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'Sticky' foods: How school practices produce negative emotions for mothers and children

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'Sticky' foods: How school practices produce negative emotions for mothers and children

Abstract

This paper addresses health messages that are carried home from school - a space where childhood obesity prevention measures are being transmitted to families, and mothers in particular. We consider what emotions are being produced for mothers and children in the enactment of current school health initiatives, especially those aimed at 'improving' family food practices. Our analysis draws on interviews with parents and primary-school-aged children (n = 50) in Australia collected as part of a project on children's role as health advocates in family contexts. Using Sara Ahmed's work on emotions and John Law's concept of 'collateral realities', we consider how clashes and confrontations in 'healthy' food practices between home and school are producing negative emotions for mothers and children. We argue that rigid school rules and their policing at school, while aimed at promoting health, are producing unintended negative affects for families and children. We conclude by offering some recommendations on how more inclusive school health promotion practices can enable and support, rather than harm, the emotional well-being of mothers and children.

Keywords

emotions, negative, produce, mothers, practices, children, school, foods:, 'sticky'

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Abstract

This paper addresses health messages that are carried home from school – a space where childhood obesity prevention measures are being transmitted to families, and mothers in particular. We consider what emotions are being produced for mothers and children in the enactment of current school health initiatives, especially those aimed at ‘improving’ family food practices. Our analysis draws on interviews with parents and primary-school aged children (n=50) in Australia collected as part of a project on children’s role as health advocates in family contexts. Using Sara Ahmed’s work on emotions and John Law’s concept of ‘collateral realities’, we consider how clashes and confrontations in ‘healthy’ food practices between home and school are producing negative emotions for mothers and children. We argue that rigid school rules and their policing at school, while aimed at promoting health, are producing unintended negative affects for families and children. We conclude by offering some recommendations on how more inclusive school health promotion practices can enable and support, rather than harm, the emotional well-being of mothers and children.

Keywords:

Emotions, school, food, health, lunchbox, family, Ahmed

Introduction

‘Childhood obesity’ was labelled a ‘global epidemic’ in the early 2000s following reports of an exponential rise in rates of overweight and obese children in the UK, Australia and Canada (Moffat, 2010). What has been described as a ‘moral panic’ subsequently ensued, fueled in part by hyperbolic media reporting that relied on highly emotive discourses to describe the seemingly unstoppable rising tide of childhood fat (Heuer et al., 2011; Campos et al., 2006). Health organisations and governments turned their attention to addressing the crisis, with both schools and families primary targets of obesity prevention initiatives (Wright et al. 2012; Maher et al., 2013). Almost 20 years on, and in spite of reports of a plateau in childhood obesity rates (Olds et al., 2008), ongoing public health efforts directed towards improving children’s ‘health’ continue to target schools and families, and mothers in particular (Tanner et al., 2014). In primary-education contexts, one of the tactics involves mobilising children as agents for importing messages about healthy eating and activity into families (Maher et al. 2019).

Feminist-inspired work on emotion, fat and embodiment has critically evaluated childhood obesity prevention discourses and policy interventions (Evans, 2010; Herndon, 2014). A clear correlation between anti-fat public health messages, fat stigma, and negative social, psychological and emotional outcomes, especially for marginalised women and children, has been identified (Campos et al., 2006; Puhl and Heuer, 2010; Herndon, 2014). Research has drawn attention to the potential for anti-obesity interventions to problematise children’s relationship to their bodies and food by promoting food vigilance, guilt, bodily monitoring and shame (O’Dea, 2005; Tanner et al., 2013). The responsibilisation of mothers for the prevention (and cause) of childhood overweight has also been linked to an intensification of feelings of maternal guilt, anxiety and worry in day-to-day family food provisioning (Harman and Cappellini, 2015; Wright et al., 2015; Petersen et al., 2014). Extending this research, this paper focuses on the school and home as spaces where childhood obesity prevention measures continue to target families, and mothers in particular. We suggest that in the

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

tensions and contact between these spaces, especially via health messages that are carried home from school, there is an intensification of negative feelings around particular food objects and practices. By exploring some of these contact points in this paper, we contribute to the development of a theory of the action of emotion in childhood obesity discourse as part of a growing body of work that critically engages with childhood obesity prevention measures in schools and their implications.

Research in the fields of feminist geography, health education and sociology of obesity, education and health, has considered different aspects of school food cultures and rules, and their impacts on children and families. Much of this work has drawn on bio-political frameworks to critique the various forms of governance measures instituted by schools in the name of health that mediate children’s relationships to health and food (see e.g. Dempsey and Gibson, 2018; Pike and Leahy, 2012; Pike, 2010). The construction of school children as agentic subjects who simply fail to make ‘correct’ choices for their health in school health programs has also been critiqued with calls for greater recognition of the structural and social conditions that shape people’s access to food and their food behaviours (Gibson and Dempsey, 2015; Pike and Leahy, 2012). Feminist geographers in particular have argued for more nuanced understandings of how children and young people experience their foodscapes and interact with their environments (Pike, 2008), including when food resources are scarce (e.g. in ‘food deserts’) (Bosco et al., 2017). Emotions and affect feature in this work with some scholars taking up notions of embodiment, materiality and viscosity in developing a theoretical approach to and politics of food beyond representation (Hayes-Conroy and Hayes-Conroy, 2008; 2013). Here we contribute to this work by considering how negative affect is attached to food objects that travel between home and school and materialises in particular school food practices for mothers and children.

Our analysis draws on family interviews with mothers and primary-school aged children (n=50) in Australia collected as part of an Australian Research Council-funded project on

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

children’s role as health advocates in family contexts. Using Sara Ahmed’s (2014) work on ‘sticky’ emotions, and John Law’s (2009) conceptualisation of ‘collateral realities’, we consider how clashes and confrontations in ‘healthy’ food practices between home and school are shaping children’s emotions towards food and parents’ feelings towards school. In so doing we show how rigid school rules and their policing at school promote narrow Anglo-Western prescriptions of ‘healthy’ school food that have the potential to produce unintended negative affects for families and children, and especially for those children from diverse ethnic and religious backgrounds. We conclude by offering some recommendations on how school health promotion practices can be more inclusive, and enable and support, rather than harm, the emotional well-being of mothers and children. In the following section we offer a brief overview of some of the current school health programs and policies that are being enacted in Australian primary school settings to provide context for our study and the data we draw on in this paper. We then introduce our theoretical approach and methods before turning to our data analysis.

Context: Schooling food in Australia

Unlike other countries (e.g. in the United States, United Kingdom and western Europe) where lunches are commonly provided by school cafeterias (see Pike, 2010; Gard and Plum, 2014), in Australia most of the food that is consumed by children at school is prepared and packed at home (by mothers) and brought by children to school in lunchboxes. Most schools (depending on size) also have canteens where students can order and buy food. Due to the expense, canteen lunches are commonly viewed as a ‘treat’ by families and students that, depending on the family, are ordered typically once a week to once a month or term. Food is eaten in classrooms at the start of scheduled breaks throughout the day (e.g. mid-morning break, lunch in the middle of the day, afternoon tea) with children typically given a short time to eat their food from their lunchboxes in classrooms supervised by staff (usually 10 minutes for lunch) before they are allowed to leave the classroom to play in the schoolyard. As such, and unlike other contexts where teachers have little influence over

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

school food, Australian teachers have greater opportunity to play a key role by monitoring what food children have brought to school and how they eat it.

There are a large range of programs and education initiatives designed to promote healthy eating in Australian schools run by both government and non-government organisations. These include on-line government resources (e.g. Better Health Channel) aimed at parents to help them ‘encourage healthy food habits’ in their school-aged children as well as teachers in order to support schools to, for example, ‘make healthy food and drinks a bigger part of everyday life for [...] kids’ (Good Habits for Life). There are also a range of workshops and programs run by non-government organisations that target parents, children and/or teachers. For example, a prominent community organisation, Nutrition Australia, which ‘aims to promote the health and well-being of all Australians’ runs a series of school-based health promotion programs like the ‘Reclaim the lunchbox workshop’ that aims to ‘help parents make the lunchbox right from the first day’, and the Roy Royce healthy eating workshop that aims to ‘enrich’ students by teaching them ‘how to be responsible for making healthy choices’ (Nutrition Australia). ‘Healthy’ foods commonly promoted through these workshops include fresh fruit, crunchy vegetables (carrot stick, cucumber), dairy food (cheese, yoghurt), protein food (slice of meat or hard-boiled egg) and starchy food (bread, roll). The resulting prescription for a ‘lunchbox’ typically then translates to the inclusion of sandwich (e.g. cheese and ham), cut up vegetables and pieces of fruit.

The promotion of ‘healthy food’ in schools has recently merged with programs aimed at improving environmental awareness in students. For example, schools can also join the ‘The Nude Food movement’, a program established in 2010 also by Nutrition Australia with the aims of reducing both litter and children’s consumption of processed foods. The program is designed to ‘promote healthy eating and rubbish free living’ by ensuring children only bring food to school in their lunchbox that does not have disposable packaging. The frequency with which schools adopt the ‘nude food’ program ranges from one day every term or week

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

to a year-round policy. These programs and policies are not uniformly taken up by schools; where they are, such programs are interpreted and enacted by schools and individual teachers differently.

In the context of heightened anxiety about a purported childhood obesity ‘crisis’, it is perhaps unsurprising that schools and school lunchboxes have come into particular focus as key sites where programs are directed towards improving health outcomes for children. Building on existing research, and as we demonstrate below, the directives of such programs, whilst discursively emphasising encouragement and ‘guidance’ nonetheless often depend to some degree on surveillance and policing which can take multiple forms and responsabilise a range of actors in the process, including educators, children, their peers and mothers (Pike and Leahy, 2012). Against this backdrop of arguably well intended school health and environmental initiatives, we ask what emotions – towards food and others – are being produced for families and children when the implementation of rigid (yet often arbitrary) school food rules instituted in the name of health clash with family food practices? The following section introduces the conceptual framework we draw on to address this question in the analysis of our data.

Conceptual approach

Our conceptual approach draws on two key theoretical interventions: Ahmed’s work on emotions and Law’s notion of ‘collateral realities’. Grounded in actor-network theory (Latour, 1988; Mol, 2002) and feminist material-semiotic work (Barad, 2007; Haraway, 2007), Law is interested in interrogating how particular versions of reality are performed and enacted through particular practices. Law understands practices to be detectable and somewhat ordered sets of material-semiotic relations and, in turn, the study of practices to involve exploring patterns of relations and how they are assembled in particular locations (2009). His concept of ‘collateral realities’ draws attention to the incidental or accidental ‘realities’ that are enacted through particular practices. He explains:

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

Collateral realities are realities that get done incidentally, and along the way. They are realities that get done, for the most part, unintentionally. They are realities that may be obnoxious. Importantly, they are realities that could be different. It follows that they are realities that are through and through political. (2009: 1)

Law’s approach therefore does not assume a prior, independent, stable reality but argues against a commonsense realism upon which, we suggest, much anti-obesity public health promotion rests (for example, that slenderness equates with ‘health’). In such a way Law’s conceptual framing opens a space for critiquing the taken-for-granted assumptions upon which reductive and often judgmental and individualising messages about food and health depend. Law’s concept of ‘collateral realities’ in turn offers a useful analytical approach to particularly rigid school-based rules, representations and practices – as evidenced in our data – that enact certain realities about ‘food’ and ‘health’. The concept of ‘collateral realities’ also offers a useful way of approaching the unintentional or less visible realities for mothers and children that are being enacted through particular school food practices. The notion of ‘collateral realities’, however, does not account for the explicitly emotional realities that are being created ‘incidentally’ and ‘unintentionally’ through school food practices. The transcripts of our interviews with children and mothers were replete with feelings and emotions about food. Here we turn to Ahmed’s work in *The Cultural Politics of Emotion* (2014) in order to bring into focus the nexus of emotions and materiality that emerged when school and family food practices clashed.

In her work on affect, Ahmed asks not what emotions ‘are’ but ‘what emotions do?’ In so doing she approaches emotions as both performative and generative, and as connected materially, culturally and symbolically to other bodies and objects. She explains: ‘emotions shape the very surfaces of bodies, which take shape through the repetition of actions overtime, as well as through orientations towards and away from others’ (2014: 4). Drawing

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

on examples of racism, immigration and terrorism, Ahmed shows how ‘emotions can move through the movement or circulation of objects’ and it is through those movements and practices of circulation that ‘objects become sticky, or saturated with affect, as sites of personal and social tension’ (2014: 11). She writes:

[T]he attribution of feeling to an object (I feel afraid because you are fearsome) is an effect of the encounter, which moves the subject away from the object. Emotions involve such affective forms of reorientation...If the object of feeling both shapes and is shaped by emotions, then the object of feeling is never simply before the subject. How the object impresses (upon) us may depend on histories that remain alive insofar as they have already left their impressions. The object may stand in for other objects, or may be proximate to other objects. Feelings may stick to some objects, and slide over others. (2014: 8)

Whilst focusing on sites and objects seemingly far removed from the fields that Ahmed herself addresses, her approach to emotions nonetheless offers us a way to track and understand negative feelings that ‘stick’ to food objects in their movement and circulation between home and school. It also offers a way of understanding the intensification of emotions around particular food objects as specific to the particular spaces and social relationships within which food is prepared, travels and is consumed, and as connected to an accumulation of emotions around food that has occurred over the nearly 20 years of global and national endeavors to curb childhood fat.

Combined, these two theoretical approaches are useful for several reasons: (1) they offer a way to integrate the materialisation of obesity policy and its socio-political and moral imperatives with children’s bodies and their emotions towards food; (2) they illuminate how taken-for-granted or obscured food ‘realities’ that are currently being enacted in primary education settings through school food practices in the name of health are inherently both

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

emotional and political; and (3) they suggest that the unintentional materialisation of negative ‘food realities’ for children and mothers could be ameliorated through the adoption of different school food practices. Drawing on these ideas we argue that, counterintuitively, in the transmission of rigid school food rules from school to home that are intended to promote children’s health and well-being, intensified emotions can circulate and ‘stick’ to foods in ways that are antithetical to healthy outcomes for families and children in particular. In the following section we introduce our study before turning to our data analysis.

Methods

Data collection

This paper draws on data on emotion and affect collected as part of a study that aimed to investigate how children experience the public health call to become advocates for healthy eating in their families, and family responses to messages about food that are brought home by children from schools. Ethics approval for the project was granted by Monash University Human Research Ethics Committee (CF16/339 – 2016000155). Building on child- and parent-centred methodological approaches developed by family research scholars in the UK (Backett-Milburn et al., 2012; O’Connell, 2012), the project adopted a triangulated approach to data collection consisting of interview data, visual data of food and food events created by children via iPads, and a qualitative content review of primary school health-based programs and policies in Australia. Our analysis in this paper draws primarily on qualitative data collected via in-depth interviews with mothers and children.

Fifty Australian families with primary school-aged children (aged 5-12 years) were interviewed as part of the study with two interviews conducted with each family (n=100 interviews overall). A total of 67 children participated in the study, who between them attended forty different primary schools (including publicly funded government schools (n=35), three Catholic schools, one Montessori school, and one Anglican school) in metropolitan, rural and regional areas in the state of Victoria. Families were recruited via a

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

social marketing recruitment company as well as snowball sampling with project researchers drawing on their own networks. Shopping vouchers were offered to families as compensation for their participation. After being contacted by the recruitment company or researchers, potential participants were invited to contact the project’s Research Fellow to set up a convenient time for an interview. Most interviews were conducted in participants’ homes after school hours in the early evening. A small number of interviews conducted in regional areas were conducted on weekends.

The sample consisted of a diverse range of families in terms of ethnicity, socio-economic status, geographical location and family make-up, including single (n=5), same-sex (n=1) and coupled heterosexual parents (n=44). The ethnographic background of families included families from France, Greece, Iraq, Syria, Malta, Canada, Germany, Colombia, Costa Rica, India, Sri Lanka, Pakistan, Egypt as well as Australia including Indigenous Australians and those with British heritage. Based on their housing, level of education and employment status, the majority of the cohort were identified as middleclass (n=19); specifically, families were categorised as ‘affluent’ middleclass (n=13), ‘struggling’ middleclass (n=5), upper working class (n=6), working class (n=6) and struggling working class (n=1). Parents’ age ranged from 29-58 years and they worked in a broad range of industries, including healthcare, marketing, education, finance, accountancy, law, design, call-centers, private business, engineering and building. In the majority of households fathers worked full-time and mothers worked in a range of ways, at home, in casual, part-time and full-time employment. Reflecting the gendered nature of family food provisioning (Tanner et al., 2014) the majority of family interviews were undertaken with mothers (n=39) with only fathers participating in three; both parents participated in at least one interview in eight families.

As noted, two interviews were conducted with each family. The first interview lasted up to 30 minutes and offered an opportunity for the researchers to collect relevant demographic information and discuss the project in detail with the parents and children, and invited them

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

to ask questions about the study. At this time, researchers also gave the children an iPad and asked them to take photographs/videos of any family food moments or events that they wished to. Parents were invited to sign consent forms if they wished to participate in the project, whilst children were asked to sign assent forms. The second family-child interviews were in-depth lasting on average 60 minutes and involved interactive discussion with both children and parents asked questions about how food is eaten at school and what children learn about food/health at school. The visual material taken by the children was also used as a prompt to ask children about what pictures/videos they had taken and why.

Data analysis

All the interviews were transcribed verbatim by a professional transcriber and analysed using NVivo software. The research team read the transcripts and developed a coding framework based on emergent themes and key topics of relevance to the projects’ aims (e.g. family food rituals, family health, food exchanges, lunchboxes etc.). This paper focusses on data on food affects and lunchboxes. Pseudonyms are used to ensure the anonymity of participants. The visual material was coded by the research team based first on a set of key terms that emerged from recurring images. These were refined by a specialist researcher with visual data coded into categories (e.g. lunchboxes, full plates, cupboards, eating surfaces etc.). ‘Movies’ that consisted of the images of each family were created to enable contextual analysis of the visual material with family interview data. Whilst we do not draw explicitly on the visual material in our analysis, to offer a visual context for family food practices, we have included several photographs taken by the children of the families on whose data we draw. In the analysis below, we concentrate on a small number of examples where negative emotions were present in mothers’ and children’s stories about their experiences with school rules about family food in order to undertake an in-depth analysis of these rich accounts of mothers’ and children’s experiences. Pertinent demographic details of the families quoted are provided below to provide context whilst maintaining anonymity.

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

It is important to note that the examples we draw on do not represent the experiences of all the mothers and or children that we interviewed. Whilst all of our participants spoke in general terms about many of the health programs described above (e.g. ‘nude’ food, ‘healthy’ lunchboxes), and many described school monitoring of food sent from home (n=21), only nine (18%) of the families we interviewed described in detail an instance of strict enforcement of rigid rules around school food. In turn, whilst feelings of guilt, shame and anxiety around food and food provisioning were common, intense negative feelings around the transmission of food messages from home to school were reported in a substantial minority of the interviews. Where there were rigid rules transported from school to home we were struck by a particular intensification of emotions around mothers’ relationships with school and children’s relationships to food objects. We highlight these instances as we believe they serve as a cautionary tale of how easily often apparently sound and well-meaning school health practices can have vastly different and unexpected outcomes to their intentions. We suggest that the recognition of these unintended consequences, and especially their emotional force, is needed to ensure the development and enactment of school food practices that can produce the best possible conditions for children to develop positive relationships to food and their bodies, and for mothers to be best supported in this project. In our analysis below we consider a series of examples where in the contact points between school and home negative feelings towards food, and food practices, emerged.

Educating mothers: ‘Good’ and ‘bad’ school lunchboxes

As noted above, school lunchboxes are a key focus of efforts to improve children’s health with mothers the target of education strategies designed to assist them in knowing what to put in them. These efforts take various forms and range from text-based guides and online resources, school-based programs that target parents and children respectively, and accompanying rules. Some of these strategies were employed to educate parents about what should and shouldn’t be in school lunchboxes. In the following example Bronwyn, a

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

mother of three children, describes the strategy that was employed by their school in Prep to ‘teach’ children and parents about ‘good’ and ‘bad’ lunchboxes:

Okay, because [another Mum] was quite upset about – when we did Prep...we got an information form of lots of things and then a photo of a lunchbox which was a bad lunchbox and then a photo of a lunchbox which was a good one, and they took the photo of the lunchbox with the kids in it saying this is the bad lunchbox, and so it just had packaged processed food. I think there was a good one but then there was a picture of good ideas to put in your lunchbox. But they kind of shamed these children, so [another Mum] was quite upset about that... (Family 5, Irish background, Bronwyn (works part-time in a skilled profession), mother of Isobel (6 years), Matilda (4 years) and Angus (2 years), Scott (father) works as a senior government official)

Bronwyn describes a school practice designed to encourage and enable parents to choose healthy foods for their children’s lunchboxes. Whilst we don’t have the ‘information form’ received by parents, what is described is a document that was produced by school and travelled to home (it is unclear how) at the start of the first year of primary school (Prep). The form juxtaposed two versions of lunchboxes – one that has ‘good’ food and one that has ‘bad’ food – meaning here ‘packaged processed food’. We can deduce from Bronwyn’s description that the circulation of this document involved a number of school practices: photographs of children were taken with their lunchboxes, these were named as ‘good’ and ‘bad’ on a sheet which was then photocopied and circulated to parents. Bronwyn describes the emotional responses receipt of this form elicited for another mother in particular, noting that she was ‘upset’, ‘quite upset about it’ due to the way it ‘kind of shamed these children [with the ‘bad’ lunchboxes]’.

If we adopt Law’s approach to practices as constituting certain ‘realities’, the assumptions underlying these practices constitute mothers, children, teachers, and food, in particular

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

ways. Mothers, who are responsibilised for the provision of food, are configured as passive yet rational actors who are in deficit – they are in need of information about food in order to make the ‘correct’, ‘right’ or ‘better’ food choices for their children’s lunchboxes. Importantly the conditions in which these ‘choices’ are made are absent from this enactment of family food realities. What is enacted however in this configuration of mothers and their food provisioning is ‘poor’ choices – in this case ‘packaged processed food’ versus ‘good’ choices. What ‘good’ means in this instance isn’t immediately apparent but policy guidelines and popular representations commonly prescribe a narrow Anglo-Western version of a ‘healthy’ lunchbox consisting of wholegrain bread (meat and cheese) sandwich, raw vegetables and fresh fruit. The attendant logic is that mothers, having received this ‘information’, become informed maternal subjects who either fail or succeed in making ‘good’ lunchboxes for their children. These judgments, and the moral frameworks on which they depend, in turn are carried by or ‘stick’ to lunchboxes and the foods contained in them, and the children who carry them to and from school. Indeed, the practice of photographing the children with their ‘bad’ and ‘good’ lunchboxes provoked significant upset in the other mother in Bronwyn’s story, as it ‘shamed’ them. In turn, the education practice described above, whilst constituting certain ‘realities’ about mothers and their food practices, also arguably produced emotional collateral realities (maternal upset, and shame and embarrassment in children) – which we argue are realities that undermine any public health message intended to assist mothers in providing ‘healthy’ food for their children.

We noted in the data that narrow Anglo-Western prescriptions of a ‘healthy’ lunchbox also produced emotional collateral realities in particular for those families and children who came from more diverse cultural and religious traditions. Three of the families we spoke to from Pakistani (Muslim), Indian (Hindu) and Iraqi (Muslim) backgrounds respectively described a narrow prescription of school food and lack of flexibility which limited what their children ate at school. In one interview a mother described her frustration and sadness due to her daughter being unable to eat the halal lunches she prefers as there was no way of heating

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

them up at school, and her child’s embarrassment when asked by her teacher in response why her mum simply hadn’t provided her a ‘sandwich’:

No, but she is a bit of a fussy girl with the food. She doesn’t like to eat the – especially a cold lunch so she prefers to not take any lunch with her. [...] she told me that the teacher said, “Why you don’t have sandwich?” [...] She just gets embarrassed [...] And so when she comes back home, she will have her lunch, yeah. Many times talked to her teacher about that and I really suggested [to] the principal that if they can put a microwave in a special room to help the kids who – not just me, I heard about a few students, too. But still they didn’t really – yeah. Just the salami sandwich, that’s it. Other things, no way [...] Yeah, I’m so sad that she doesn’t get halal but what to do? I tried with her. Even I bought the bag which keeps food warm but still she said she wants it very, very warm, even hot sometimes, you know? (Family 40, Iraqi background, Marjani is the mother of daughters Mahdia (7 years) and Aayun (3 years), Hussein, their father works fulltime as a courier and was previously a highly skilled medical professional in Iraq)

Figures 1, 2 and 3. Images taken by Mahdia (7 years), Family 40.

Here, the narrow prescription of an Anglo-Western school food diet (e.g. salami sandwich) produced feelings of shame and embarrassment for a child with more diverse tastes and preferences shaped by her family’s faith and cultural and ethnic background. A lack of flexibility in school food practices produced this ‘reality’ through a refusal to accommodate

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

for any difference in food and or cultural/religious traditions by providing a microwave that children could use to heat up their lunch. For all three families the consequence of this kind of rigidity, around what kind of food their children could eat at school and how it could be consumed, was that their children (who attended different schools in suburbs in outer Melbourne) only ate snacks at school, if at all, preferring to eat after school. Below, we explore in further detail the emotional implications for children of the link between shame and family food ‘choices’, and mothers’ ‘choices’ in particular, that is produced through certain school food practices. Before doing so we first consider how teachers and school peers are also responsibilised for the ‘education’ of mothers and children about ‘good’ and ‘bad’ food choices, and the emotional impacts of this on families.

The policing of school food and family anxiety

In many school food programs designed to promote ‘health’ and ‘environmental awareness’ children are incentivised to conform to guidelines (e.g. no packaged, processed food, or ‘junk’ food in lunchboxes) through rewards for their class (e.g. small 3-dimensional ‘golden’ bins that serve as trophies awarded to students in recognition of their environmental and sustainable achievements) or penalties (e.g. ‘yard duty’ involving picking up rubbish or cleaning or tidying the school grounds). This in turn calls upon teachers to monitor and surveil school food that is being consumed by students as they eat their lunch, and incentivises students to do the same. As a result, we saw recurring accounts of maternal concern emerge in our data associated with different forms of policing of food at school by both students and teachers. In the following example, that is quoted at length, Ingrid, a mother of 2, describes the policing of lunchboxes that occurs at their school (by teachers, class captains and other students who are keen to receive rewards and avoid yard duty) and the emotional impacts on herself and her family:

I just don’t like the punitive aspect of [the school lunchbox program] [...] [O]n Sarah’s first day, her first Tuesday, in the school there was a relief teacher in the class who

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

berated her quite openly for the contents of her lunchbox. And Sarah then tried to explain, ‘Well, I’m new to the school and we didn’t know.’ And the teacher was absolutely unapologetic about it and Sarah got a point. And so then there’s like a bit of a social backlash because the points get added up and if your class has the most points then you’re going on yard duty for the week. [...] [I]t seems to me that this punitive aspect is resulting in militancy, militancy by the teachers, and militancy by the other kids. The other kids want to know what’s in each other’s lunchbox and, “Is it because of you that we’re on yard duty?” [...] In Sarah’s class the teacher doesn’t surveil it, but the class captains do. In Oscar’s class the teacher surveils it [...] There is also obviously this agenda to educate the parents as well. And I did point out that I don’t need educating on the choices that I make in packing my kids’ lunchboxes. With both the kids, and probably more so for Sarah, I’m very committed to just reasonable messages about food. And so I want to encourage healthy choices. I don’t want to foster guilt about foods that are highly enjoyable. And you don’t want to be choosing those foods all day every day, but you don’t want to be racked with guilt or potentially body image issues over your choices either [...] I mean in a standard lunchbox I would pack a sandwich or a bread roll, a piece of fruit and a treat. And so, yeah, that’s basically it. And the treat would be a muffin or a cake that I’ve made...On Tuesdays that’s an issue for the kids. So some are not as evil as others probably [...] So it’s never an issue any other day of the week. And there have been days when I’ve said, ‘Look that’s all I’ve got tonight, short of going back to the supermarket to get something else to put in, so perhaps you could say to the teacher, “That’s all mum had, or it’s actually a banana and choc chip muffin”. Just make something up.’ Oh dear. I think we’ve all got anxiety about the Tuesday lunchboxes around here pretty much. Yeah. (Family 4, Anglo-Australian background, Ingrid, (Academic) mother of Sarah (10 years) and Oscar (7 years), Daniel (father) has a senior position in finance)

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

Figure 4 and Figure 5: Images of lunchboxes taken by Sarah (10 years), Family 4

In the example above, Ingrid describes a set of school practices: a teacher berating a student for the contents of her lunchbox; the imposition of a penalty on a single student that impacts an entire class; ‘yard duty’ imposed as retribution for accumulated points for poor performance/behaviour; surveillance of lunchboxes by ‘other kids’, ‘class captains’ and some teachers. Ingrid also describes her own food practices: the packing of lunchboxes with food (‘sandwich’, ‘bread roll’, ‘fruit’, a ‘treat’); supermarket shopping; the making of muffin and cakes for her children. In the contact point between these practices – when her children are at school with their lunchboxes – a range of emotions emerge.

Ingrid expresses concern and upset about the ‘militancy’ of the surveillance of food at school, especially the treatment of her daughter by a teacher and other kids, the ‘social backlash’ for taking the wrong food, as well as about the possible impacts of the restriction of foods on her children’s approach to food and health, for example, by fostering ‘guilt about foods that are highly enjoyable’. Frustration that her efforts to feed her children are being undermined by school is also evident, at the same time as she acknowledges that school food practices cause ‘anxiety’ for her and her children. For Ingrid there is a clear clash in approaches to food and health between her and school: where she seeks through her family food practices to limit the potential for social stigma, ‘guilt’, and ‘potentially body image

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

issues’, she sees the school as undermining this project whilst producing other negative emotions in the process for her and her children. Here, as in Bronwyn’s example above, the shaming of children for mothers’ care practices (e.g. a baked ‘muffin’ or treat in the lunchbox is on Tuesdays ‘an issue for the kids’) emerged as a strong theme. In the following section we consider the impacts of this link on children’s emotions at school and towards food.

Children: Shame, fear and mothers’ food ‘choices’

In the data there were a range of instances where children’s behaviours and food likes and dislikes were impacted by school food practices: one mother described her oldest child insisting on having cheese sandwiches every day for the whole of primary school to avoid other food stuffs that may make a ‘mess’ in her school-bag after education videos were shown to the class warning against this; another child described disliking yoghurt-covered sultanas after being admonished for bringing them to school. In the following example, a mother describes her daughter’s response, eight weeks after starting prep, to being sent to school with half a wrapped muesli bar in her lunchbox:

It was about eight weeks into prep. And I was looking for things to put in Gigi’s lunchbox and I had a muesli bar in the cupboard. So I chopped it in half and left it in its wrapper to keep it fresh from all the other things in her lunchbox. And that afternoon she came home and she said, ‘Oh, mum, don’t you know we’re not allowed to have wrappers at school, it’s a nude food school?’ And I said, ‘Oh that’s okay, you know, if I send it in a wrapper, you just bring it home in your lunchbox, no big deal.’ And I said, ‘Where is it, did you bring it home?’ And she goes, ‘No, I buried it in the garden at school.’ And I’m like, ‘Did you eat the muesli bar?’ And she said, ‘No,’ she’d just buried the whole thing, because she was so terrified of being caught. And that made me really concerned, just thinking about if that’s how the school can shape her in eight weeks, imagine what it’s going to do over seven years. So I wrote to the school and said, ‘I’m really concerned about this. I haven’t spoken to her about the

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

nude food thing, so it must be coming from you guys.’ Anyway I said, ‘What I put in her lunchbox is up to me and based around what I can afford, what is available and what she’s eating at the time, and I don’t want you guys to be influencing her to the point where she has any emotion around food really.’ So I got a response from the prep teacher and she said [...] ‘We’ve barely said anything to them, like all we did was get them to colour in a picture of a healthy lunchbox,’ and basically took no responsibility for it. (Family 9, Anglo-Australian background, Mary (part-time CAM therapist), mother of Gigi (6 years) and Isla (3 years), Stephen (father) works in media full-time)

Figures 6, 7 and 8. Images of family food taken by Gigi, (6 years), Family 9.

In the example above Mary describes the strength of emotion that her daughter felt having a ‘wrapped’ muesli bar at school. Whilst Mary was simply seeking to provide a ‘fresh’ snack that her child would enjoy, in the context of a ‘nude food’ school space the muesli bar was, for her child, a fearful object that she had to ‘bury’ in the garden at school as ‘she was so terrified of being caught’ with it, presumably by her teachers and or other students. Here we see an arguably well-meaning school policy designed to promote health and environmental awareness materialised in feelings of terror, worry and fear of a five-year-old towards a food object. Importantly, these feelings were produced by a food object that was prepared by her

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

mother with consideration and care albeit within the constraints of daily family life (‘what I can afford’, ‘what is available’ and ‘what she’s eating at the time’). For Mary, nourishing her child by ensuring she has a ‘fresh’ piece of food that she will like and eat at school, and ensuring her child isn’t influenced to have ‘emotion around food’ are priorities in the nutritional care of her child. Again, here we see a clash between family food practices and school food practices as a contact point where negative emotions emerge: a child’s worry, terror, shame and fear, and a mother’s worry, anger, concern and frustration.

In these accounts we see how various school food practices encourage narrow understandings of ‘healthy food’ and ways of consuming food, that is, Anglo-Western cold food that can be consumed quickly (e.g. lunch in 10 minutes) with no mess or wrapping, and forms of food ‘policing’ and ‘vigilance’ for which children, mothers and teachers all have a part to play, with mothers and children impacted in deleterious ways. For example, we have illustrated how rigid school rules and surveillance of childhood eating at school can produce feelings of frustration, concern, worry, upset and anger for families, and feelings of worry, embarrassment, fear and shame for children. These findings are consistent with other research on school food that, drawing on Foucault, has shown how surveillance is a central aspect of self-disciplining and form of health governance that creates a significant emotional burden which shapes children and mothers’ emotional relationship to food (Pike, 2008; Gibson and Dempsey, 2015; Pike and Leahy, 2012), and is at odds with familial approaches (Fairbrother et al., 2016).

Here we draw on the work of Law and Ahmed to develop an alternate conceptual approach to theorise the affective impacts of school food practices instituted in the name of health. In turn we show how what we describe as ‘affective collateral realities’ are being produced for mothers and children when school food practices clash with family food practices. That is to say, unintentional food realities are being produced for mothers and children through rigid school food practices, with often intensely negative emotions ‘sticking’ to certain foods as a

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

result. The educative forms that picture ‘bad’ lunchboxes with the children they belong to; the uneaten (cold) halal meals that return untouched in the child’s schoolbag; the cupcake that is made by the mother with care and love, and returned by the school via the child with admonishment; the wrapped muesli bar that is buried in the schoolyard by the child in fear – these are all sticky objects that are ‘saturated with affect, as sites of personal and social tension’ (Ahmed, 2014: 11). As such we can see how school food practices, to use Ahmed’s words, can both ‘make an impression, and leave an impression’ (Ahmed, 2014: 20).

Our data indicate that given the very narrow Anglo-Western prescriptions of ‘healthy’ food, and rigidity around what and how school food is consumed, those with more diverse cultural traditions and food preferences are potentially more likely to be excluded and marginalised as a result of normalised school food practices with serious consequences for those children’s diets and health needs during the school day. As other work has shown, this finding highlights how questions of what to eat, where to eat and how food should be eaten at school as elsewhere are not just practical questions but political ones (Hayes-Conroy and Hayes-Conroy, 2008: 463). The tastes of children in school contexts, in this respect, and the religious, cultural and ethnic backgrounds that have shaped them, offer one example of how ‘social difference is continually entering into the visceral realm to materially complicate everyday personal–political experiences’ (Hayes-Conroy and Hayes-Conroy, 2008: 468). Following Hayes-Conroy and Hayes-Conroy (2008: 469) we suggest that paying attention to this visceral realm in school contexts ‘reveals different kinds of knowledges and sensitivities’ that can be used to inform and enhance, and lead to more effective school food practices.

Conclusion

Our analysis highlights the need to interrogate normalised school food practices as they generate unintentional emotional effects that impact different families with diverse approaches to food in family life. We argue that these emotional effects need to be taken into account as health promotion programs are developed and practiced, in school settings

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

and elsewhere. As various actors are called to action by health and environmental imperatives, it is through the enactment of particularly rigid, narrow (white Anglo) school food practices that feelings such as guilt, sadness, fear, worry, anxiety, shame and disgust, move, stick and slide across different (food) objects, and as these objects of feeling circulate, ‘we move, stick and slide with them’ (Ahmed, 2014: 14). The various emotional intensities that travel through and are (re)produced by current health practices also need to be understood as a part of a larger history of emotions surrounding bodies, food and fat that that has accumulated over now 20 years of (often panicked) efforts to address (childhood) obesity that both elide and exacerbate existing social inequities along class, ethnic, religious and cultural divides (Gibson and Dempsey, 2015). However, if we are to believe Law, these (affective) realities, like the ones described in our data above, are also ‘realities that could be different’ (Law, 2009: 1).

It is through different school food practices that alternate food realities can be constituted that do not (re)produce feelings that undermine the emotional health and well-being of children and families. In seeking to achieve this, and based on our findings here, we offer some recommendations. School health initiatives should always consider how mothers, and by extension their children, can be approached not as successes or failures based on their food ‘choices’ but as committed to nurturing and nourishment within the bounds of commercial, personal, social, time and economic constraints. In the development and implementation of (school) health initiatives a guiding question should also always ask how different health promotion practices can configure food and its consumption in ways that produce food realities that enable and support, rather than harm, the emotional well-being of children and mothers. We suggest that ensuring children aren’t charged with the responsibility of being ‘health’ agents of change for their peers or their families would reduce pressure on children.

‘Sticky’ foods: how school practices produce negative emotions for mothers and children

Another approach may be to engage with the current food realities that are constituted through food practices in families with diverse religious, ethnic and cultural traditions, and to listen to the priorities of parents in their efforts to enable children’s positive relationship to food (e.g. by emphasising balance, pleasure, nourishment and care in and through their food provisioning). The emphasis some of our participants placed on emotional health and well-being, which embraced a much broader understanding of ‘health’ beyond the narrow (nutritionist) conceptualisation that is adopted by most schools, offers further evidence of the need for health professionals and leaders ‘to acknowledge the variety of health meanings’ (Hayes-Conroy et al., 2014) held by families and mothers in particular. Schools also need to acknowledge how narrow Anglo-Western versions of ‘health’ and rigidity around how food is being consumed is marginalising and excluding children from diverse backgrounds. In particular, it is incumbent on schools to develop food practices that can respect and be adaptive to and inclusive of difference in all its forms. Allowing more time for lunch and providing children access to a microwave are obvious practical ways of supporting diverse lunches.

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