, raising questions about the ability of such interventions to transform individual behaviors in ways that will help reduce or prevent overweight and obesity (Gracia-Arnaiz, 2010). The shortcomings of these interventions may be due in part to the relevance of macro-level influences – outside of individuals' control - that produce and preserve social inequities which shape people's lives and everyday practices in ways that adversely affect their health (Cummins, 2007; Drewnowski, Rehm, & Solet, 2007; Glass, Rasmussen, & Schwartz, 2006; Kwate, 2008; Robert & Reither, 2004).

While some have suggested that individual behavioral change interventions fall short of reducing the prevalence of overweight and obesity (Gracia-Arnaiz, 2010), perhaps a more pressing issue is the potential for iatrogenic consequences. Arguably, the popular discourse on obesity stigmatizes obese individuals as deficient in some way (Schwartz & Brownell, 2004). Individual-level health interventions, though well-intentioned, often focus on emphasizing individual responsibility to reduce weight (Smith & Holm, 2010). Unfortunately, this type of approach may result in the further stigmatization of obesity (Gracia-Arnaiz, 2010), which is an already well-documented phenomenon contributing to psychological, social, and physical health consequences (Puhl & Heuer, 2009). As Puhl & Heuer (2009) concluded in their review of the literature on weight stigma, the rising prevalence of obesity has not appeared to reduce weight stigma but instead may have increased its prevalence (p 960). In some measure, this may be due to the widespread discourse of an "obesity epidemic," both in the popular and public health consciousness that perpetuates the perception that obese or overweight individuals lack the knowledge, determination, or self control necessary to change their bodies (Elliot, 2007; Gilman, 2008; Glassner, 1989; Moffat, 2010; Smith & Holm, 2010).

A particular concern for the present study is body image, which numerous studies have associated with weight stigma, particularly for women (Puhl & Heuer, 2009). For example, Annis and colleagues (2004) found that experience with weight-related stigmatization was moderately associated with poorer body image for women who were currently overweight compared to women who were formerly overweight or of average weight. Similarly Friedman and colleagues (2005), in their study of obese patients in a

residential weight loss setting, found that experiences with weight stigma predicted poor body image and overall problems with self-esteem. While the impact of weight-related stigma on body image has primarily been investigated with overweight and obese populations, it is logical that society's preoccupation with thinness exacerbates weight stigma for the general population as well.

The extent to which findings regarding body image and weight stigma are representative for African American women is unclear since, until recently, much of the research on female body image examined these issues with White women only (Poran, 2002). One strand of research that has considered the role of ethnicity on body image suggests that African American women report less dissatisfaction with their bodies compared to White women (Grogan, 2006; Harris, Walters, & Waschull, 1991; Overstreet, Quinn, & Agocha, 2010). Some have explained this finding by arguing that African American women are protected from body weight dissatisfaction and weight stigma because cultural norms favor a larger body size (Altabe, 1998; Fujioka, Ryan, Agle, Legaspi, & Toohey, 2009; Hesse-Bibe, Howling, Leavy, & Lovejoy, 2004; Parker, Nichter, Nichter, Sims, & Ritenbaugh, 1995). Fujioka and colleagues (2009) examined the role of ethnic identity and thin body ideals and found that self-identified African American women who strongly identified with their ethnic group were less likely to endorse a thin body ideal than White women with strong ethnic identification, suggesting that cultural norms or opposition to societal standards of beauty may "protect" some African American women from problems with body image (see Poran, 2006).

A small but competing body of research suggests, however, that African American women share similar standards of beauty as White women (Poran, 2002) and that those standards may have negative repercussions for body image (Poran, 2006). Poran (2006) investigated female student's attitudes about their bodies and found that African American women feel pressure to be thin and experience dissatisfaction with their bodies. Grabe and Hyde (2006) in their meta-analysis of female body dissatisfaction across ethnic groups found that variations in body satisfaction between African American and White women may not be as considerable as previously thought (Grogan, 2008).

Taken in tandem, these divergent bodies of literature may contribute to a more holistic representation of the lived experiences of African American women. To date, the literature presents a one-dimensional picture of body image for African American women. However, body image is not static. It is dynamic and fluid, varying by context and influenced by multiple meanings and experiences.

This paper reports on a study that examined food choice and issues related to body image among working class African American women in the San Francisco East Bay area. Qualitative interviews from 20 African American women were analyzed by focusing specifically on references to and conflicting discourses about body image that would help to elucidate the complicated narratives of body image in African American women's lives.

Methodology

Qualitative methods are well suited to explore meanings, particularly understanding how people make sense of and interpret their behaviors, beliefs, and social worlds as well as understanding the diverse contexts in which individuals enact their lives (Bernard, 1998; Maxwell, 2005). The overarching goal of this study was to explore food behaviors and choice among African American women living in low-income areas in the San Francisco Bay Area. However, because of the salience of body weight perceptions in the first 5 interviews, the interview guide was adapted to include questions directed at this domain of inquiry. This paper reports on analyses from discussions of body weight perception in the 20 in-depth, open-ended interviews with women.

Recruitment and Sample

Because low-income African American women are among the most at risk for obesity (Department of Health and Human Services, 2008), they were the population of most interest to the present study. A geographic information system (GIS) of the area east of San Francisco, CA was developed to identify census tracks with sizeable populations of low-income, African American residents to help identify a geographical area from which to target recruitment efforts. Once appropriate neighborhoods were identified, flyers were distributed throughout the study area in laundry mats, convenience stores, outside fast food restaurants, and in community-based organizations serving the target population. Advertisements were also posted to the online classifieds site, Craigslist. In addition, after completing an interview, respondents were also asked to refer women who they believed might be interested in participating. All respondents received a $40 honorarium.

Eligibility criteria included being between the ages of 18-25, self-identifying as African American, living in a low-income census track identified by the GIS, and eating fast food at least once a week. Fast food was inserted as a criterion for eligibility because of the main research question of interest to the study. No woman called and was determined ineligible because she did not eat fast food at least once/week. Respondents were screened for eligibility when they called to volunteer for the study. The targeted age range for the study was of critical importance. Young adults have received relatively little attention in the literature when compared to adolescents, despite their similar health problems that exist within fundamentally different contexts. This phase is seen as a "period of transition" to adulthood and occurs within a "weakening of the safety net, as well as supportive institutions, organizations and networks that serve adolescents" (Park, Paul Mulye, Adams, Brindis, & Irwin, 2006, p. 306). And, of particular importance, overweight and obesity have increased substantially among young adults in recent years (Park et al., 2006), and therefore more attention must be paid to this population.

Data Collection

Most interviews were conducted at the Prevention Research Center in Berkeley, CA, with a few exceptions made for women who were referred from a community-based organization. In those cases, interviews were conducted in a private room provided by the organization. After obtaining informed consent, women completed a brief questionnaire that allowed for basic demographic information to be collected on all respondents. Open-ended interviews lasted approximately 2 hours and included questions and qualitative

activities (e.g. pilesort, photo activity) designed to collect information about the background of the respondent, favorite memories and food memories, factors influencing food choice, meanings of food, body image perceptions of self and others, health, and food policies. An iterative approach to data collection provided the opportunity to explore emergent themes. As such, the interview protocol was adapted after each fifth interview by revising, omitting, and developing questions in the interview schedule.

Analysis

The analytical process in qualitative research begins with conducting the first interview and proceeds throughout data collection. After transcription of interview recordings, transcripts were housed in ATLAS.ti, a qualitative data management software program (*ATLAS.ti*, 1999), to begin systematic coding and analysis. LeCompte and Schensul's (1999) inductive pattern-level approach guided the analytic strategy. First, theory and priori research informed category codes that were used to index appropriate sections of the interview narratives. Then, a second round of coding applied sub-codes that were developed both from theories of body image and from preliminary analysis the data. Once coding concluded, pattern-level concepts like frequency and sequencing of codes, as well as identifying conflicting discourses helped to inform the analysis of the data in order to distill narrative into meaningful theory.

Findings

The preponderance of research examining ethnic differences in body image has generally found that African American women are more satisfied with their bodies and report fewer eating disturbances compared to White women (Grogan, 2008). Analysis of the interview narratives reported here suggests, however, that the story may be more complicated. Observed tensions between women's satisfaction and dissatisfaction with their bodies resulted from conflict between individual, societal, and cultural appraisals of one's body. This salient conflicting discourse across interviews challenges research that considers an individual's perception of her body as a single, fixed conceptualization.

> *I'm very happy with myself. I'm a very confident person. But sometimes I just wish I was … smaller… When I see myself in a picture, I love the picture. I do. I really do, but at the same time, the fact that I could be smaller…I don't know… I really look good now, but I want to look extra, extra better, you know? There's nothing wrong with losing weight. I just want to look more trim, you know?* (Bella, age 20, FC03)

> *For me, I think that a lot of people feel a lot of ways [about their bodies]. Me, personally, about my body, how I feel? I mean, I'm not confident about my body, but then I'm not like I'm not not confident. Do you get what I'm trying to say?* (Lady, age 18, FC13)

> *I feel great about my body…I am small. I haven't gained a pound since I was pregnant…*

[Interviewer: Do you think about your weight a lot?]
"Yes. I want to gain, just about probably 10 or 15 more pounds. Losing weight? That's easy for me to lose weight. Gaining weight? That's hard. I can't even gain a pound. I really want to gain some weight…Because I'm too skinny. But now, I'm feeling my body, getting bigger…I feel fat. Like my face feel like it stretching. My nose feel like it getting bigger, poofy, kind of poofy. (NeNe, age 20, FC12)

NeNe, Lady, and Bella's narratives all equivocate between satisfaction and dissatisfaction with their body weights, yet the context of these conflicting discourses varied. Bella struggled with her perception that she was overweight. Lady didn't commit to either a satisfaction or dissatisfaction with her body, and conflicting discourses about her weight dominated discussions of her body throughout her interview. Finally, NeNe felt that she was too thin, though at the same time feared putting on extra weight.

Keke, a 25 year old high school graduate and former cheerleader, spoke very confidently when asked how she felt about her body. However, in spite of that confidence, she also expressed concern about gaining weight.

Oh, my body's lovely. I'm lovely. I mean, I got four kids, no stretch marks, thank you very much, and everything's still in its right place, thank you very much… I think I'm very beautiful woman. … I'm contradicting myself, I know, but, I'm always weighing myself…because I don't want to get over 140. I damn sure don't want to get over 150, there's just no way possible…I don't want to be fat. (Keke, age 25, FC19)

Keke frequently expressed satisfaction with her body during the interview. However juxtaposed with that happiness were weight controls which she placed upon herself because of a desire to avoid excess fat. For example, later on in the interview, Keke confessed to bingeing and purging to maintain her figure while in high school and voiced concerns about gaining weight in the future.

While KeKe explicitly acknowledged conflicting discourses in describing her attitudes about her body, most women didn't appear to acknowledge or be concerned about the differences in the ways they expressed their feelings about their bodies. Nevertheless body dissatisfaction and body satisfaction emerged from within and across many of the respondent's narratives illustrating a conflict in body weight perceptions.
Conflict in Body Weight Perceptions

Women of all sizes reported varying degrees of satisfaction with their bodies but still expressed discontent with their bodies. Many women who perceived themselves overweight frequently talked about wanting to lose weight. Discussions of weight loss often revealed a woman's desire to use her appearance to perform a particular social identity.

I just want my stomach to be like flatter. So like, in certain stores, I wish I could wear certain stuff. But, like, I'm not too big, but I'm just a little bigger than the sizes they have. Forever 21 [the clothing store]? Fanatic for Forever 21. I could fit more shirts if I lost a couple of more pounds. (Bella, age 20, FC03)

Bella was involved in creating a local fashion magazine and mentioned later on in the interview that she felt a need to project a certain social identity through her body. Not only dressing the part of a successful woman in the fashion industry but also conforming to a thinner body ideal was important to her. Similarly, Eloise wanted to communicate a particular social identity through her appearance.

> *I have a little pudge, like a little beer pudge. And when I suck in my stomach or I put a nice fitting girdle on, I'm like oh 'this is cute'. And I always wanted to get my belly button pierced, but I'm gonna be like useless if I get it pierced and can't show my stomach.* (Eloise, age 19, FC11)

Both Bella and Eloise actively were trying to lose weight so that they could either fit into trendier clothes or get fashionable piercings. Appearance-based reasons frequently emerged when women talked about dissatisfaction with their bodies. This process of self presentation through appearance, or 'doing looks,' emphasizes how a woman is constantly "engaged in an interactive social process essential to identity formation" (Frost, 2005, p. 67). Socially-defined meanings about female bodies are defined through the ways in which women perceive other's appraisal's of their bodies (external appraisals). As a result, women's self-performance through appearance is largely defined by these external appraisals, allowing them to situate their own bodies within this external environment. As NeNe, a very thin, 24 year old mother from Richmond, effectively explained:

> *Women think about their weight and their bodies all the time for the simple fact they either want to be bigger or smaller, or some people even want to be taller or shorter, or have bigger butts or smaller butts, you know. The reason why I always think that they feel this way is because they want to have a particular look for the outside. It's like what people around them think. People always think that they want to look better for the people that's around them, instead of for themselves.* (NeNe, age 24, FC16)

While women talked about losing weight for appearance-based reasons, as NeNe discussed above, in the same breath many also reported wanting to lose weight because of health concerns. Women frequently mentioned they had been told by health professionals to lose weight in order to improve their health. As a result, many women talked about perceiving their bodies as abnormal when comparing themselves to a biomedical standard for weight, suggesting how body satisfaction and dissatisfaction can be contextually determined. Penny had recently put herself on a strict diet in an attempt to lose weight.

> *According to the BMI chart, I should be dead right now. I am like a modern miracle, and I shouldn't be alive because of how much I weigh. But I'm healthy, I can run, in proportion, but I do want to get down to what the BMI says is normal because I don't have any other rubric to follow...I feel that I need to lose weight. Mostly for health reasons...* (Penny, age 25, FC07)

Similarly, NeNe who felt very satisfied with her body also thought that she needed to begin to worry about her weight to promote her future health.

> *I'm getting older and I'm not going to get no smaller if I keep eating like I'm eating. Not that I want to get smaller, but I don't want to get no bigger in my size, in my weight. I want to live for a long time. I don't want to just be eating bad.* (NeNe, age 24, FC16)

When women discussed wanting to lose weight for health reasons, some of their dissatisfaction about their bodies was related to fears about acquiring weight-related health problems that people around them were dealing with or had died from. For example, Meme talked about embodying her family's health problems when asked why she wanted to be an herbalist.

> *Basically, because I have a few family members that died because they ate too much…you know, [died] from high blood pressure, had a stroke, or diabetes or something. I feel like a big part of that is their diet. Like I see it happening slowly and slowly. Like, if you eat too much of one thing, it's not good for you if you don't balance it out. I see it, but if I'm not practicing what I preach how can I tell somebody else how to do, or what to do? I think that is what got me into wanting to be an herbalist.* (Meme, age 18, FC20)

Meme later discussed the anxiety that she feels because of structural constraints that prevent her from eating in ways that will promote her health. Ironically, this illustrates how external pressures to be thin are often incongruent with external resources. Moreover, women's ideal food choices are often limited by external constraints. Meme was raised in foster homes and spent her childhood saving money to be sure that she and her younger sister could get enough to eat. Now, living on her own, she continues to be on a very strict budget. Buying healthful, yet expensive foods just isn't an option. When asked how she thinks low-income people feel knowing they can't afford to buy these foods, Meme said:

> *I think it makes them more depressed. I mean you see on the bulletin boards 5-a-day [fruits & vegetables]. The middle class barely can afford it. People that have good jobs can barely afford being healthy you know. I feel like for [the government] to be putting bulletins and having stuff out there, having health alerts and stuff, it's just making people more depressed knowing they can't afford that you know…I think it just depresses people and overwhelms them.* (Meme, age 18, FC20)

The possible discord between health and class is perfectly illustrated above. External messages about what is normal and healthful lack congruence with women's lives and manifest themselves in the form of body dissatisfaction perhaps, in part, because of women's perceived lack of control in maintaining their bodies. Biomedical standards of

health, considered to be unattainable, were embodied by women through their experiences with body dissatisfaction. However, these biomedical standards did not necessarily correspond to women's perceptions about the health of their own bodies. Chrissy illustrates this conflict and argues that the medical profession should consider how healthful bodies may conceptualized differently by ethnicity.

> *I'm 20 pounds overweight so I would say [my health is] fair, I don't have any actual health problems, but as far as my weight, they say that I'm in the higher percentile of what I should be in for my height. But I think that African American people, we different from every other of the races, and I think that they should base our weight on the studies that they doing for African American people, because I think that we have more weight on us than other races do. You know, and I have extra weight, but I don't have any health problems, I don't have diabetes or anything. So, you know, I'm overweight, according to, you know, doctors.* (Chrissy, age 22, FC18)

Biomedical standards of health appeared to be in conflict with cultural notions of health and beauty, yet this is not to say that biomedical standards had no influence on women's lives. Even though Chrissy argues for different standards for defining a healthful African American body, she still reports dissatisfaction with her own body by using external biomedical standards as the normative standard of health. Similarly, Eloise, who was very vocal about wanting to lose weight for health reasons, shared how she appraised her own body.

> *Personally I feel like if I'm at a healthy weight as long as I'm not wheezing and constantly out of breath then I feel like I'm okay. Physically, I may not look healthy to the natural eye, but if I feel like if I feel healthy, then I'm okay. Whether that means I have 10 rolls or 2 rolls [of fat], I feel like as long as I'm comfortable with myself, then that shouldn't matter.* (Eloise, age 19, FC11)

When Eloise mentions that she "may not look healthy to the natural eye" she is referring to society's view of the excess weight that she's carrying. This conflict between internal and external appraisals of one's body was particularly apparent when women discussed their health. This conflict also emerged when respondents alluded to societal and cultural standards of beauty.

Cultural and societal notions of the ideal female body influenced women's perceptions of their bodies, often resulting in body dissatisfaction. Many women sought to achieve a culturally-defined body ideal. This salient ideal body corresponded to a "thick," curvier figure. Twenty-five year old Penny, who was trying to lose weight, eloquently justified what she called "the African American aesthetic."

> *I think that African-Americans expect women--I mean a good looking woman--is one that's curvy. It's one that's like a Coke bottle. It's what African American women ought to look like. It's what we think of. It's like big hips, big behind, but small waist.*

Everything is proportioned. That's what I think African American aesthetic is. And that's what my aesthetic is like. Just as long as you can see I have a waist and it's distinguishable from up top and from the hips, I'm still in the game. (Penny, age 25, FC07)

Many women aspired to achieve a curvy figure. Women, who reported being overweight, often emphasized not wanting to lose too much weight and instead wanting to approach a cultural body ideal.

Personally for me I don't want to be skinny- skinny, but I still want my curves and everything. I don't need a four-pack--I have a one-pac. And [I want] a nice smooth back. Honestly I don't want to change a lot of things. I just want a flat stomach and a flat back. (New York, age 25, FC10)

While many women aspired to a curvier or "thick" figure, they also appeared to be affected by a socially-ascribed "thin" body ideal. This ideal was considered to be defined and perpetuated by the mainstream media.

I think all women are self conscious of themselves and how they look. That matters in this world, like especially with commercials and magazines and beauty ads and all this stuff. Society makes it important for women, whether they love they self for who they are or not. At some point they going to look at they self [and ask], 'do I fit in with all the stereotypes, or do I fit in with the beautiful women, or do I fit in with the average'? I feel like everybody is beautiful in they own way, you know? You can't really change yourself, and I just feel like a lot of times [society] just breaks them down so much they feel like they have to change. (Meme, age 18, FC20)

Meme points out how internal and external appraisals of one's body are inter-related. Regardless of whether women love their bodies, they still compare their body to some external, or societal, ideal. Sometimes women are influenced by multiple and conflicting societal ideals. One exceptional case is Sani, who was interested in modeling and reported problems with self confidence. She felt trapped between societal and cultural expectations of the ideal body because of her professional interests.

Everybody might think I'm skinny, but I'm not a size 1, and that's what [modeling agencies] want. When I go into an agency [they say] "You have a pretty face, but you're not a size 1." I can't fit into their clothes…[and] I'm not ever going to be that size. I'm 5'8'' and … I wasn't born to be a size 1. But I have cut myself to really just slim down. I got to a size 5. I was really just little. And you really need to be really tall and skinny, and that still wasn't enough. I was a size 5 and they wanted me to be smaller than that. …My mom was like "You look so awkward right now. I don't even know who I'm looking at right now. You look weird." And I go to them and they were "You look pretty, but you're not the right size yet. Go down two more sizes." And I'm like, wow, my mom

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already said I looked weird, you're telling me I look pretty, but I need to go down two more sizes? (Sani, age 19, FC04)

While studies have suggested that the existence of a "thick", cultural notion of an ideal female body promotes a healthier body image for African American women (Parker et al., 1995), these interviews illustrate how women may struggle with double dissatisfaction in that their experiences with two competing notions of an ideal body—cultural and societal—may both exacerbate body dissatisfaction, in part because both body ideals are perceived as unattainable. Sani described how the socially-ascribed "thin" body ideal was unachievable. Others emphasized how the culturally-defined "thick" ideal body may also be unattainable, therefore contributing to body dissatisfaction.

Though I would love to get a Kim Kardashian body, I just don't feel like my body was made to be like that. Um, I don't feel like I'm ever going to fit into a size 14 jeans, maybe I'll get to a 16-18 but that's like the lowest because like a lot of my family has butt and I can't fit my butt into a 14. I can barely fit into a 20. And so I feel like I would never be able to get that. (Eloise, age 19, FC11)

Body weight perceptions are in conflict in women's worlds. Respondents' internal appraisals of their bodies frequently emphasized satisfaction or contentment that some believed was culturally produced.

I'm going to say [African American women], we are sure of ourselves. You know, are sure that we feel beautiful no matter what our weight is or what our body image is, you know what I'm saying? To have our family that's telling us, you're beautiful…It don't matter how big or small you are, you're beautiful, you're strong …you are who you are. You know? We tend to think of ourselves as Nubian Goddesses, … we just think differently…because our families instill different morals and values in us, I believe. Like, our culture is completely different. (Chrissy, age 22, FC18)

However, when discussing society's external appraisal's of their bodies, dissatisfaction emerged suggesting one way in which obesity stigma may be embodied. Some women thought that they could minimize the significance of weight stigma by focusing on internal appraisals.

I'm getting used to being this size, because I used to be littler, so when people see me they were like, you look different, you look big, and I'd just be like, 'ok, thanks'. So I would try not to get mad or try to do no crazy stunt like go without eating, cause I will do that. But I'll be trying not to think about what people think, so I just be in my own little world and still be eating… I feel great about my body [now]. (Diamond, age 20, FC14)

These interviews illustrated the importance of understanding how body images are in conflict in African American women's lives. The theme of body satisfaction for African American women has dominated the literature, with researchers considering body image disturbance a "golden girl phenomenon," meaning a disturbance found disproportionately among White women (Grogan, 2008). However, this study suggests that body image for African American women is far more complicated, resulting in numerous conflicts between societal, cultural, and individual appraisals that inform the ways in which women perceive their bodies.

Discussion

To date, the literature on body image among African American women is contradictory and primarily exists as a dichotomous typology pitting body satisfaction and dissatisfaction against each other. The majority of literature suggests that African American women are culturally protected from societal pressures to be thin and, therefore, experience more body satisfaction than White women. In contrast, a small but growing body of literature draws attention to experiences with body dissatisfaction and eating disturbances that afflict African American women (Poran, 2002, 2006; Thompson, 1994). While both literatures shed light on the lives of African American women, they are also reductionist in that they classify multidimensional experiences into simplistic descriptions. This study has attempted to fill this gap in the literature by providing a more nuanced understanding of body image for African American women.

By virtue of their gender and ethnicity, African American women experience multiple layers of oppression because of society's perpetuation of the subordination of both women and African Americans (Howard-Hamilton, 2003). Simultaneously, African American women, who disproportionately are considered at risk for obesity, may face another form of stigmatization by virtue of their biomedically-defined risk. That stigmatization may be exacerbated if they exemplify behaviors or have bodies that are considered unhealthful by others. Arguably, the manifestation of obesity stigma is evidenced in the frequent references to body dissatisfaction from women in the interviews.

Stigma, as defined by Goffman (1963), refers to a characteristic that is considered "deeply discrediting" for an individual. It is not the characteristic itself, but the meanings attached to that characteristic within a particular culture that create stigma. Fatness, for example, once symbolized health and social status (Reischer & Koo, 2004) but now remains among the few acceptable forms of prejudice as a result of its stigmatized classification in the United States (Puhl & Heuer, 2010). African American women, regardless of whether or not they are overweight, may internalize the stigmatization of weight because their ethnic and gender statuses are associated with obesity-risk. Interviews revealed that women of all sizes expressed dissatisfaction with their body size, and some women like KeKe and Diamond took extreme measures to control their weights through purging and fasting. Thompson (1994) was among the first to highlight the existence of eating disorders among African American women and considered this behavior a way to cope with the experiences of racism, classism, sexism, and sexual abuse.

At the same time, an ethic of self-acceptance also permeated interviews with women. Rubin and colleagues (2003), in their investigation of body aesthetics for African American women, found that women in their study rejected societal standards of thinness perpetuated in the mainstream media and instead cultivated what they called an ethic of self-acceptance. This notion of self-acceptance is argued to be a celebration of one's body that is supported by women's political and spiritual beliefs. It is also considered a rejection of societal standards of the ideal body (p 71). Many women in the present study alluded to rejecting a societal standard of beauty when they emphasized not wanting to be "too skinny," wanting to keep their curves, or loving their bodies as they are. This sense of acceptance existed right alongside experiences with body dissatisfaction, illustrating the multi-dimensionality of body image for African American women.

In Reischer and Koo's (2004) review of the anthropological literature on the "body beautiful," they summarize two theoretical perspectives of the body. The first recognizes the body as a symbol for communicating social meanings and the other acknowledges the power inherent in the body to create and transform social meanings. The authors argue that these two theoretical perspectives on the body are "complementary because the capacity of the body to signify the social also entails the power of the body to transform social reality" (315). Arguably, findings from this study operationalize the inter-related nature of these two theoretical views of the body. The stigmatized body results from the social meanings attached to fat bodies, African American bodies, and female bodies which are perceived as being at risk for obesity-related diseases. The embodied ethic of self-acceptance relates to ability of women to rely on positive internal appraisals of their bodies to transform social meanings from the body as unhealthy to the body as strong and beautiful. Interviews reveal these complementary perspectives of the body for African American women.

Conclusion

The discourse of overweight and obesity as a social and health problem exists in the popular consciousness and is accompanied by the proliferation of numerous individual-level prevention programs. While well-intentioned, these programs may have negative consequences for body image, in part because they contribute to the stigmatization of weight. Future research should investigate to what extent obesity discourse has negative consequences for the body images of African American women. Considering how obesity prevention messages may be internalized by African American women has important consequences for health promotion. Poor body image has been associated with problematic substance use, eating disturbances, and other psychosocial problems (Antin & Paschall, 2011; Farhat, Iannotti, & Simons-Morton, 2010; Grogan, 2008; Page, Scanlan, & Allen, 1995). The potential for aggravating these problems opposes any potential for success in promoting health. Furthermore, because body image and weight are inter-related, it is critical to promote a healthy body image for obesity prevention efforts.

More research is needed to develop better measures to assess body satisfaction and dissatisfaction among African American women, particularly considering their co-

occurrence. Poran (2006) argues that standard measures of body image omit questions that would allow African American women to report experiences with body dissatisfaction. Consideration of how internal versus perceived external appraisals of self may be embodied by African American women would help to reveal a more complete picture of women's body consciousness and help to reconceptualize body image measures that may more accurately assess relevant features of body image for African American women.

Finally, understanding the origin and the circumstances in which African American women embody an ethic of self-acceptance may be important for promoting health among this population. Rubin and colleagues (2003) suggest that this ethic may moderate African American women's risk for disordered eating. While we know that some African American women confront body dissatisfaction with problematic eating behaviors, others may be more protected by an ethic of self-acceptance. What causes some women to be protected by this ethic? How can an ethic of self-acceptance be cultivated in ways that promote health?

To date, the literatures on obesity and body image have remained fairly distinct, in spite a small but growing body of research that has documented the associations between obesity, weight stigma, and psychological and physical health outcomes (Puhl & Heuer, 2009). As long as obesity remains a growing public health problem and weight stigma persists, more research is needed to understand how body image fits into the equation. This study is one of first efforts at disentangling the complexity of body image for working class African American women.

CONCLUSION

The thread linking the three dissertation papers presented in this compendium relates to the contradictions inherent in human behavior, both at a macro and micro level, which helped to shed light on the complexity of food choice and body image for working class African American women. The identification of contradictions helped to reveal, in all three papers, a more holistic representation of women's lives, and, also, in the third paper, a critique of mainstream approaches to some types of behavioral change interventions that target food choice.

In the first paper entitled "Conflicting discourses in qualitative research: The search for divergent data within cases," I argue that an explicit search for conflicting discourses in qualitative data analysis helps to reveal a more nuanced understanding of the research questions of interest. Conflicting discourses, a type of contradiction identified in respondents' narratives, refer the ways in which descriptions of reality vary by context. A search for conflicting discourses is an additional step beyond simply searching for disconfirming evidence to enhance the validity of results. Searching for disconfirming evidence typically involves searching across respondent's narratives in order to identify data that may challenge emergent theories. A search for conflicting discourses, on the other hand, occurs within cases and stresses that purposeful attention be paid to variations, which are sometimes incongruent, in the ways in which respondents discuss the same topic. This search provides a multi-dimensional and holistic representation of the complexity of human experience.

In the second paper, "A transdisciplinary perspective of food choice for working class African American women," I present a transdisciplinary model of food choice that was used to investigate the food choices of working class African American women. This paper sheds light on the multitude of psychological factors, social and cultural meanings, and political and economic conditions that shaped women's food choices. This analysis revealed two clear contradictions, one at each the micro and macro levels. First, women's discussions of their food choices wavered between a discourse about an ideal food choice – what they reported they wanted to be eating – versus their actual food choices – what they regularly consumed. Women didn't differentiate between the ideal and the actual, but the multiple method approach to this study helped to elucidate this implicit distinction.

Secondly, the analyses conducted for this second paper helped to reveal the context in which women make decisions about food, shedding light on what I call a potential "contradiction of prevention". This contradiction, at a macro-level, relates to the incongruence between some behavioral change health promotion strategies targeting obesity and the everyday experiences of a population at risk for obesity that constrain and enable their food choices. In other words, the ways in which women choose to and are required to make decisions about food are often incongruent with nutritional interventions aimed at changing food choices. Denying the importance of this potential contradiction may have important implications for reducing health disparities in that some theoretical strategies developed to reduce risk may be ineffective in practice for diverse populations.

Finally, the third paper, entitled "Embodying both stigma and satisfaction: Messages for obesity prevention targeting young African American women," reports on conflicting discourses in women's narratives about their bodies. These conflicts in body image related to a concurrent satisfaction and dissatisfaction in one's body weight perception which is in contrast to the available literature on body image for African American women. The existing literature presents a fairly one-dimensional representation of body image by arguing that women are either satisfied or dissatisfied with their bodies, rather than recognizing that body image may manifest itself more discursively in the lives of women. However, body image is not static concept. It is dynamic and fluid, and it varies by context and is influenced by multiple meanings and experiences some of which were revealed in this project through an explicit search for conflicting discourses.

Directions for Future Research

This dissertation project serves as preliminary data to support the development of a number of grants to be submitted to the National Institutes of Health through my employment as an Associate Research Scientist at the Prevention Research Center (PRC) in Berkeley, CA. First, one proposal might investigate on a larger scale the multi-dimensionality of body image among African American women. This project would be conceived as a mixed method project to assess also the appropriateness of existing body image measures for diverse populations, in particular low income African American women.

Throughout this compendium, I have discussed the importance of considering weight stigma in obesity prevention efforts. While I have argued theoretically that obesity discourse exacerbates weight stigma and contributes to body weight dissatisfaction, these relationships must be tested empirically. Therefore, future research should consider these relationships with diverse populations. Similarly this type of research could also be combined with work that I have been conducting at PRC. My previous research suggests that poor body weight satisfaction increases women's risk for binge drinking (Antin & Paschall, 2011). This work provides a foundation for arguing that real iatrogenic consequences for some types of obesity discourse may exist in that antecedent to the relationship between body image and binge drinking lies weight stigma which has been associated with some types of obesity prevention efforts. More research is needed to tease out these and other related relationships.

I propose a third avenue for research that considers qualitatively how messages of nutritional interventions manifest themselves in the lives of African American, who are often the targets of such campaigns. My dissertation project provided preliminary data suggesting that messages are often incongruent with the lived experiences of low-income women creating further stress around health promotion in women's lives. The extent to which this is representative is unknown and will be pursued further in a future grant proposal.

Final Thoughts

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This dissertation project was a small-scale, qualitative study, contributing theoretically to a diverse array of literatures. The questions related to obesity prevention that have emerged as a result of analyzing women's narratives provide a critically important yet under-represented perspective that must be considered as we move forward to develop sustainable obesity prevention approaches. This work serves to represent the voices of 20 working class African American women, members of a group whose perspectives are often left out of research and policy initiatives. It is my hope with this document and the publications that will follow that these perspectives contribute to the public health discourse. It is these women and those like them who have the knowledge necessary to help us become better and more effective practitioners.

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