Understanding the value of milk, juice & water: The interactional construction & use of healthy beverages in a multi-ethnic classroom

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Abstract
This article treats the socialization into healthy food practices in a Danish multi-ethnic kindergarten classroom. I analyze three situations where the health value of milk, water, and juice is topicalized. Health is considered a cultural, social, moral, and linguistic concept. It is culturally embedded but linguistically defined, constructed, and negotiated, and the understanding of health differs widely. I discuss how learning outcomes in health educational activities depend on individuals’ understandings prior to interactions as well as on the process of co-ordinating these understandings through language. Also, I show that in children’s health conversations nutritional value becomes an interactional resource. Last, I discuss the role of health education in terms of wider processes of social exclusion and intercultural (mis)understandings. The article falls within the ethnographic linguistic framework (Creese, 2008). The primary data consist of ethnographic fieldnotes and audio-recordings, and recorded examples are subjected to micro-analysis.

Key-words: health education, classroom interaction, peer interaction, multi-cultural classrooms, linguistic ethnography, micro-analysis

1 Introduction
During my fieldwork in a kindergarten classroom I observed a situation which ignited an interest in the relation between health, socialization, language, and food practices. One of the teachers tried to make a linguistic minority boy understand that the dairy products pictured in a promotion magazine (yoghurt with fruit flavour, low-fat neutral yoghurt, whipping cream) were unhealthy. She did not succeed: When she left, he glued everything on to a page headed “Healthy” rather than “Unhealthy”. Often the communicative failures in teachers-student interactions are treated as caused by students’ lack of linguistic skills, and this particularly goes for teachers’ interactions with minority students. Yet, this situation was obviously complex, and it left me with a series of questions. First I thought about the reasons for the teaching failure. Was it a linguistic problem? A problem related to the interpretation of the pictures? A problem with (a lack of) pre-understandings of the specific items? Or an interactional problem? And whose (if anybody’s) responsibility? Then, I wondered, what does ‘healthy’ actually mean? Is it true that cream and fruit yoghurt are unhealthy, if so, in what sense, unhealthy to whom, and according to whom? And what are the implications of categorizing them as such? Third I reflected on the consequences of this everyday life situation. Would it have a negative impact on the boy, or was it insignificant?

In this article I discuss the socialization into healthy food practices in a Danish kindergarten class with a culturally diverse population of students. I analyze the situation reported in this introduction as well as three other situations, all embedded in health educational activities. Health education has received increasing attention, probably partly induced by the characterization of child obesity as an epidemic (Hugo & Franzon, 2006; Johansson, Roos, Hansen, Laub, Mäkelä, Hillén, Jensen & Huotilainen, 2009:26). In general health education activities are either analytic or practice-based. Analytic activities are supposed to raise children’s information level with regard to
the relation between nutrition and health. They build on the assumption that when you know what constitutes healthy food, you change your food practices accordingly (Margetts, Martinez, Saba, Holm & Kearney, 1997:24). Practice-based activities engage directly with children’s food practices in order to reform them. Schools may supply students with what is considered healthy food, offer them healthy alternatives at the school canteen, or adopt particular rules for what food items may be brought to school (Cook, 2010; Gulberg, 2006; Salazar, Feenstra & Ohmart, 2008; Weaver-Hightower, 2011). Yet, all types of health education usually build on the assumption that a responsible person (e.g., an adult) accepts that a healthy lifestyle is superior to an unhealthy lifestyle. It is the goal of the educational system to make children understand this and to inform them what is and what is not healthy. Health thereby becomes a measure for the individual’s life quality. It is also transferred from the physiological and psychological area (WHO, 1946; Straub, 2007) to a moral area (Adelson, 1998; Backett, 1992), and evaluations in terms of health quality “may spill over into judgments of the moral quality of the person” (Paugh & Izquierdo, 2009: 187; see also Biltekoff, 2002; Wiggins, Potter & Wildsmith, 2001; Wiggins, 2004). This, of course, is consequential in an educational setting. Health, however, is not a transparent concept, and healthy food does not constitute a natural category; this is largely ignored in the kindergarten class I followed, as elsewhere outside of research (Wiggins, 2001:459). Health is a linguistic concept, defined, constructed, and negotiated interactionally in social encounters (Ochs, Pontecorvo & Fasulo, 1996; Paugh & Izquierdo, 2009; Wiggins et al., 2001; see also Husby, Heitman & Jensen, 2008:1). The understanding of health is culturally embedded, and food practices are indexical of cultural beliefs (Counihan & Van Esterik, 2008; Mintz & Du Bois, 2002). Learning outcomes in health oriented, educational activities depend on the differences and similarities between individuals’ understandings prior to interactions as well as on the process of calibrating these understandings through language. Furthermore, even officially recognized health experts are widely contested; just compare the range of contemporary alternative food ideologies such as veganism, vegetarianism, raw food, etc. (cf. Lupton, 1995:Chap.3). In all, individuals’ understandings about healthy food differ widely both inside and across cultural communities. Uncertainties and disagreements about healthy food clearly emerge when different understandings meet. In schools this happens on a daily basis, and in particular if they are attended by children with different cultural backgrounds. Yet there are still relatively few studies on children’s health practices in everyday school life and on health in culturally complex settings (though see Allison, 2008; Golden, 2005; Salazar, 2007; Salazar et al., 2008; Twiner, Cook & Gillen, 2009). In the following I show how the concept of health may be used as a resource for social positioning and alignment (cf. Paugh & Izquierdo, 2009; Wiggins, 2001, 2004).

In sum, I discuss how health is a complex concept the understanding of which differs widely and cannot be taken for granted, how health is a linguistically embedded concept, how children’s health interactions involve much more than discussions of nutritional value, and how they have consequences as they may index the respectability of the person. The article falls within the ethnographic linguistic framework (Creese, 2008; Rampton, Maybin & Tusting, 2007). My analyses build principally on fieldnotes from an analytically oriented educational activity (the production of place mats illustrating healthy and unhealthy food items) and on recordings from lunch, both teacher-student interactions and peer group conversation. The analytic focus is on construction and negotiation of the value of a paradigmatic selection of beverages: milk, water and juice.

2 Understandings of healthy food
The dominating, bio-medical health research tradition has not been interested in individuals’ subjective understandings of and attitudes to healthy eating (Margetts et al., 1997). Yet, individuals’
eating habits do not necessarily reflect what they know about healthy food (Olsen, Egebjerg, Halkjær, Christensen, Overvad & Tjønneland, 2011; Pollard, Miller, Woodman, Meng & Binns, 2009), so although the general information level has grown over the latest decades (at least in Europe), this also goes for the average waistline. People simply have a lot of different reasons for choosing what to consume (Bynum, 2008; Counihan & Van Esterik, 2008; Murcott, 1982; Germov, 2008; Germov & Williams, 2008). It has therefore become increasingly clear that there is a need for studies in attitudes to and understandings of health. Of course anthropological studies on food cultural practices predate this (Counihan & Van Esterik, 2008; Mintz & Du Bois, 2002) and so do a few socio-psychological ones. In both traditions, the symbolic nature of food is accentuated. Bourdieu (1986), for instance, argues that the upper classes use dietary practices and preferences similarly to practices and preferences in music, art and clothes: to differentiate themselves from the lower classes. And Lupton (1996) explores the relation between subjectivity (or identity) and food (see also Calnan, 1990).

Food is also used as an ethnic marker (Kaplan, 1999; Vallianatos & Raine, 2008). In a study on Mexican immigrants’ remembered childhood experiences in U.S. school cafeteria, a woman recalls that she was appalled by the idea of drinking milk with her lunch, as milk is only consumed in the morning or before going to bed in Mexico (Salazar, 2007). In fact milk is a frequently contested food item. In some countries milk is unavailable or regarded as inappropriate for adult consumption (Wiley, 2004, 2007). In other countries, such as Denmark, official advice underlines the importance of drinking milk during all life-stages (Johansson et al., 2009: 33,45), but even here popular movements deny the health benefits of dairy products (Søgaard, Østergaard & Østergaard, 2010). Individuals may integrate complex food-cultural backgrounds over time (Garcia-Sanchez, 2011) and they exploit their understandings at will. Bradby (1997) finds that Scottish-Punjabi young women deploy two models for assessing health value. One is based on a Western medical view where a food item is intrinsically good or bad, the other is based on an Ayurvedic tradition and is more context-sensitive.

Also (European) children appear to be aware of health issues and to make dichotomous distinctions. Generally they divide food into good food and bad food. Bad food contains sugar and fat and good food include fruits, vegetables, fiber-rich bread (Croll, Neumark-Sztainer & Story, 2001; Hart, Bishop & Truby, 2002; Stewart et al., 2005). However not all food items are easily understood within the dichotomy. For instance, full-fat milk can be good for children but bad for adults (Johansson et al., 2009: 45ff). Interestingly children may also, at the same time, be aware that some food items are ‘bad’ but still like or even prefer them (Johansson et al., 2009:40ff; Stewart, Gill, Treasure & Chadwick, 2005). They may even see ‘bad’ food as an integral part of a healthy and balanced diet (Johansson et al., 2009). In the general view of children as deficient members of society who are ‘becoming’ rather than ‘being’ (James, Jenks & Prout, 1998), this is easily interpreted as typical irrational and inconsistent child behaviour and more health education is seen as an adequate response.

3 Healthy food, discourse and socialization

Meals are important cultural sites of socialization (Ochs et al., 1996; Ochs & Shohet, 2006), as documented in a range of studies within linguistic anthropology and language socialization (e.g. Blum-Kulka, 1997; Pan, Perlman & Snow, 1999; Perreggaard, 2010). Yet food socialization is rarely discussed. Ochs et al. were (1996) groundbreaking in using micro-analysis to compare the practical organization of food and food events as well as individuals’ attitudes towards and practices with food in US American and Italian families. We now know that social and hierarchical relations
between participants are demonstrated through the organization of the meal (Wiggins, 2004), but social order is also contested, negotiated and modified (Haden, 2005:266; Ochs & Shohet, 2006:36). Health considerations and practices are negotiated in the course of everyday life while, at the same time, individuals face a range of challenges, are engaged in other activities, and assume different roles and (hierarchical) positions (Paugh & Izquierdo, 2009). Qualities such as healthy and good for you thereby only become meaningful as part of other discursively enacted activities such as enforcing or resisting hierarchical relations and positions as ‘child’, ‘male’, ‘teenager’, complimenting and doing ‘parenting’ (Anving & Sellerberg, 2010; Wiggins, 2001, 2004; Wiggins et al., 2001). Furthermore, evaluations of the health value of individuals’ eating practices slip “into judgments about a “good” and “bad” parent, a “good” and “bad” child (Paugh & Izquierdo, 2009:186), that is, into the domain of morality.

Food socialization also takes place in schools. Most school-age children in Western societies are expected to consume at least one meal per day in institutional settings (Weaver-Hightower, 2011:15). Here social hierarchies and power and knowledge structures are clear: Teachers are the local experts on official knowledge, including knowledge on health and food. Classrooms are usually dominated by particular (‘majority’) cultural understandings that may be more or less validated by health experts and more or less compatible with students’ food culture at home. Nevertheless teachers expect students to abide by their advice in the health-and-food area as in other areas in order to become appropriate citizens. Minority students are under pressure to adopt majority food norms (cf. Salazar, 2007:154), and as food has symbolic value, school lunch may become a cultural battle between home and school (Salazar, 2007:153).

Meals in Danish schools are organized in different ways. Most children bring boxed lunches from home, some schools have lunch programmes, and some schools have canteens where children can purchase food and drinks. As private possessions of the children that mediate between home and school, items brought from home have a particular status (Allison, 2008). They are cultural objects, which have been prepared according to food norms at home but they get re-evaluated in the classroom, that is, as a result of the re-contextualization (cf. also Blommaert, 2010; Salazar, 2007). In the classroom they are even directly comparable to the other children’s lunchboxes. In spite of their sensitive character, foods and drinks brought from home are still subject to teaching practices when teachers inspect and evaluate them (Golden, 2005).

Food socialization is mainly studied in adult-child interactions, but food is an important resource in peer group socialization, too. Ludvigsen and Scott (2009:426f) report that “to eat healthy food was almost viewed [by the children] as a rejection of the intrinsic meaning of being a child” (cf. Weaver-Hightower, 2011). Goodwin (2006) demonstrates how a clique of popular girls uses food as well as language and other material objects in their social construction of the membership status of a so-called “tag-along” girl. Corsaro (2005) discusses how young Italian children hide and share sweets along with other objects that adult caretakers have forbidden them to bring along. The sweets index and define control, independence, and peer culture. Food both as a marker of distinction and control and as a resource for creating situated identities and solidarity is seen in Rampton’s (2006) study of a multi-ethnic classroom. Two girls demonstrate un-commitment to school and a negative stance to the classroom as they stay hidden behind their bags sharing sweets. The sweets are an important resource in their creation of opposition to the official agenda, to the other students, and to the teacher. The potential of apples or carrots seems rather different. An entirely different but very relevant perspective on both migration and socialization is supplied by Iacovetta (2006) who describes how nation-building in post-war Canada involved attempts at reforming the cooking regimes and food customs of both Canadian and New Canadian women.
“(H)earch and welfare experts offered their version of the postwar, bourgeois homemaker ideal, with their middle-class and sexist denunciations of married women and wives who worked for pay – among them, huge numbers of refugee and immigrant women. Canadians were encouraged to embrace the newcomers but also teach them the superior values of democracy, “freedom,” and, not least of all, the well-balanced Canadian meal. (Iacovetta, 2006: 174). This was accomplished, e.g. through cooking lessons.

4 Method
This study builds on data from a project on socialization and language use during the first year of formal schooling (kindergarten class) in Copenhagen, Denmark. I did ethnographic fieldwork in a class of 25 children during a school year (10 months). Parents and children were informed about the project, and all participants are anonymized. The children were video- and audio-recorded in class, during breaks and after-school activities (more than 200 hours of audio-recording and 70 hours of video-recording). In addition, I interviewed a number of parents, the two teachers, and the school principal. In the following I show transcriptions from selected sequences; see appendix for transcription key.

The project combines insights, methods, and assumptions from linguistic ethnography (Blommaert, 2008, 2010; Creese, 2008; Creese & Blackledge, 2009, 2010; Rampton et al., 2007) and language socialization (Garett & Baquedano-López, 2002; Kulick & Schieffelin, 2004; Ochs, 1988; Schieffelin, 1990). It is a cardinal assumption within both frameworks that the way individuals speak reflects culturally embedded understandings of the human being (Heath, 1986; Kramsch, 2002; Ochs, 1988; Schieffelin, 1990; Schieffelin & Ochs, 1986). The study focuses on explicit and implicit linguistic socializing practices to and among children in a classroom, and I suggest that socializing practices index (Silverstein, 2003) general socio-cultural processes and interpretations. Hence classroom food-socialization concerns much more than food. I combine ethnography and linguistic micro-analyses of situated interactions in discussions of the impact of linguistic acts which, in particular, concerns the positioning of the ethnic other. I also demonstrate how objects such as drinks for lunch become semiotic resources with indexical meanings, and that their meanings depend on the context).

5 The school context
The main location of the fieldwork is a city school in Copenhagen, Denmark. The school is situated in a former working class neighbourhood with old and new social housing, rented and owned flats, and semi-detached houses. Families with different social backgrounds in terms of income and education live in the area. Until recently the school had a bad reputation but a new principal succeeded in creating a positive atmosphere and attracting a varied group of students.

The kindergarten class in focus has about 20 pupils (three children arrived and two left over the year), all between 5 and 7 years old. The children come from a range of different ethnic and linguistic backgrounds: Danish, Pakistani (Urdu), Somali, Turkish (Turkish and Kurdish), Icelandic, Chinese (Mandarin), Moroccan (Arabic). Two female teachers of majority Danish background are in charge of the class. Both are trained as preschool or nursery school teachers. One teacher has eight years of experience in kindergarten. She has completed a qualifying course as well as a course on intercultural education and second language acquisition. The other teacher has two years of kindergarten class experience, and she has received no supplementary training in kindergarten teaching, intercultural education or second language acquisition.
The principal had appointed health a priority area for the entire school. This was communicated to all the teachers but no measures were taken in order to ensure a homogeneous approach. Yet, everybody mainly treated health as a question of food. In an interview one of the kindergarten class teachers reported that many of the minority children had appalling lunch-boxes and that she found it important to improve them. She claimed that she had changed little in her teaching practices, but she also reported that she put more effort into her work with children’s lunch-boxes this year. Now she did not hesitate calling their parents if lunch-boxes did not live up to her standards.

In the classroom a poster illustrated the content of sugar in different food items (corn flakes, soft drinks, chocolate bars, apples, carrots, raisins, etc.). This poster was used both by the teachers (when talking about healthy and unhealthy food) and the children (who mostly used it to discuss who had tried most of the food items with most sugar, such as chocolate milk and chocolate bars, and who liked them most). The issue of health was particularly striking at lunch which was consumed in the classroom. It was a fairly informal activity without an explicit focus on teaching-and-learning. At the same time it was clearly a practice-oriented educational activity where teachers monitored the children, instructed them on health and nutrition, and displayed a good example through their own lunch choices. The children brought food from home, and most of them received a small container of milk (250 ml), pre-paid by their parents, at school. The children could choose between skimmed milk, semi-skimmed milk, or whole milk, and between organic or conventional milk (cf. Haastrup, 2003: 251f); most children received skimmed or semi-skimmed milk (approximately 12/18). Actually the list of options also included orange juice but nobody received that. One child received water instead of milk, and a few brought their own beverages. The children distributed the milk according to a weekly changing schedule and this was a popular task.

6 Analyses

6.1 Appropriate drinks for lunch
The first excerpt, one and a half month into the school year, illustrates how the children learn that the different beverages are not equally valued. For instance, milk is better, healthier, and more appropriate for lunch than fruit juice. The teacher Kristine helps Anton (boy) with the distribution of the milk containers. When they are left with one, they try to find out to whom it belongs. In focus of the excerpt is Elias, who has Pakistani background. Elias is one of the few children not receiving milk as his parents find it too expensive according to Elias.

Excerpt 1, audio-recording
September 240909

Participants: Kristine (teacher), Anton (child), Mathilde (child), Selma (child), Frederik (child)

01 Kris: Og så er der lige den sidste her, (.) er det til dig selv? Næh
02 du ka ik li mælk mere Anton. hvem er det der ska ha den sidste
03 hvem mangler at få sin mælk? (.) ne:j.

and then there is the last one here is that yours? noh you don’t like milk anymore Anton. who is it that is getting the last one who has not got a milk yet? (.) no:. 
Anton: Eli er det Elias?
Eli is it Elias?

Anton: Elias (.) er det dig.
Elias (.) is it you.

Kris: ne:j Elias har sin egen mm mælk med. (.) aj men hvem søren er
det det ka jo ik være Oliver for han få:r øh han får sådan en
af de: øh letmælk dér. (.) det var mærkeligt (.) der sku være
en letmælk i overskud der ik er økologisk (.) ellers har jeg
sådan en seddel der.

no: Elias brings his own mm milk (.) aye but who can it be
really it it can’t be Oliver of course cos he gets one
of the:se erh other semi-skimmed milk (.) that’s strange (.)
there is a spare semi-skimmed milk that is not organic (.) or
else I have that note.

Well maybe there is just one spare.

Kris: næ vi har fået en i overskud så bliver vi da helt forvirrede
Anton (.) ja (.) gi dem bare til mig så stiller jeg dem xxx
andre vil ha den (.) ik?

no we actually have one spare then we surely get all confused
Anton (.) yes (.) just give them to me then I put them xxx
others want it (.) right?

... 

Kris: har du ik en drikkedunk med i dag Elias? xx
didn’t you bring a drinking bottle today Elias? xx

Kris: men så får du den (.) men så får du den her så ska du ta
juicen med hjem til far og mor (.) og sige den er fyldt med
sukker (.) så den er ik go og ha med i skole xxx.

but then you get (.) but then you get this one then you can
take the juice back to daddy and mummy (.) and say that it is
full of sugar (.) so that one is not good to bring to school.
Kristine turns down Anton’s suggestion that the milk belongs to Elias, arguing that Elias brings his own milk. She hesitates before ‘milk’, maybe because she is not certain what beverage Elias has actually brought and whether ‘milk’ will be the appropriate label. Nevertheless as she uses the term ‘milk’ metonymically for the entire category LUNCH-TIME DRINKS, Kristine clearly signals that in this classroom milk is preferred. It is preferred both because it is what most of the children drink, that is, the most frequent and therefore normal choice, and because of its (alleged) superior nutritional (health) value. Thereby milk becomes the contextually neutral term, indexing both normality and appropriateness, and whatever beverage Elias has brought will be a less preferred substitute for milk. Hence implicitly Kristine’s choice of term instructs Elias what drink he should bring for lunch in order to be a respectable and normal child.

When Kristine discovers that Elias brought juice rather than milk (or water), she hands the spare milk to him instead of leaving it in the fridge. This is not presented as an offer. Rather Kristine makes it clear that he gets the milk (with the inherent obligation to take it) (“but then you get (.) but then you get this one”) and that the milk replaces the juice (lines 18-20). The alleged excess content of sugar is used to explain why juice is not an appropriate lunch-time beverage, and Elias is told to take the juice home and instruct his parents about this (lines 19-20). Katrine represents milk and juice as a paradigmatic and oppositional choice, and she makes it clear that juice does not fall within the range of items that may be referred to as ‘milk’, at least not in this context. Kristine never explicitly says that juice is unhealthy and milk is healthy. As mentioned, a classroom poster illustrates the sugar content in different food items and Elias is expected to know that sugar is regarded as a defining feature of unhealthy food. Kristine therefore has reason to believe that he is able to do the necessary inferences, and nutritional value becomes the measure of appropriateness.

From a pedagogical point of view it is of course controversial that six-year old Elias is told to bring the juice back and educate his parents about its nutritional value. In effect, he is told to position himself as the expert and this will undermine their authority. In addition, the teacher treats Elias’ parents’ practices as deficient; by supplying Elias with the inappropriate beverage Elias’ parents have not shown themselves to be capable of making their son a respectable school-child.

6.2 Place mats as illustrations of healthy food
During the third month of the school year an entire week was devoted to the theme of health. In this section I present data from an activity initiated during this week: the production of place mats. The children were provided with promotional magazines and newspapers from which they were asked to cut out pictures of food items and subsequently glue them onto a piece of paper. Healthy items should be on the left hand side and unhealthy on the right hand side.\(^1\) The activity is interesting for several reasons but here I will mainly use it to illustrate how specific food items were categorized. This process appeared to be anything but straightforward. First, to contextualize the following from my fieldnotes, I bring two examples of place mats.

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\(^1\) I succeeded in collecting place mats from three of the children.
PLACE MAT 1

On place mat 1 the left (sund or ‘healthy’) side shows pictures of fruits, vegetables potatoes, meat (pork chops) and fish. On the unhealthy (usund) side we find candy, carohydrated drinks (coke etc.), rolls with chocolate chips, chocolate spread but also freshly squeezed fruit juice as well as white bread rolls.
PLACE MAT 2

To this information place mat 2 adds, for instance, coffee, bottled water, full fat cheese, low fat milk, bacon slices, cold cuts (ham), and feta cheese as healthy, and chocolate milk, beer, and sausages as unhealthy food items.

6.3 The production of place mats

The two place mats resonate well with the cultural understandings of healthy food offered by the teachers. They explicitly declared fruit, vegetables, rye bread, meat (although sausages were said to be “full of fat”), and milk to be healthy, and candy, soft drinks, cookies, white bread, and fruit juice as unhealthy. We do not know to what degree all children shared this specific categorization or more general understanding, nor to what degree children acquired understandings similar to the
teachers during the production of the place mats. It seems likely, for instance, that Elias did not consider juice unhealthy. But what did he learn, then, from the place mat activity? The following example is a vignette2 from the day when the place mat production was initiated. It illustrates how there may be discrepancies between children and teachers’ understandings and how these discrepancies, at times, remain unresolved in spite of explicit attempts at establishing shared understandings. Elias is in focus.

**Excerpt 2, fieldnotes**

5/10-09

Elias is looking at a picture of whipping cream, ymer [an old-fashioned full-fat type of yoghurt], a low-fat yoghurt, and fruit cultura [a popular kind of yoghurt]. He asks me: “is this milk?”. He also wants to know whether to put it on the healthy or unhealthy side of the paper. I don’t know what to answer. Later he asks Kristine [the teacher] the same question (is this milk healthy or unhealthy). A little hesitantly she says “yoghurt? Let me see, this is yoghurt without sugar. (She points to the yoghurt in the middle of the items.) Some yoghurt has fruit in it and also a lot of sugar and that is unhealthy. But this yoghurt can be cut out and put on the healthy side.” Then she leaves. I can see that Elias cuts out the entire picture with all the different items and glues it onto the healthy side of his paper.

Elias is not entirely sure that the pictures he has found represent (varieties of) milk. Neither is he sure if milk is healthy, and when he asks me, I do not know what to answer. One problem concerns the fact that the products Elias points to are not conventionally labelled ‘milk’; their relation to milk is not even one of hyponymy. In addition I am not at all sure whether Elias’ teachers regard these dairy products as healthy or unhealthy as this is actually a contested category. Things do not get much clearer when Elias asks the teacher, though. She does not confirm Elias’ categorization of the items as ‘milk’. She does not even confirm them to be the same type of product, and neither does she tell him whether they are healthy or not. She only qualifies one item as healthy and this she calls ‘yoghurt’. She leaves it to Elias to infer that this – healthy – item contrasts with the others but apparently Elias fails to make the inference that the other items are unhealthy. So, why do Elias and the teacher not succeed in establishing a shared understanding? It is likely that Elias only heard the part of the message where Kristine states that something “is healthy” and he may think that this quality applies to all the items. However, if Elias heard what Kristine actually said, namely that one of the yoghurts was healthy, he has reason to be profoundly confused. He talks about milk, she talks about yoghurt. If her change of nominal is a repair, then does it merely concern the categorization of the type of product of this one item? Does it concern the type of product of all the items? Or does it concern their categorization in terms of health value? If her message is that all the products may be ‘milk’ but that they are unhealthy this is actually directly in conflict with what we may assume to be Elias’ prior understandings – that milk is healthy (compare excerpt 1). As he also probably believes that all the items on the picture are milk, there is a serious mismatch between his pre-understanding of milk and the teacher’s message. This must have been confusing. When he glues all the items to the healthy side, he may draw on both the most transparent part of the teacher’s message (“this one is healthy”) and on his own prior understanding of the nutritional value of milk.

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2 I also have this situation on video, but the transcript from the video is much longer and do not add any significant information to the fieldnotes. For reasons of brevity and focus I therefore only bring fieldnotes here.
The vignette illustrates how pictures are never self-explanatory. The relation to the real-world items that they represent may indeed be iconic but this does not mean that everybody interprets them as the same type of object. It also shows how the place mats as final products result from a complex interpretive process. This process involves visual information (pictures) and verbal information (talk) as well as an important interactional element when teacher and child negotiate the categorization and health values of specific items. It is clear that the negotiation draws on participants’ prior understandings as well as on their linguistic, interactional, and inference skills. As Elias is a child, and moreover a child who speaks Danish as a second language, difficulties in establishing mutual understanding will often be interpreted as the result of his deficient linguistic competence. However, no matter the breadth, depth or size of Elias’ Danish repertoire or linguistic competence, he is presented with a very difficult task. In all, it seems much less relevant to focus on Elias as a deficient speaker of Danish than on the fact that even contextualized messages may be highly ambiguous.

6.4 The different values of milk
As demonstrated teachers treated milk as healthy and as the appropriate lunch-time beverage, and they accounted for this in terms of milk’s low content of sugar. Children’s understandings is the topic of the next excerpt where the three majority Danish children Selma, Oscar and Frederik are arguing whether milk is healthier than water.

Excerpt 3, audio-recording;

December, 101209
Lunch; participants: Selma, Frederik, Oscar

01 Selma: Frederik hvorfor tager du ik din mælk?
   Frederik why don’t you take your milk?

02 Fred: vand er sundere.
        Water is healthier.

03 Selma: hvad?
        What?

04 Fred: vand er sundere.
        Water is healthier.

05 Oscar: ahah. (=no)

06 Fred: det det er lige så sundt
        it is is just as healthy

07 Oscar: nej det er ej vel?

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3 We should also bear in mind that it is a situated interpretive process. In the present case it could be a likely explanation for why Elias glues the entire (rather large) picture to the healthy side that this contains the fewest items and he wants to finish the task. Such practical issues are always worth considering, and in particular in the case of school-tasks.
No it isn’t is it?

08 Selma: mælk er sundere end vand.
Milk is healthier than water.

09 Oscar: ja fordi der er pr (.) nogle gange hvor der oss kommer lidt kød
i mælk fordi mælken er xxx.
Yes because there is pr (.) sometimes where there also comes a little meat in milk because the milk is xxx.

10 Yes because there is pr (.) sometimes where there also comes a little meat in milk because the milk is xxx.

11 Oscar: man kan godt komme xx.
You can also put xxx.

12 Fred: men det er fedt i mælk.
But there is fat in milk.

13 Oscar: ja men det xxx.
Yes but it xxx.

14 Selma: men det er kun i noget mælk.
But it is just in some milk.

15 Fred: jamen det ka man godt dø af hvis man får alt for meget af det.
Yes but you can also die from it if you get too much of it.

16 Uni: jamen det er fjernet hvis når man drikker det ik?
But it is removed if when you drink it, right?

17 Fred: nej det er ik fjernet.
No it isn’t removed.

18 Selma: ik i sødmælk ik i sødmælk der er det ik fjernet når man drikker det men i det her mælk hvor jeg drikker der er (.) i det der mælk
not in whole milk not in whole milk there it hasn’t been removed when you drink it but in this milk where I drink there is (.) in this milk

21 Oscar: i sødmælk som Bilal drikker
in whole milk as Bilal drinks

22 Selma: i det her mælk er der altså ik fedt i.
In this milk there is actually no fat.
23 Oscar: ahah. (=no)

24 Selma: Frederik, (.) Frederik der er ik fedt i det her mælk.

Frederik, (.) Frederik there is no fat in this milk.

Selma asks Frederik why he does not drink (or ‘take’) his milk, and Frederik responds that water is healthier. As Oscar objects, Frederik downgrades his assertion; now water is just as healthy as milk. Oscar’s next objection ends in a tag ik? “right?” which functions as an appeal of confirmation and support, here Selma. Selma and Oscar’s alignment is then consolidated as she affirms that milk is healthier than water, and Oscar gives an account of why: sometimes there is meat in milk. As meat is healthy (compare with the place mats), milk must also be healthy. Frederik, then, constructs an opposition in two steps. First he argues that there is also fat in milk, and then he brings forward the ultimate health risk: if you eat too much fat you die! Selma counters Frederik’s move by stating that there is only fat in some milk (line 14), and that the fat is removed from the milk they themselves drink (semi-skimmed and skimmed milk). Frederik’s denial gets little attention as it turns out that Selma is able to account for her statement that there is only fat in some milk. Selma insists that the milk she drinks has had its fat removed whereas whole milk still contains fat (lines 18-20). She also uses this as a concluding remark (indicated by the adverb altså) but Oscar just gets the possibility to add that Bilal, a boy with a Moroccan background, drinks whole milk. At this point Frederik appears to have lost interest in the discussion (which he has also clearly lost...).

To sum up, in this excerpt, one child contests the health value of milk. The children use rational arguments in the negotiation of their understandings, and they use understandings to position themselves in social space. The issue of fat is introduced, and fat is argued to cause food to be unhealthy; you can even die from it. So, on the one hand, milk is healthy because it contains meat, on the other, milk is unhealthy because it contains fat. Yet if you remove the fat, you will be left with something healthy, and therefore the fat-free milk that these children drink is healthy. The excerpt thereby illustrates that from the children’s perspective the world is less simple than the teachers claim. It is not always possible to uphold a binary opposition between healthy and unhealthy food items, and the teachers’ categorization is not necessarily in accordance with children’s own knowledge and understandings. Some food items – such as milk – may belong in both categories. Furthermore Selma, Frederik, and Oscar find it very important to demonstrate that their choice of drink is healthy. In other situations all the children treat unhealthy food items such as soft drinks and sweets as valued and desirable, just like in Corsaro’s (2005) and Rampton’s (2006) studies. This is probably due to the activity type ‘eating lunch’. Although an informal activity it was supervised by teachers who were concerned with the health value of children’s meals (see excerpt 1). Healthy food items indexed the appropriate students, and, conversely, unhealthy food items indexed the inappropriate students. Although they do not agree entirely on the exact members of the category of healthy food, Frederik, Selma, and Oscar all accept the importance of health, they communicate a strong preference for consuming healthy drinks, and they therefore position themselves as appropriate students; they understand and accept the cultural norms for lunch. In addition they strengthen this shared identity by creating an oppositional category in Bilal, a boy with Moroccan background, who is claimed to have an inappropriate lunch-time practice.

7 Concluding discussion
Mealtimes both expose cultural values and constitute the context for the acquisition of these values. It is clear from the excerpts presented that during lunch in this Danish kindergarten class, the children are socialized to become members of a particular society. They are presented with specific
food-related values (‘it is important to eat and drink healthy food and beverages’), specific food-related understandings (‘milk is healthier than juice’), and specific positions (‘some children are aware of and acknowledge the importance of health, some don’t; some children know what beverages are regarded as healthy, some don’t’). The cultural values that are exposed during meals are also available in other situations. As Shohet & Ochs (200635f) put it, mealtimes are both vehicles for and endpoints of culture. In this paper, we see the same approach to healthy beverages at lunch and in the educational activity “Production of place mats”, although Elias demonstrates some difficulties with his teacher’s stance towards milk – or yoghurt. However, it is vastly more important that healthy food concerns more than nutrition. It concerns the reputation of the individual, in this case, as a good student and a respectable person (cf. Biltekoff, 2002; Paugh & Izquierdo, 2009). We have witnessed how a group of majority children negotiate an understanding of the health value of milk that exclude the minority boy Bilal from the more prosperous children. Thus, health is also used in the peer group as a resource for positioning and exclusion. Moreover, although the teachers never explicitly topicalize minority-majority issues in relation to health, they put much effort into their health educational work with minority children’s understandings and food practices. This observation from my fieldwork was corroborated by one of the teachers in an interview. Furthermore, what is presented as the healthy, preferred and appropriate option ((skimmed) milk) is clearly at odds with some of the minority students’ choices and practices (whole milk, juice). Again, this is paralleled in the area of bread where white bread (the first choice by all the minority families) is treated as lacking legitimacy in the lunch-box (Karrebæk, 2011). Rye bread is the only valid, respectable, and appropriate option. As a consequence these children’s food understandings and practices are often treated as problematic. This school takes two different measures regarding health education in the practice-based health education activity Lunch. One is the explicit encouragement to bring certain products to school instead of others; this is complemented by an explicit disapproval of other products. Yet, as we have seen, the teachers’ understandings of specific food items are not always communicated in unambiguous ways. Therefore children who do not share a (food) cultural background with teachers may be particularly challenged when they try to interpret their messages, as shown in Elias’ production of placemats. The other measure consists in providing the children with a healthy option for lunch, namely milk. Apparently Elias’ parents lack the financial resources to pay for milk, and he becomes subject to a teaching strategy consisting in prohibition and negative feedback. Interestingly, the teachers never make a topic out of Bilal’s whole milk (in contrast to his peers) and he and his parents are left to themselves to infer from other information (the danger of fat) that skimmed milk is a superior choice. This is actually a difficult task since whole milk is one of the choices on the list from which the children can choose their lunchtime beverage. Thereby whole milk is officially sanctioned. As a matter of fact, even orange juice was presented on this list but the teachers told the parents that this was a mistake.

Now I will turn to the significance of these – admittedly – few and fragmented observations. One could of course argue that they are just trivial examples of interactions, that food here is just food, that they have no deeper meaning, and that Bilal and Elias are not pointed out as representative of a particular group. After all nobody mentions ethnicity or nationality in these excerpts. Nevertheless, through their choice of lunchtime drink Elias and Bilal show that they belong to a social community where the teachers’ understanding of health is (probably) not shared and where the preferred choice of drink differs from that of the teachers. It is part of Bourdieu’s (1986) concept of taste that we show affiliations with certain communities and disaffiliations with others through our food preferences. In contrast, when negotiating the health quality of different varieties of milk Elias and Bilal’s majority Danish peers construct identities as students with a view
of health that resembles that of the teachers. This negotiation shows “the mechanisms of life-style emblematization” (Silverstein, 2003: 30), although it is an incipient form of the registers suggested by Silverstein’s (2003), of course. I find this difference between Elias and Bilal, on the one side, and Selma, Frederik and Oscar, on the other, striking. The increased focus on health education in the Western World is, of course, positive. It is obviously important to be aware of what is good and not good for your body and that some food practices are less healthy than others. However, the evaluation of food practices is often based on a specific cultural understanding. Food items may undergo transformation from concrete edibles with the function of satisfying the basic needs of a child into discourse objects that take part in the construction of interpersonal relations, and some food practices thereby become unhealthy on a socio-psychological level because they position the child as deviant. In the culturally complex classroom majority-minority relations are always potentially at stake. Although there is a difference in scale between the situated and constructed values of Elias’ and Bilal’s beverages and of them as students, between the moral quality of their choice of beverage and their moral quality as human beings, and between the treatment and position of Elias and Bilal in this specific classroom and the treatment of minority children in Denmark, or Europe, in general, we should recall that the health value of food items has significance beyond what concerns physical health as it indexes cultural and moral hierarchies. In this article we see minority students who fail to live up to the naturalized understandings of food and healthy lunchtime practices, and we get a glimpse into what difficulties these children meet if they try to acquire these understandings. Thereby, I argue that the teaching of healthy food practices builds on a range of culture-specific assumptions, that children and teachers’ understandings differ, that health is used to position children – and to exclude them (cf. Salazar, 2007). In this way, food and health practices becomes similar to other symbolic means such as clothing and religious practices, language and linguistic practices, and the examples underline that if we want to avoid the discriminatory and assimilative pressures that are characteristic of these other symbol laden areas (cf. Blackledge, 2005:vii) health intervention in classrooms and canteens should be treated with great care (Husby et al., 2008:6f).

References


http://www.who.int/governance/eb/who_constitution_en.pdf


Appendix: Transcription symbols

, continuing intonation
.

final intonation (falls to low)
?

rising intonation
(.

short pause
(2)

pause of two seconds
:

prolongation of previous sound

Sounds

emphasis

Xx(x)

unintelligible (or unhearable) sound material

...

irrelevant turns or utterances erased from transcript by the author