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The Juxtaposition of Comiendo Bien and Nutrition:

THE STATE OF HEALTHY EATING FOR LATINA IMMIGRANTS IN SAN FRANCISCO

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Abstract

There warrants a discussion regarding how nutrition discourses transform lay health practices. Here, I discuss how the adaptation of nutrition discourses among Latina immigrants in San Francisco produces a negotiation between a discourse of nourishment and a discourse of satisfaction in their practice of *comiendo bien* (eating well). The discourse of satisfaction refers to eating as a way to fulfill symbolic, material or embodied desires, while a discourse of nourishment focuses on supplying the body with nutrients. Negotiating between these discourses transforms *comiendo bien* if: (1) Latino immigrant families have the resources to adhere to nutritional recommendations; and (2) the adherence to the nutritional recommendation transgresses a negative emotional or physical experience. Appropriating nutrition discourses produces food restrictions that disengage the body from culture and relegate eating to an alienated task. Although a nutritional approach to *comiendo bien* produces conflict between satisfaction and nourishment, “healthy eating” remains a juxtaposition between satisfaction and nourishment.

Keywords

Latino immigrants; lay knowledge; globalization; nutrition; negotiation; situational analysis

Nutrition: The Scientific Rationalization of the Relationship between Eating, Food and Health

Diet and health are becoming scientifically rationalized into nutrition. As DeVault asserts, nutrition is “largely absorbed and managed by dominant constructions of science and a medical model of nutrition work” (DeVault 1999: 180). At the same time, the United States Department of Agriculture’s (USDA) nutritional guidelines are legitimated as the gold standard of “healthy eating” by agencies such [as] the World Health Organization (WHO) and Mexico’s National Institute of Public Health (INSP). As such, public health agencies in the United States and Latin America have adopted a nutrition-based approach to the relationship between diet and health to produce dietary supplements that reduce malnutrition

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³The Sistema Nacional para el Desarrollo Integral de la Familia Desarrollo Integral Familiar (The National System for the Integral Development of the Family) is a Mexican national agency that is parallel to the US Department of Health and Human Services, with a focus on youth and families. Its Nutrition and Community Branch is responsible for community-based nutrition interventions.

and create obesity reduction interventions (Barquera *et al.* 2014). This implies that *nutritionism* (Scrinis 2008), a reductionist approach to food informed by nutrition science, is becoming the global response to reversing diseases and chronic illnesses related to diet. In nutritionism, food is valued for the nutrients it can provide to the body and not necessarily for its cultural, historical, economic or emotional significance.

There warrants a discussion examining how nutritionism, or the scientific rationalization of food more broadly, has been adapted in lay health dietary practices. Through a situational analysis (Clarke 2005), I discuss how the adaptation of nutrition discourses among Latino immigrants' practice of *comiendo bien* (eating well), produces a constant negotiation between a *discourse of nutrition* and a *discourse of satisfaction*. *Comiendo bien* is a lay health practice among Latino immigrants in San Francisco that emphasizes *how* food should be eaten to reduce the occurrence of illness requiring medical attention. More details about this lay health practice will be provided in the following section.

Before I continue, nutrition discourses will refer to those multiple, and often conflicting, social worlds that appropriate nutrition science to legitimate and formalize a prescription for "healthy eating." Here, a "social world" represents the Chicago interactionist concept in which different collectivities have "shared commitments to certain activities, sharing resources of many kinds to achieve their goals, and building shared ideologies" (Clarke 1991: 131) about how to approach doing something, in this case, scientifically-informed healthy eating. In nutrition discourses, healthy foods are those that provide nutrients, while the act of eating healthy is to eat with control and not indulging in "bad" foods.

The negotiation between a discourse of nutrition and a discourse of satisfaction changes the significance and practice of *comiendo bien* for the cooks of Latino immigrant families, specifically, the mothers. The adaptation of nutrition discourses by family cooks can range from modifying the foods eaten for "nutritional" substitutes that are still satisfying, to denouncing the practice of *comiendo bien*. In the end, the negotiation between discourses of *satisfaction* and *nourishment* becomes a juxtaposition of both discourses because it is difficult for Latino immigrants to abandon completely the social worlds that are connected to *comiendo bien*, such as the enactment of motherhood and *Latinidad*.

The first part of this paper presents a brief description of *comiendo bien*. The second part describes the discourse of nourishment and the discourse of satisfaction arising from the adaptation of nutrition in these family cooks' practice of *comiendo bien*. This section will also discuss how the Latina immigrant cooks have positioned themselves between the two discourses. Third, I will demonstrate how the negotiation between a discourse of satisfaction and a discourse of nourishment manifests itself in the eating habits of three Latina immigrant cooks and their families. Although these women come from different countries in Latin America (Peru, El Salvador and Mexico) and have different family structures, they all: (1) share prior exposure to nutrition discourses in their country of origin, and (2) claim to have improved their families' diet as a result of incorporating nutrition discourses into their practice of *comiendo bien*. More importantly, each scenario demonstrates the different conditions that lead to this active negotiation between nourishment and satisfaction. Their stories demonstrate how they never abandon *comiendo bien*, despite the actions they take to

increase the nutritional focus of their dietary practice and the consequences arising from these changes.

What is *Comiendo Bien*?

Comiendo bien was an *in vivo* code that emerged from a field project I conducted in San Francisco in 2004–2005. In this project, I interviewed Latina immigrant women to discern how they distinguish women's health from general health. They each stated that *comiendo bien*, or eating well, was a way that women maintained both their health and that of their family. Between 2008 and 2010, I conducted a situational analysis (Clarke 2005) to examine the lay health practice of *comiendo bien* among fifteen Latino¹ immigrant families living in San Francisco, with the intention of identifying the transnational processes that sustain and transform this practice. Unlike extant acculturation and diet research, I conducted this research assuming that Latino immigrants' were already engaging with negative, Western dietary practices in Latin America because of global and transnational processes.

Two Latino immigrant community organizations in San Francisco, Mujeres Unidas y Activas and CARECEN, assisted with the research design and recruitment of participants. At these organizations, I posted recruitment flyers in Spanish soliciting families to participate in a study examining eating practices, in addition to the inclusion criteria (below). The flyer made no mention of "health" or "diet" so as to avoid anyone making the assumption that *comiendo bien* represented health. Primary data sources consisted of participant observation and interviews with Latino immigrant families representing six Latin American countries (Mexico, $n = 6$; El Salvador, $n = 3$; Peru, $n = 3$; Guatemala, $n = 1$; Honduras, $n = 1$; Nicaragua, $n = 1$). Key informant interviews were conducted with the adults responsible for buying and preparing food for their family. Secondary data sources consisted of nutritional research reports (2000–2007) from INSP and the Nutritional Institute of Central America and Panama (INCAP), and websites of food brands and items that participants identified or I observed in their home. All primary data were systematically analyzed using grounded theory coding and memoing (Charmaz 2006; Strauss and Corbin 1998) and integrative mapping (Clarke 2005) to draw relationships across data sources.

Comiendo bien is accomplished by eating three *comidas caseras* (homemade meals) a day in the form of a *platotóte*. That is, the meals are not consumed in courses, but rather as *platotótes*—a large plate of food that has a vegetable or fruit, a protein (eggs, cheese or meat), a legume (beans or peas) and a grain (rice, quinoa or corn). It is preferable to eat meals in the company of family members. *Comiendo bien* is not accomplished when one eats "processed food" or *comida callejera* (street food) as neither is considered natural. Nor

¹Both "Hispanic" and "Latina/o" are pan-ethnic labels used by scholars and policy-makers to distinguish a collectivity of multiracial, multiethnic and multilingual persons from Latin American countries (Gracia 1999; Oboler 1995). Many scholars prefer the "Latina/o" label because "Hispanic" is an ethnic category introduced by government agencies during the Nixon administration to distinguish foreign-born Latin Americans and US-born persons of Latin American or Iberian descent from white and black Americans. This distinction is not succinct and it continues to be problematic. I decided to leave the label open until I determined how my participants identified themselves, and other persons who were from Latin America. In the recruitment flyers, I specifically stated that I was looking for families in which "the person responsible for buying and preparing food was an immigrant from a Spanish-speaking country," so as to not exclude anyone who did not identify with the label "Latina/o" or "Hispanic." Ultimately, I chose "Latina/o immigrant" because this is the word that the participants used to identify themselves and other Spanish-speaking, Latin American immigrants living in the United States.

is *comiendo bien* accomplished through snacking because this action is not consuming food in the form of a meal. The embodied accomplishment of *comiendo bien* is “feeling full,” while the visual cue to the family that one has eaten well (*comió bien*) is when one consumes everything on one’s plate.

It is important that Latino immigrants eat this way because they believe it prevents illness and the use of medical services, which were inaccessible in Latin America and San Francisco. At a more symbolic level, *comiendo bien* is a communal practice that is constitutive of other identity positions, such as mother, father and child, gender, ethnicity and nationality; it can also be considered a health performance. A more detailed discussion about *comiendo bien* as a health performance is discussed elsewhere (Martínez 2010), as this paper specifically focuses on how the increasingly transnational transmission of nutrition discourses produces a range of discursive rearrangements and enactments of *comiendo bien*. The paper will now discuss how the adaptation of nutrition discourses by family cooks creates a more complex understanding of the health benefits of food and feeding the family.

Negotiating between Satisfaction and Nourishment

Key informants who stated that they had changed their diet were negotiating between a discourse of satisfaction and another of nourishment. Eleven of the key informants and their children had been exposed to nutrition education through various means including community workshops, participating in public health campaigns, through their health providers, and the media. Four participants even participated in a nutrition intervention when they lived in Latin America. However, only six of the families expressed changing their diet after participating in nutrition education.

Denouncing *comiendo bien* is one of the positions taken in the negotiation between nourishment and satisfaction (see Figure 1). In the practice of *comiendo bien*, healthy foods are considered those that are natural, minimally processed and meals that are homemade and satisfying in either a physical or emotional way. A food would be considered emotionally satisfying if it summoned positive memories of a family member or a particular dish eaten in their home country. The discourse of satisfaction represents eating as an activity done to fulfill a material or symbolic need, such as relieving hunger, celebrating an identity position, accomplishing food security, and/or eating for pleasure. For example, eating a national dish or a meal that summoned a positive experience is defined as eating for satisfaction:

Well, I ate well in my country [laughing] ... Well, because I ate fruit, a bit of everything. I bought fruit, I bought chicken, the meats are not so greasy and all. For me, to eat well is to eat fruits, salads, make soups that are not too greasy, with vegetables and all ... Well, the grilled skirt steak was one of our favorites because the grilled skirt steak comes with a fried plantain, cut lengthwise, salad, and gallo pinto [Nicaraguan red beans and rice], that is the typical plate of Nicaragua and that is really delicious over there, that is one of our favorites.

(Denise²—Nicaraguan married mother of three)

²Pseudonyms that the participants chose are used throughout the manuscript.

Denise focused on food security and the variety of foods her family ate. She not only mentioned types of foods, but also the national dish that her family enjoyed. When one eats for satisfaction, the body is constructed in terms of *feeling full*, satisfied and not physically deprived. The concern with satisfaction is not only that mothers feed their family a *platotóte* with a starch, legume, protein and vegetable, but also that the food is flavorful. Mothers who employed a discourse of satisfaction in their practice of *comiendo bien* made sure that their meals were going to be consumed, and more importantly, enjoyed by their family.

On the other hand, the discourse of nourishment is a representation of healthy eating that is adapted from nutrition and is about eating to provide the body with nutrients such as protein, carbohydrates, fats, antioxidants and vitamins:

I can drink my vitamin, one or three, that is, nothing is going to happen to me because my body is going to grab what it needs and the rest it will eliminate in my pee-pee. I was so intoxicated ... Free radicals, junk food, um, the fats, all of that we eat in our lives, causes certain materials, certain toxic materials inside our body when we do not have a normal functioning in our digestion.

(Lorena—Mexican, divorced mother of two)

As in Lorena's description, the discourse of nourishment constructs the body as directly benefitting, or not, from the food consumed. The body is rational (the functional digestive system), effective (it takes what it needs and discards the rest) and analogous to a machine in which the food is the fuel. Lorena controls the fuel that goes inside her body. There is disengagement between eating and pleasure in her description.

Latina immigrant mothers who assessed food by its nutritive value often criticized their previous interpretations and/or practice of *comiendo bien*. For example, Lorena and Veronica (Salvadoran, married mother of two) condemned other Latino immigrants' practice of *comiendo bien* for adhering to the discourse of satisfaction in one of its various forms (e.g. eating everything, feeling full and celebration). However, these women's practice of *comiendo bien* is involved in a discursive conflict because they had developed an understanding of *comiendo bien* to exist between the two discourses of nourishment and satisfaction. They valued eating for nourishment more.

For example, Denise felt that the way she fed her family in Nicaragua was both nourishing and satisfying and so she continued a similar practice in San Francisco. For Lorena, her previous practice of *comiendo bien* was satisfying, but as she privileged a discourse of nourishment, she no longer considered it as having many health benefits. Similar to Lorena, Veronica also believed that *comiendo bien* was satisfying but not nourishing. However she also condemned Latinos: "we [Latinos] have an erroneous idea of what it is to eat well. Practically, because to eat well for them, is to eat a lot." Here, Veronica's statement is interesting as she ethnically identifies with other Latinos, but then disassociates from them when it come to their interpretation of eating well.

Likewise, some mothers were always negotiating between eating for satisfaction and eating for nourishment, but believed that *comiendo bien* could accomplish both. In this negotiation between satisfaction and nourishment, *comiendo bien* became nourishing after the mother

modified her recipes. *Comiendo bien* also became satisfying once the family had adjusted to the new flavors or food:

For example, they have a way of making rice where they put the stock from [cooking] the black beans, it tastes so delicious the rice like that ... I liked it! And, that is why I keep doing it, because I do not fry for anything. I only put a little bit of butter, I put the stock from the black beans and all that you cook it, like I told you, in my little pot that I took from the Chinese [electric rice cooker] and that is how I make my rice. Now, I do not fry it or anything like that. So, that is different, that is what I changed from over there and I tell you that, I no longer use a lot of meat.

(Vick—Mexican, divorced mother of one)

What prompted the women to start assessing their diet between a discourse of nourishment and satisfaction? Latina immigrant mothers start negotiating between the discourse of satisfaction and the discourse of nourishment after someone in their family, or they themselves, has undergone a transformation in their body, such as the diagnoses of a chronic illness. Adhering to the discourse of nourishment helped them transgress a negative, emotional situation or the physical symptoms of an illness. The participants gained awareness of nutrition discourses through different sources, either the media, clinicians, nutraceutical companies and public health campaigns in their country and/or San Francisco. Despite these different sources, they all appropriate nutritional science; create fear about obesity; restrict consumption; disengage the body from culture; and divorce economic means from food acquisition. These not only change their practice and reproduction of *comiendo bien*, but often their relationships to their bodies.

The transmission of nutrition discourses is also a transnational process, where the modernized appropriation of nutritional science is a process occurring in the social worlds between San Francisco and the Latin American countries of origin represented in this sample. People in both Latin America and the United States have access to multiple discourses of nutrition. The transnational transmission of nutrition discourses can mediate changes to Latino immigrants' diets, especially those who are considered middle or upper-middle class. However, health researchers have not examined Latino immigrants' adaptation to nutrition in Latin America and how the information is translated in everyday practices. The present paper will now demonstrate the conditions that lead to a discursive negotiation between nourishment and satisfaction for three family cooks—Mariela, Margarita and Lorena—and how this has transformed their practice of *comiendo bien*.

Mariela from Peru: Family Matters, Fearing Fat and the Low-carb Craze

Mariela was obese when she lived in Peru and attributed her condition to the way she ate with her ex-husband during their marriage. This was a time she ate for satisfaction:

For example, we, with my husband, we did not take care of ourselves. No, because my husband was chubby and me too. I was really high in weight ... But I do not know, the act that you live with him, and you come to cook and you sit and you eat so delicious and all the time you eat, all the time is to eat, eat, eat. But one starts noticing that one does not take care of themselves, so, I do not know what happens that people do not take care of themselves, no?

(Mariela—Peruvian, divorced mother of one)

In her experience of eating for satisfaction, Mariela enjoyed sharing meals with her husband and was not mindful of how healthy the food was or how much she ate. She started to change the way she approached food when her husband left her because she could not replicate the experience and emotions related [to] their commensal meals. She also claimed that the emotional distress of the divorce hindered her appetite:

I started to lose weight ... and from there I started to eat, for example, vegetables, pure vegetables ... I started to eat pure vegetables without salt, only with lemon ... I did not eat potatoes ... I did not eat rice, I did not drink anything but a bit of water, what else could I eat?

In addition to losing weight in Peru during her divorce, Mariela was restricting her diet of carbohydrates and “selectively nourishing” herself. Selective nourishment was reported among participants who feared becoming “fat,” or were apprehensive of weight gain, and started to adhere to a select group of food that they liked from a nutritionist’s or dietician’s recommendations. With her selective nourishment, Mariela demonized the consumption of starchy foods, such as rice and potatoes, and restricted her consumption of sugar from juices and sodas. “Demonizing starch” was the code used to represent participants’ condemnation and subsequent control over their consumption of starchy or sugar-laden foods, or what they referred to as “carbohydrates,” because they felt that such foods would make them gain weight.

Mariela: Yes, yes, over there I drank, I drank sodas and juice. Sure it would make me gain [weight], but when I wanted to lose [weight] then I ate salads, no? So, I ate ... I maintained ... Also, during that time I worked and I had a person who would help me in the house. So, she would give; she would make my son another meal.

Interviewer: Ah! And did that help you maintain your diet?

Mariela: Sure, because I did not eat meals with them, they ate one and I ate one.

Mariela was adhering to a low-carbohydrate diet, and more specifically, the food fad restricting the consumption of sugar, breads and starchy vegetables to lose weight. Low-carbohydrate diets encourage immediate weight loss by reducing water in the body, but can also serve as a treatment for persons with diabetes, insulin resistance or metabolic syndrome. Mariela said she had learned about this diet because “It comes out on television.”

In order to stay slim and continue this restrictive diet, Mariela even hired someone to prepare her son’s meals in the evenings. This indicates two things. First, one needs economic resources to change one’s diet—in this case, hiring a cook to help maintain such changes. Second, Mariela’s interpretation of nutrition is that of restricting certain foods to maintain a certain weight. Meanwhile, the practice of *comiendo bien* does not make food restrictions that are based on selective nourishment because the goal is to eat a variety of foods, even if it is in a small amount; hence, the structure of the *platotóte*. The food restrictions in *comiendo bien* depend on *where* and *how* the food was produced—at home versus in the street, naturally versus artificially. Nutrition discourses, as they are interpreted by food fads in the

media, mainly restrict foods and do not deal with larger social issues that people may encounter with their body or their family.

More importantly, Mariela's adherence to a low-carbohydrate diet transformed *comiendo bien* from a communal health practice to that of an individualized health task, where health was related to maintaining a lower weight, even at the expense of not preparing or sharing meals with her son. An individualized health task transgresses the interaction involved at the dinner table to reproduce *comiendo bien*, in which mothers and family members eat together to gauge their *platotótes* visually, and ensure that family members eat everything on their plates. On her low-carb diet, Mariela fulfilled her responsibility to feed her son by hiring a cook, but she did not share meals with him. So, in the process of negotiating between satisfaction and nourishment, she transformed what it means to enact motherhood through *comiendo bien*.

Mariela's story illustrates how it is not necessarily the case that Latino immigrants eat more healthily prior to arriving in the United States. First, when Mariela lived in Peru she was obese, which is a health condition often associated with a modernized lifestyle and the overconsumption of calories. Moreover, Mariela took her son to a fast food restaurant once a week in Lima. She may have eaten only vegetables after separating from her husband, but the diet was novel to her and not one that she will continue for her entire life. People's diets change throughout their lives, notably during transitional periods such as those experienced by Mariela. Now that she lives in San Francisco, she does not have a maid and she has to prepare and share meals with her son. However, she continues to restrict her carbohydrates living in San Francisco:

Mariela: In less than one month. I ate everything that I desired; but from then I stopped. I controlled myself. I started to cook myself. Yes, I ate rice, but I do not eat it twice, because Peruvians we eat lots of potatoes and rice...

Interviewer: Aha. And why do you think that way? What is the reason [for not eating rice twice]?

Mariela: Because clearly, because the mixtures that is what makes you gain weight. For example, that which you drink ... you eat potatoes and rice, will make you gain weight.

Demonizing starch and restricting foods was central to Mariela's negotiation between nourishment and satisfaction while living in San Francisco. In sharp contrast to Mariela, Margarita engages with the negotiation of nourishment and satisfaction because her husband became ill, rather than because of an individual, embodied or emotional issue.

Becoming Ill, Doctor's Orders and Divorcing Economic Means from Food Acquisition

Margarita's husband was diagnosed with high cholesterol when they lived in San Salvador. When he was diagnosed, their doctor recommended a list of foods he should eat in order to help reduce his intake of cholesterol. However, they could not afford to implement the physician's suggestions to eat more vegetables, switch to reduced-fat dairy and prepare leaner meats. Their regular diet consisted of oil, cheese, cream, fruits, particularly plantains,

French bread, black beans, eggs, coffee, sugar and Klim powdered milk. I asked Margarita if she considered that *comiendo bien*:

Yes. First of all, because possibly one can only choose from three or four items in the home, but also because thinking about it, what one has accessible, because not all of the families in El Salvador have like those foods available, right?

(Margarita—Salvadoran, married mother of three)

Unlike Mariela, who had the economic resources in Peru, it was difficult for Margarita to implement the doctor's dietary recommendations because the family could not afford to buy the recommended food. Both Margarita and her husband had professional jobs, but food prices were, and continue to be, very high relative to people's wages in El Salvador. The way Margarita contextualized the meaning of *comiendo bien* in her interview made me realize that eating according to nutritional guidelines is really a privilege. More accurately, nutritional guidelines often divorce economic means from food acquisition, meaning that these guidelines are created without taking into consideration the way people obtain their food and their material resources to procure food. In addition, the dietary recommendations made in El Salvador are based on USDA guidelines (INCAP 2000–2007). Simply put, it is difficult to make dietary changes when the recommendations are not affordable or part of one's customary cooking style.

Margarita's physician did not supply information regarding preparation of these foods, which also stalled the implementation of his recommendations:

At least, well, for example, when I had the control over my children, if the doctors tell me to consume a great deal of fruit, to consume vegetables, things that do not look good [appetizing] for children, right? But, perhaps one has to have different ways of cooking that will please the children.

A common grievance among the participants was that nutritionists, dieticians and physicians in both San Francisco and their countries of origin failed to supply adequate information about food preparation. Indeed, health professionals often communicate nutrition discourses in a way that disengages the body from culture. Disengaging the body from culture is a category of activities in which health professionals do not take their patients' cultural and familial expectations into consideration. In other words, although the lists of foods provided by health professionals include serving recommendations and information about nutrient content, they do not take into consideration how the food will taste or how patients will prepare them. Certainly, it is easier to provide dietary recommendations that do not consider whether the person can cook and whether the new diet will satisfy their palate or correspond with nostalgic foods and social experiences. In Margarita's case, for example, the list provided by her physician makes no consideration of her cooking skills or whether these foods will be appetizing for her children.

During the three years they had been living in San Francisco, Margarita and her husband had not seen a healthcare provider or taken a nutrition workshop like the other participants. Nevertheless, they had changed their diet because the foods that their doctor recommended in El Salvador were now more affordable in San Francisco:

... for example there are times when we are dining with salad and slices of chicken breast, like that, on the grill. That is something that over there [El Salvador], a dinner [like that] you would not make yourself. Over there it is a meal like one would think that ... like you are eating at a restaurant if you eat like that, right? Different from homemade meals, so that ... that is the difference ... but also it is for the same economic situation over there, to buy that is more expensive.

In acculturation and diet research, many researchers assume that Latino immigrants will learn only negative dietary practices when they move to the United States (Ayala *et al.* 2008). But as Margarita's example demonstrates, Latino immigrants who have been previously diagnosed with an illness requiring dietary change may also adhere to different habits. Margarita's husband needed to change his diet while living in the United States because he would fall ill when he did not "take care of his nourishment," and neither he nor Margarita had health insurance.

In El Salvador, Margarita's family ate from a discourse of satisfaction, where they ate to accomplish eating three meals a day and to satisfy their need to eat. In El Salvador, Margarita did not have the opportunity to engage with a discourse of nourishment in her practice of *comiendo bien*. However, unlike other participants, she does not condemn her previous diet because it was better than that of other families she knew in El Salvador who had less to eat. Margarita's family ate repetitive meals, but did not endure hunger. Despite modifications in their diet in San Francisco, they still adhered to the practice of *comiendo bien* by eating and preparing most of their meals at home and consuming them as a family. Unlike Margarita or Mariela, in Lorena's example below, her negotiation between the discourse of nourishment and satisfaction led to extreme renunciations of *comiendo bien* and critical positions of medicine and public health.

Denouncing *Comiendo Bien* and Finding Refuge in Nutraceuticals

Lorena was one of the mothers in this study who explicitly denounced *comiendo bien* and the way her fellow compatriots ate. When asked what people in Mexico would need to do to eat well, she responded:

I have thought about it, but it is better to give them a bullet to the face. They are not going to abandon eating tortillas. They are not going to abandon eating corn. They are not going to abandon eating tamales. They will NOT stop eating pozole [pork and hominy soup].

(Lorena—Mexican, divorced mother of two)

After hearing this, I was quite apprehensive during our interview because Lorena was very passionate about her new diet and changing how other Latino immigrants ate. Lorena was the only person in this study who believed that the practice of *comiendo bien* could not be satisfying or nourishing. Her new diet primarily consisted of the selective nourishment of meat, vegetables and a few "low-fructose" fruits, while she demonized the consumption of high fructose fruit (e.g. bananas, grapes and pears) and other starch (e.g. bread, corn and rice).

What differentiates Lorena's negotiation between satisfaction and nourishment from the experience of the other mothers was that she had the most experience participating in nutrition interventions, both in Michoacán, Mexico and San Francisco. For example, she participated in a food assistance program (Supplemental Nutrition for Women, Infants, and Children—WIC) and visited a nutritionist during her antenatal care in San Francisco. Further, her experiences and engagement with the discourse of nutrition did not end there. She also mentioned being a member of a “nutrition club” that made it possible for her and her family to follow her chosen diet through the purchase and consumption of “cellular nutrition.”

Lorena was a consumer and distributor for the transnational nutraceutical company, Herbalife. In this section, I demonstrate what initiated Lorena's adherence to Herbalife's interpretation of nutrition, as well as how the transmission of nutrition discourses intersects with the practice of *comiendo bien* in Lorena's family.

Lorena grew up in Michoacán, Mexico and came to the United States at the age of 18. During her youth, the Desarrollo Integral Familiar (DIF) conducted a community-based nutrition program in her town. Lorena was critical of the program:

And, you come to see sometimes people do not have enough resources to buy certain foods. For example, I remember in that time, well that there was a DIF program that had a health promoter that would give cooking classes for free. But you have to cook everything with a soy base. So, people who could participate in that program bought their soy and would continue the recipe and learned how to make their food with soy. But, not all of the people have the interest to learn how to eat well, nor the economy to do it.

Similar to Margarita's situation in El Salvador, Lorena indicates how nutritionally-informed dietary modifications divorce people's economic means from food acquisition. She illustrates this by recalling a practice-based nutrition intervention provided by DIF, which taught family cooks how to create recipes using soy products. Even so, the mothers in this study would consider such an intervention to be an improvement to the nutrition education programs in San Francisco as the information they were offered lacked practice-based solutions such as cooking demonstrations.

Despite having multiple exposures to nutrition discourses in Mexico and San Francisco, Lorena did not engage actively in the negotiation between the discourse of nourishment and the discourse of satisfaction until she started consuming Herbalife products. Herbalife is a global nutrition, weight-loss, and skin care company specializing in providing “cellular nutrition.” Herbalife is considered a nutraceutical company (i.e. nutrition + pharmaceutical), which manufactures food supplements that supposedly provide health benefits, although these that have not been scrutinized by a governing health agency such as the US Food and Drug Administration. Herbalife, like similar nutraceutical companies, appropriates nutrition science to legitimate the effectiveness and value of its products. Such companies often claim to hire a cadre of scientists to test the effectiveness of their products and develop health information that will be disseminated to consumers. As of 2014, Herbalife sells its products in eighty-eight countries.

Prior to Herbalife, Lorena said that she ate to satisfy, “I ate everything to fill me up, whatever I would crave. The plate with the most portions and the lowest price...” However, Lorena adhered to Herbalife’s nutritional recommendations versus those of previous nutrition interventions because she developed acid reflux disease. Her paternal grandmother was using Herbalife, which Lorena tried because “the refluxes of acid were so tremendous, [she] came to confuse them for a heart attack.” She did not want to use prescription medication because she did not want to deal with the side effects or ingest chemicals. Engaging with Lorena’s Herbalife community led me discover that many Latina/o immigrants used Herbalife products when they lived in their home country, specifically Mexico, Guatemala and Peru.

Lorena became passionate about adhering to a discourse of nourishment when she was introduced to Herbalife and *not* from her experiences with DIF and WIC because Herbalife provided her with supplements and a diet that was both affordable, “natural” and alleviated her acid reflux. Lorena was also transforming her practice and interpretation of *comiendo bien* in the process of changing her diet, taking the supplements and selling Herbalife. Complying with Herbalife’s interpretation of nutrition was transforming Lorena’s embodied experience of *comiendo bien* from one of being feeling full to being nourished—and alleviated of acid reflux.

Another reason why Lorena adhered to the Herbalife nutritional recommendations is because she lost about 16 kg (36 pounds) in the process of changing her diet and taking the supplements:

It is not that you want to, it’s that you have to. Your very body and in reality, that we ourselves are going to suffer the consequences of “eating well,” of nourishing ourselves well, or nothing more for eating to satisfy hunger. Because it is nothing pretty to be a person in a size eleven, twelve ... It is not pretty when the people turn to you or when you want to go and show something off [clothes] it is not the same, than to really be healthy.

In her efforts to maintain her weight loss, Lorena was eating to nourish rather than to satisfy because she did not want to return to her former size. This statement was indicative of Lorena’s negotiation between nourishment and satisfaction. She believes that there are negative “consequences” to *comiendo bien*, as if eating to “satisfy hunger” alone were not sufficient in caring for oneself. Herbalife markets its products to work at the “cellular level” so it can appear superior to other healthy eating practices, particularly eating for satisfaction. Lorena has come to interpret the way that Herbalife’s products “feed the cells” as superior to what *comiendo bien* can accomplish. In her statement above, being slim represents health.

Now, the way that Lorena thinks about the food she eats is disengaging from the body and culture and committing to the practice of calculative consumption. Calculative consumption is when people try to decrease the portions of certain foods by skipping meals, restricting a food, selectively nourishing and adapting the description of their food to its nutrient content. In Lorena’s case, calculative consumption is rationalizing the food that she consumes by conceptualizing each food item by how many calories, nutrients or grams it weighs, and its direct benefit to the body. By doing this, Lorena is able to demonize starch and try new

vegetables that she did not consume previously. For example, Lorena described her breakfast: In the morning I make a nutrition that has 114 vitamins. It has 114 nutrients and 14 vitamins ... “I drink my natural herbal tea, it does not have chemicals, it does not have preservatives. It is 140 antioxidants that I am drinking in this tea ... But if I ate some pancakes, two eggs, and three slices of bacon [for] breakfast, I would leave that for my nutrition of 114 nutrients. That is what I do in the mornings.”

When Lorena says “nutrition” she is referring to her meal replacement shake, which she describes with a numerical value of “114 nutrients.” Calculative consumption is a strategy to adhere to a discourse of nourishment and denounce old eating habits. However, calculative consumption brings to our awareness that eating nutritiously can be work. Eating for satisfaction also requires work such as planning the menu, preparing the meals and eating, but the work involved in calculative consumption also involves additional computation and knowledge about food. Meal replacement shakes and nutritional supplements simplify these calculations by manufacturing processed food designed with *all* the nutrients one needs. So, in the process of simplifying her calculative consumption, Lorena is also integrating more processed food into her diet—a violation in terms of how *comiendo bien* depends on natural, unprocessed food.

However, by committing to calculative consumption and disengaging her body from her culture, Lorena is also transforming eating healthy to an individualized health task. For example, her new diet no longer encourages her to prepare and share meals with her extended family:

Because that is the only thing that I can do; start with me and my children. But, me here, I had mama and grandma. And, my grandmother cooks with lots of oil and she makes tortillas by hand. So, since that contains more carbohydrates than the tortilla that one buys outside [at the store] because of course, her tortilla is much thicker ... So, there are things that I could not control. Some beans refried in a high amount of oil, no. And there started to be some differences between me, between them that they also cooked and I did not; I left the kitchen to them. When they are here, the kitchen is theirs, but I do not eat. I’m sorry, but I do not eat.

This situation demonstrates a confrontation between the discourse of nourishment and the discourse of satisfaction. Meanwhile, her mother and grandmother are silenced in her interview; they may not perceive this discursive conflict, but rather a situation where their daughter/granddaughter does not want their food or to spend time with them. Similar to Mariela, Lorena was not engaging with her ethnic and family foodways in order to adhere to her new diet. It is difficult to impose a new diet onto older persons who have routinized their cooking and food customs, or when they do not have a personal health problem that is directly related to diet. Despite not approving of the nutrients in their foods, Lorena must allow them to cook their meals in her home because there is a matriarchal hierarchy in the kitchen. She may show resistance, but nutrition discourses do not always transcend established power dynamics in family foodways.

Lorena denounces *comiendo bien*, but does not equally examine Herbalife with the discourse of *comiendo bien*. She is less critical of the information that she receives in her

nutraceutical club than in DIF or WIC programs because it is personalized and “eating nutritionally” is simplified. However, like all representations of nutrition discourse, Herbalife’s protocol is not successful at negotiating eating for pleasure and negotiating family members’ food preferences.

How Nutrition Discourses Undermine *Comiendo Bien*

In Mariela’s and Lorena’s negotiation between satisfaction and nourishment, they restrict foods that symbolize their culture (i.e. potatoes in the case of Peru and corn in the case of Mexico), in order to adhere to a discourse of nutrition that demonizes starch. In both cases, they are not challenging these restrictions, and it is possibly because restricting these foods has been successful in transgressing their negative experiences. For example, Mariela had changed the way she used to eat with her ex-husband, where she ate for satisfaction and paid no attention to the carbohydrate value of what she consumed. In turn, Lorena’s adherence to Herbalife supplements and dietary protocol alleviated her symptoms of acid reflux and helped her lose weight. Similarly, these women do not criticize their new practice of selective nourishment through a discourse of *comiendo bien*, where it would be wrong to restrict starch because it would not construct a *platotóte*.

However, when Mariela and Lorena denounce the practice of *comiendo bien*, they are analyzing it through a nutrition discourse. Committing to these “new-tritional” practices undermines the positive practices of *comiendo bien*. For example, the necessity of eating two to three meals a day at regularly scheduled intervals can be interpreted as stabilizing blood glucose levels. Although it is difficult to find unprocessed meat, produce and grains in the current US food system, the continuous goal of seeking, preparing and consuming unprocessed food is a discourse worth honoring. Latino immigrants may adhere more to interventions that prohibit foods with preservatives, refined sugars and hydrogenated fats as they already prefer more natural foods. The only disadvantage is that people may not be aware that certain foods that they would eat in their communities of origin are actually processed foods, such as flavor enhancers.

Furthermore, the importance of cooking and the consumption of *comida casera* (homemade food) in the practice of *comiendo bien* is the most undermined and overlooked practice when participants are analyzing it through a discourse of nourishment. Eating at home can reduce the consumption of saturated fats and sugars (Mancino and Kinsey 2008). As we have seen in Margarita’s example, doctors’ dietary recommendations and lists of suggested foods and servings rarely indicate food preparation techniques or strategies to encourage the family to embrace the dietary change. Moreover, these recommendations fail to take taste into consideration. What strategies has the USDA MyPyramid suggested to please picky eaters? Although none of these Latina immigrant mothers believed that one had to be a good cook for their family to accomplish *comiendo bien*, they feel responsible preparing foods that are palatable to their families’ mouths and that fulfill nostalgic food memories. The importance of commensality is a positive practice in *comiendo bien* that is often overlooked by nutrition discourses, too.

Despite the condemnation expressed about the practice of *comiendo bien* by some of the participants, many of them still maintained many of the practices of *comiendo bien*. This is because *comiendo bien* is a social health practice not limited to food and nutritional health, but one that is also instrumental in the construction of identity positions and reinforcing family authority. For example, although Margarita and her husband have reduced their consumption of cream, fresh cheese and eggs, she likes to please her children by giving them such foods for dinner most evenings. Mariela may have restricted her carbohydrate consumption since living in San Francisco, but the fact that she has fewer means in San Francisco compels her to cook frugal Peruvian dishes.

Meanwhile, Lorena has made the largest transformation in her interpretation of *comiendo bien*, yet she still enforces the performance of *comiendo bien*. Outside of the Herbalife supplements that she consumes for breakfast and dinner, Lorena cooks one main meal Monday through Friday. By cooking for her family she is enacting motherhood and ensures that her family eats well, in this case nutritiously. The way she prepares her food is very much informed by the customs she grew up with, such as preparing her salad with chili, lime and salt. Yet, she justifies the addition of these ingredients by citing their vitamin C content. During our second interview, I also learned that Lorena eats for satisfaction once or twice a week when she described her favorite restaurants: “I like Balompíe because once in a while I will go eat some fried plantains with cheese and cream and nothing else ... And, La Santaneca is a restaurant in the Mission. I like their shrimp soup there.”

Her consumption of *comida callejera* (street food) violates *comiendo bien* and contradicts her behavior towards her grandmother’s homemade tortillas. Nevertheless, this is how she negotiates between the discourse of nourishment and satisfaction: she does not find the food that she eats in these restaurants to be as nourishing as what she consumes at home; it is just satisfying.

The root of disjuncture between the discourse of nourishment and the discourse of satisfaction lies in their restrictions. *Comiendo bien* is a social health practice that developed from a situation of food insecurity and poor access to healthcare. It provides a template for eating to maintain the family’s mental and physical wellbeing. Meanwhile, nutrition is aimed at eating foods that provide adequate micro- and macronutrients while abstaining from calorie-dense and nutrient-deficient and disease-inducing foods. *Comiendo bien* has a communal vigilance in its construction in which eating everything and feeling full is assessed by commensal others, primarily the mother. In *comiendo bien*, food restrictions are not based on the nutritional content of the respective foods, but on how they are produced and where they are prepared.

The only food restrictions I encountered from the nutritional reports published by INSP and INCAP pertained to the consumption of sweetened carbonated beverages and processed snack foods. In fact, these foods were prohibited from most of the school-age children of recent immigrants in this sample when they lived in Latin America. However, most of the participants believed there was an obsession with food and eating in the United States. Veronica commented:

In that way, I don't know. I do not think that it is like ... that over there [El Salvador] I learned how to be healthy. That, I learned here, that people talk a lot about, "I'm fat, because this makes me fat, because of the pastas because..." But over there no. I don't, I don't remember that one would worry so much that they would get fat, that "I'm fat, I'm skinny."

Nutrition discourses can be a transnational process that instigates this discursive negotiation between nourishment and satisfaction, which subsequently can change the meanings and practice of *comiendo bien*. However, in order for this to happen, Latin Americans have to be in a situation where they or their family member's health are jeopardized and their exposure to a nutrition recommendation is feasible, affordable and integrative of their family life and cooking culture. In Mariela's case, for example, she could make drastic changes to her diet in Peru because she had the means. However, her exposure to nutrition was not from a formal health organization but through the media. The influence of media health information on Latin Americans' diets prior to migration warrants investigation. As demonstrated through excerpts from the interviews with Mariela, Margarita and Lorena, Latino immigrants have been exposed to and have engaged with nutrition discourses before coming to the United States. This suggests there is a need for further investigation into pre-migration nutrition discourses more generally.

The State of Healthy Eating

In this paper I have attempted to provide some evidence to support that nutritionism (Pollan 2007; Scrinis 2008) has shifted to everyday food discourses and consumption practices. This paper has demonstrated how nutrition discourses, in their multiple social worlds, are causing the conflictive negotiation between the discourse of satisfaction and the discourse of nourishment. The discourse of satisfaction refers to eating as a way to fulfill a symbolic, material or embodied need, while the discourse of nourishment is an appropriation of nutrition that focuses on eating in order to provide the body with nutrients. The negotiation between satisfaction and nourishment has the potential to change the meanings and/or performance of *comiendo bien* if Latino families have the resources to adhere to new nutritional recommendations, and if this nutritional prescription transgresses a negative emotional or physical experience.

The negotiation between satisfaction and nourishment is changing the prominence of *comiendo bien* as a health practice. Likewise, this very negotiation modifies the practices of *comiendo bien* to eat everything on one's plate, share meals, and consume nostalgic foods. The disconnection between eating for nourishment and eating for satisfaction exists because *comiendo bien* emerged from a situation of food insecurity, while nutritional practice is an adaptation of scientific rational approaches to the body and food. Nutraceutical consumption, public health interventions, media and clinical recommendations divorce people's need for economic resources to acquire new foods, cook and engage with culture through taste. Even when participants from more affluent backgrounds did not practice *comiendo bien* in Latin America, they deftly initiated the practice of *comiendo bien* in San Francisco because *comiendo bien* accommodates these material and cultural conditions. Thus, the practice of *comiendo bien* continues in conjunction with eating for nourishment.

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Fig 1:

Comiendo Bien: The Positions of Latina Immigrants in the Negotiation between Nourishment and Satisfaction.