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► To cite this version:

Marie Plessz, Sophie Dubuisson-Quellier, Severine Gojard, Sandrine Barrey. How consumption prescriptions change food practices. Assessing the role of household resources and life course events. 3. BSA Food Study Group Conference: Food & Society, British Sociological Association (BSA). Durham, GBR., Jul 2012, Londres, United Kingdom. 22 p. hal-02803992

HAL Id: hal-02803992

<https://hal.inrae.fr/hal-02803992>

Submitted on 5 Jun 2020

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**How Consumption Prescriptions Change Food Practices.
Assessing the Role of Household Resources and Life Course Events.**

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Paper presented at the British Sociological Association, Food Study Group 3rd meeting.
London, 2nd -3rd July 2012.

Work in progress. Please do not quote. Do not circulate without author's agreement.

Introduction

A large amount of current food consumption studies seem to focus on explaining how prescriptions issued by authorities in the name of the common good impact consumption practices¹. This issue generally remained out of the limelight of sociological consumption studies up until the 1990s, as was the case with the works of Halbwachs (1913), Douglas (1972) and Bourdieu (1979). The main concern was then to explain differentials in practices between different societies or between different social groups within a given society at a given time. Although the evolution of practices could be accounted for within the terms of Bourdieu's habitus theory (Bourdieu 1972), Bourdieu himself (1979) showed a limited interest in the dynamics of social practices.

More recent studies, whether prompted by marketing concerns or by States in an attempt to steer practices towards certain consumption patterns in a non-constraining manner, have tried to explain consumer behaviour. They hypothesise that consumers seek to obtain goods or to adopt practices that match their expectations and in particular the values they hold. Another

¹ This research is part of the research project entitled 'Governing Consumption Behaviours, Obesity Prevention and Sustainable Consumption' (coordinator Sophie Dubuisson-Quellier, Center for the Sociology of Organizations, CNRS/Sciences Po). It was funded by the French *National Research Agency* (ANR). We would like to thank Christine Boizot for assisting in the analysis of quantitative data. Translation by Mathilde Cheix.

less explicit hypothesis of such studies is that a straightforward relationship can be established between goods on offer and values (e.g. vegetables are healthy, fast-food is unhealthy but gratifies the taste buds). In order to bridge the gap between practices and prescriptions, it is necessary to alter these values, through information campaigns for example. Such studies, however, do not seem to account for the fact that practices tend to lag far behind opinions (Southerton and Díaz-méndez 2011).

Practice theory (Reckwitz 2002; Warde 2005) is an innovative contribution to sociological enquiry with great potential for explaining how practices change. This new approach consists in understanding practices as the objects to be studied and focusing on explaining how a given practice successfully recruits practitioners (Halkier, Katz-Gerro, and Martens 2011). Practices are considered as “blocks” (Reckwitz 2002) composed of “doings”, locations, temporalities, infrastructures, and emotional and physical states. Blocks also comprise the symbolic component of “sayings”, i.e. the discourse which contributes to giving the practice its social meaning. For example, a given practice can be pegged to a prescription found in the public space. According to Halkier (2009), food consumption in the Danish population interviewed in her study can be termed environmentalised to a greater or lesser extent, depending on the degree to which it is constructed as an environmental conservation activity. This latter aspect can be overlooked by some consumers, while literally incorporated into others, i.e. somatised: one respondent explained how when walking down the aisle in the supermarket, her body reacts to the sight of organic cauliflower.

This theory’s major breakthrough, as far as the subject of this article is concerned, is to consider that prescriptions are not consumer-based but practice-based and an essential component of practice. If sayings are considered as a component of practice, and if practice is viewed as being socially constructed, then the link between practice and prescription can equally be considered as a social fact. This approach leaves room for the existence of a complex and potentially conflicting relationship between the space of practices and the space of related prescriptions. For example, sales narratives issued by manufacturers and sales persons on freezers have evolved over time. The freezer was first sold as a means to store home produce surpluses for later consumption, then as a tool savvy housewives could use for low price bulk buying and eventually as an “imperative of convenience in the management of everyday life” (Shove and Southerton 2000). The link between a given practice and a given set of prescriptions is thus socially constructed and can change dramatically over time. This approach is limited however, in that focusing on practices, it overlooks the relationship

between practitioners and prescriptions. As a result, the way the endorsement/rejection of practices relates to the endorsement/rejection of prescriptions cannot be analysed.

It is important to add that practice theory barely studies the identity of the recruits and the conditions conducive to recruitment to a given practice. For example, Shove and Southerton (2000) show that the sweeping success of the freezer came with changes in consumer targeting, sales pitch and the actual uses of the freezer. It was also accompanied by design changes and the integration of the freezer into the kitchen, complementing the microwave oven. The authors show that the popularity of the freezer as a convenience is related to the importance of being in control of one's schedule at a time when schedules, especially among the middle and upper classes, appear to become more intense (Chenu and Herpin 2002; Southerton and Tomlinson 2005). It is therefore very likely that the recruitment of practitioners to practices is all but the result of a random process. It is clear that it has evolved over time from the -most probably rural- context of household consumption to more urban households².

By contrast, the life course perspective focuses on when and by whom practices are changed. In this context (Bisogni, Jastran, Shen, and Devine 2005; Devine, Connors, Bisogni, and Sobal 1998), biography is both what is being studied and an analytical tool. First, many surveys acknowledge that important biographical transitions, such as starting to co-habit with one's partner or the first birth, offer the opportunity for an alteration of food routines (Bove and Sobal 2006; Garabuau-Moussaoui, Palomares, and Desjeux 2002; Marshall and Anderson 2002). Southerton (2006) also points out that the way practices are organised over time changes at different stages in the lifecycle. Second, by analysing – and asking subjects to analyse – the changes that occurred during those biographical transitions and how they were led to endorse a given routine, such as shopping at a particular place or organising dinner, at a given time in their biography, it is possible to unveil the contexts influencing these changes. Bisogni *et al* (2005) offer a theoretical framework to analyse changes in food practices. They distinguish between food management skills, standards and circumstances. Food management

² It would be of some interest to determine whether the use early users made of their freezer has changed following the evolution of recruitment or if there are “generations of practices” supported by certain social groups or generations of users. This question, however, lies beyond the scope of the present study.

skills are acquired long-term competences such as recipes, budget management skills or acquaintances with particular shops and the products they offer. Standards can be seen as the norms a given individual deems appropriate to his or her particular case and to which s/he compares his or her food practices. Finally, circumstances account for changing resources due to mostly exogenous factors such as social or economic factors. Circumstances evolve during one's course of life thus affecting the skills that can be acquired and the standards used to assess one's own deeds. The concept of a standard is particularly promising for the present enquiry since it allows the distinction between prescriptions circulating under different forms in the public space (e.g. as vehicles for social marketing, opinions voiced by physicians or activists, or as components of material or symbolic objects such as foodstuff and food labels) and the standards an individual considers appropriate to his or her case, irrespective of him or her being content with the level of consistency between his or her standards and his or her practices.

The field of prescriptions on food consumption, which is the concern of this article, is extremely rich. It is assumed presently that prescriptions are produced by benevolent, yet specialised experts. For example, nutritional and environmental guidelines are issued by different experts. In addition, they focus primarily on the consequences of the practices, such as calorie intake, rather than on practices themselves, such as the course of a meal. This applies to nutritional prescriptions based on the work of nutrition and public health experts from national (e.g. the *Five a day* programmes, or the 2001-2006 *Plan National Nutrition Santé* in France) or supranational bodies (World Health Organization 2003). Such prescriptions are routinely vilified by social actors such as lower class households for being out of touch with the constraints affecting a family's daily food practices (Régnier and Masullo 2009). A number of sociology of health studies criticize the moralising aspect of "health education" on the grounds that it often disregards the living conditions of the individuals to be "educated" i.e. to be enrolled into the practice of healthy food consumption (Lupton 1995). An additional sociological benefit of the study of prescriptions as determinants of food practices is that the growing concerns for environmental sustainability of food consumption tend to reveal how diverse and sometimes mutually inconsistent normative prescriptions can be. Pre-prepared salad, for instance, is good for health but damaging to the environment. This marketing innovation based on convenience, can be praised by nutrition specialists insofar as it promotes fruit and vegetables and fibre consumption, and simultaneously vilified by environmental advocates for generating excessive water consumption and packaging.

The present research on how prescriptions alter food consumption practices is now supplemented with three hypotheses. The first, borrowed from the life course perspective, is the difference between prescription and standard. Standards are “the expectations that participants hold for what and how they should eat” (Bisogni *et al* 2005). They are therefore individual-specific and include the features of the prescriptions from the social space that s/he has retained and deemed appropriate for themselves. Standards can evolve over the course of a lifetime. The second and third are practice theory’s assumptions that practices include references to prescriptions and that the link between prescriptions and practices proceeds from the construction of practices and is subject to change. The task to be undertaken is therefore to explain the encounter between individuals with standards that evolve throughout their lifetime, and practices that are pegged to prescriptions in a relationship which is more or less explicit, stable and equivocal.

The objective of this article is not to provide a decisive account of such an encounter but merely to present different lines of research based on two sets of empirical material, namely an in-depth qualitative survey of the food practices of about 30 households from the South Western region of France and the statistical analysis of data from a consumer panel. The first section of this article provides a detailed description of both studies. The second section shows that there is no straightforward homology between the space of food practices and the space of prescriptions intended to guide them. The third section shows that life-course turning points are windows of opportunities to the adoption of new practices. In the fourth and last section, which is of a more exploratory nature, it is argued that social position influences one’s propensity to revise the standards involved in the process of adopting and questioning one’s consumption practices.

Study Design

Two methods were used in this study. The first one is a qualitative in-depth survey of the shopping practices and the biography of a limited group of subjects in the South-Western region of France. The second is the analysis of 2007 data from a consumer panel representative of the French population. Although the quantitative and qualitative analyses were conducted separately, they complement each other and coordination meetings were organised for harmonization purposes.

Statistical Data

The quantitative arm of the present study consists in secondary analysis of public opinion and purchase data from the 2007 Kantar Worldpanel³. The total food purchases of around 7 000 households over a period of one year were available, which enabled the detailed study of certain products: dairy products with health claims⁴ (health norm), low fat dairy products (anti-fat dietary norm), vegetables (dietary norm), organic products (environmental norm) and pre-prepared salads (nutritional norm – vegetables – in conflict with environmental norm). These products were selected because of their status as vehicles for innovation and potential associations with normative nutritional and/or environmental prescriptions through public, activist or marketing discourse. AB (*Agriculture Biologique*, i.e. organic) certification was established in the early 1990s and one of its distinctive features was to be the official quality label owned by the Ministry of Agriculture, equally open to industrial and small-scale producers, large corporations and activist networks. It is the only environment-oriented certification but various studies have shown that AB products are consumed for health rather than environmental reasons (par exemple Lamine 2008). The remaining products are more or less recent innovations whose commercialisation, economic actors allege, could facilitate consumer accommodation to norms, whether nutritional or dietary, or help them improve their health through the consumption of products with health claims (Guillon 2003). The case of pre-prepared salad is special. As a vegetable, it epitomizes the ideal of a light-and-healthy dish and can be associated with nutrition-oriented consumption. Its production, however, is often criticised by environmental groups as a water-guzzler. In addition, this “minimally processed” product is the paragon of ready and convenient food for busy urbanites but it is sometimes perceived as (too) innovative and expensive.

Logistic regression analysis was performed to predict the probability for a particular type of household to consume each product from the selection. Former findings on fresh vegetable consumption (Plessz and Gojard 2010) obtained from a sub-panel of these data (approximately 2 500 individuals) were also used. With no packaging and no certification, these products are subject to minimal marketing efforts but to specific and explicit

³ The year 2007 was chosen for practical reasons. In the early stages of this work, these were the most recent cleaned data available. These data are presented in more details in Appendix 1.

⁴ The top two products sold in 2007 were studied.

prescriptions widely circulating in the social space. These data being static cross-section data, life course differences cannot be separated from cohort effects in this study unless more information is taken into account.

Qualitative Study

The qualitative arm of our study is based on the survey of about 30 households and involves an array of methods. The food practices of individuals throughout their history were recorded during biographical interviews. An additional section of the interview, which was sometimes carried out at a different time, was dedicated to identifying the resources actors mobilised when choosing foods. The related questions were not on the participants' trajectories but on their food practices: how they shopped, prepared and consumed meals, and what sort of coordination was present within the family. In addition to the collection of these two sets of data, and with their consent, 10 of these respondents were accompanied while shopping and another interview took place following a period of about two weeks during which they were asked to log their food intake. The population was recruited through personal networking, with their prior consent to this rather cumbersome and intrusive survey method. Although the group is not statistically representative, particular care was taken to include a range of cases for parameters such as age, household structure, social background and type of housing⁵. Life course analysis focused on turning points (Hughes 1971) related to changes in the household's composition (one-person household, couple, retired or working status, presence or absence of children). In addition, it also became clear that other types of life-break considered as crucial in the literature, such as health events, were significant (Lamine 2008).

The Inevitable Mismatch between Food Practices and Nutritional and Environmental Prescriptions

In this section, it is argued that there is no straightforward homology between the space of prescriptions and the space of practices or, to put it another way, the link between a given practice and a prescription can be more or less implicit or even ambiguous. This link can take

⁵ The survey was conducted under the supervision of the authors by 2009-2010 L3 sociology students from the Public Policy Testing and Management programme at *Université de Toulouse 2 – Le Mirail*.

different forms over time and give rise to controversies within the social space. Most importantly, practices often simultaneously refer to more than one prescription (nutritional and environmental for example) and it is not clear whether the *grandeurs* or “worth” (Boltanski and Thévenot 1991) they have with regard to these norms are similar. Indeed the qualitative fieldwork made it visible that establishing a relationship between a practice and a prescription is a social activity involving many different agents. It is a complex process involving many actors such as the sources of prescriptions, who can issue “good practices”, manufacturers and distributors who use a chosen set of prescriptions to promote their products through packaging and certifications, activists who argue about what practices best serve the causes they are committed to, and finally ordinary consumers themselves who judge whether or not the information provided is relevant and reliable. For example, in the interview reported below, buying water poses an intricate problem, which is debated collectively with savvier acquaintances.

“They are friends who are very careful about what they eat so...when we talk they tell us about it...they have made us pay more attention to things which we didn't think about before you see.

- Such as, for example?

Such as water, for example. How often have we asked the question: Should we drink bottled water? Tap water? Things like that...”

(Rina, 57 years old, retired teacher, living with partner, 3 children who have left the family home, house with vegetable plot, rural area)

The construction of the relationship between food practices and prescriptions is visible in the following excerpt:

“Furthermore, I think that you should eat meat at least once a day, so one time it will be meat, and one time it will be fish, or carbohydrates or eggs, you see, we substitute; and vegetables as well...So at least one dairy product...and in the morning, cereal, and for a balanced breakfast, fruit...” (Sylvie, 35 years old, unemployed, 2 children, flat in rural area)

The discourse borrowed from nutrition specialists, with the use of the words “carbohydrates”, “one dairy product” and “substitute” mixes with wordings found in advertising (“balanced breakfast”). This extract shows that more than one type of discourse is used when prescriptions and practice are articulated and that actors are proficient at combining them into their standards.

In the following extract, Sylvie gives her opinion about certifications. Through these symbols, producers and distributors establish a link between practices and prescriptions although actors do not necessarily consider the link as legitimate.

“Frankly, when I see a label, what springs to mind is industry, and I really don't like that, so I tend to go for small producers. And I make sure that it is organic. You know,*

they can tell you it is organic, and then, you know, it is full of insecticides and all sorts of things...For me, a label means that it has been industrialised and I really don't like that...I don't like labels." (Sylvie, 35 years old, unemployed, 2 children, flat in rural area)

*Translator's note: This refers to a series of quality certifications and not necessarily to the physical labels of the products.

In the statistical arm of our study, it was assumed that the products selected could be assessed according to environmental and nutritional norms. In the beginning, assuming that products purchased by households would bear testimony to the existence of a certain degree of consistency in the set of norms guiding shopping initially seemed to be a reasonable hypothesis. However, the socio-demographics (other things being equal) associated with the consumption of the different products suggests that this does not always apply.

Table 1: Logistic regression model predicting the purchase of a selection of products at least once in a year according to typical socio-demographics. Standardised coefficients.

	(1) Organic Products	(2) Low-Fat Dairy Products	(3) Nutraceuticals	(4) Pre-Prepared Salads
1b.Woman Alone	0	0	0	0
2.Man Alone	-0.683***	-0.966***	-0.453**	-0.386***
3.Couple	0.0941	0.171	0.424***	0.0296
4.Couple With Child	0.144	0.370***	0.917***	0.326***
-Wealthiest 15%	0	0	0	0
Next 30%	-0.265**	0.0154	-0.0979	-0.228*
Next 30%	-0.543***	-0.0761	-0.0982	-0.484***
Poorest 15%	-0.697***	-0.225	-0.294*	-0.574***
0b.Rural	0	0	0	0
2.Small Town	0.207**	0.0611	0.0543	0.0802
5.Average City	0.206**	0.122	0.145	0.236**
7.Large City	0.348***	0.196*	0.227**	0.309***
8.Paris	0.406***	0.317**	0.347***	0.448***
1b.Middle School	0	0	0	0
2.High School	0.208**	-0.129	0.0739	0.0993
3.Baccalauréat-Bac. + 2 yrs	0.255**	-0.175	0.120	-0.0684
4.More than Bac. + 2 yrs	0.524***	-0.230*	-0.121	-0.119
20 years	0	0	0	0
30	0.376***	0.225	0.731***	-0.271*
40	0.569***	0.317*	0.490***	-0.521***
50	0.683***	0.303*	0.567***	-0.715***
60	0.807***	0.172	0.750***	-0.957***
70 and above	0.682***	-0.476**	0.584***	-1.330***
Intercept	0.0936	1.170***	-2.311***	1.098***
N	6946	6946	6946	6946
ll_0†	-4485.2	-3577.0	-3824.3	-4708.0
ll	-4350.6	-3427.9	-3707.5	-4497.7
p(ll=ll_0)	9.29e-47	1.18e-52	1.67e-39	4.66e-78

*=p<0.05 ; **=p<0.01 ; ***=p<0.001

† ll_0: log-likelihood for the null hypothesis model. ll: log-likelihood for the alternative hypothesis model. p(ll=ll_0): probability for the alternative model to have the same log-likelihood (and thus same goodness-of-fit) as the null hypothesis model.

Table reads as follows: Being a man living alone, as opposed to a woman living alone, decreases one's probability of buying organic products, low-fat products, nutraceuticals and pre-prepared salad at least once a year. This difference is significantly different from zero (p<0.001 except for nutraceuticals: p<0.01) and cannot be accounted for by differences between men living alone and women living alone in terms of income, urban or rural setting, or age.

Logistic regression results presented in Table 1 show that the structure of the household has a strong influence on the purchase of organic products, low-fat dairy products, foods with

health claims and pre-prepared salads. Men living alone do not tend to purchase these products as much as women living alone. The behavioural patterns of couples are similar to those of women living alone, but for the fact that they purchase more nutraceuticals, and this also applies to vegetables (Plessz and Gojard 2010). Finally, households with children buy more of the products studied except for organic products. In addition, age strongly impacts purchase probability. As age increases, the probability of purchasing organic products and nutraceuticals increases, while that of purchasing pre-prepared salads decreases. Low-fat products, on the other hand, do not follow a linear pattern: their purchase seems to peak in the middle of one's working life. Table 2 summarises the information obtained from logistic regression analysis for the following households: men living alone, families with at least one child and elderly households irrespective of their structure.

Table 2: Summary table of products over-consumed or under-consumed by 3 types of households

Products	Men living alone	Families with child	Elderly Households
Organic Products	--		++
Low-Fat Dairy Products	--	+	
Nutraceuticals	--	++	+
Pre-Prepared Salad	--	+	---
Fresh Vegetables	--	-	++

Note: Information on fresh vegetable consumption are from (Plessz and Gojard 2010).

Thus, men living alone consume small amounts of all the selected products, namely: organic products, low-fat dairy products or products with health claims, pre-prepared salads and fresh vegetables rarely make it to their shopping baskets. Families with children consume more low-fat dairy products or products with health claims, more pre-prepared salads, but no more organic products than average although these are often consumed because they are deemed more healthy (Lamine 2008). Their fresh vegetable consumption bears no noticeable feature. Elderly households hardly purchase pre-prepared salads whereas they purchase a great amount of vegetables, organic products and nutraceuticals.

Interpreting these results is not straightforward. When each product is associated with the prescriptions that, allegedly, promote their consumption, the practices observed seem to be inconsistent. For example, families purchase large amounts of nutraceuticals but not many vegetables and average quantities of organic products; elderly households turn away from pre-prepared salads, but purchase a large quantity of vegetables, they are large consumers of organic products but they also buy nutraceuticals. Only men living alone seem to endorse

consistent practices: they remain indifferent to the products under study as if they were not affected by prescriptions. Another example of these apparently contradictory practices relates to the effect of income categories : the richest tend to consume large amounts of organic foods as well as many pre-prepared salads.

It is presently argued that this apparent contradiction is due to the fact that the products are not accurate conduits of prescriptions. To the contrary, the relationship between a prescription and a product is ambiguous on two counts. First, each product relates to more than one prescription: the pre-prepared salad consumer can be considered simultaneously at odds with environmental prescriptions and in agreement with nutritional prescriptions (eat vegetables). For an individual to establish his or her standards on both environmental and health concerns would result in a serious dilemma. Secondly, pre-prepared salad bears an extra differential feature compared with unwashed ordinary heads of leaf salad from the fresh fruit and vegetable section: to purchase pre-prepared salad, it is necessary first, to intend to buy salad and to consider that the convenience offered by this packaging is appropriate to one's lifestyle. The convenience parameter can outweigh environmental concerns, as is the case here. In addition, some foods are not available in a "light" or "organic" form. The price differential between organic and standard products highly differs according to product type. While it is highest for meat and considerable for fruit and vegetables, it is limited for unprocessed foods such as fats, eggs and milk. Elderly consumers might be well aware of environmental issues and of the alleged beneficial effects of organic products, but they simply consume more unprocessed products (Monceau, Blanche-Barbat, and Échampe 2002).

The conclusion of this part is twofold. First, the homology between a given space of practices, namely the space of studied products, and a given space of prescriptions is not straightforward. Thus a comparison of attitudes with purchasing practices is a poor indicator of the propensity of households to put their values into practice, which is a highly complex procedure. It depends on supply and the way the discourse on the products available related them to prescriptions (DeVault 1991). This can be explained partly explained by the fact that establishing a link between a product and a prescription is a social activity that implies many different actors, including the consumer who may reject suggested "product-prescription" matches. Second, the type of products bought, and more specifically their combination, varies significantly according to where households stand in the lifecycle at the time of interview. Age is not the sole parameter in this regard and the structure of the household is equally important. Men living alone, whether single (irrespective of age), divorced or widowed (and

thus *a priori* older) purchase radically different products from both women living alone (Saint Pol (de) 2008) and women living with a partner. They seem to be fairly unaffected by nutritional and environmental prescriptions. It might be the case that in the early stages of cohabitation with their female partner, she raises or tries to raise their awareness of these matters (Donkin, Johnson, Lilley, Morgan, Neale, Page, and Silburn 1998). To conclude, according to cross-sectional data on a sample of more than 6 000 individuals, there is quasi-indisputable evidence that food purchase practices are related to life course position.

To conclude, practices and prescriptions have a potentially conflicting and evolving relationship. In the previous case, organic certification is rejected for involving a form of standardization and thus “industrialisation”.

Life-course turning points are opportunities for the adoption of new practices and standards.

The statistical findings presented above suggest that life course events, paced by age and the structure of the household, are associated with differential practices. This assumption was confirmed in biographical interviews since, although not representative of the French population, they are clear testimonies of life changes and the way respondents account for turning points in their practices. This section sheds light on some mechanisms that might explain why such turning points in family trajectories are extremely favourable to shifts in food practices, and that these mechanisms actually occur at turning points in a family’s biography.

First, standards evolve throughout a life course as more prescriptions are integrated and previously integrated prescriptions are discarded. The first birth, alongside the occurrence of a disease or an allergy, has been identified as one of the potential turning points towards an increased consumption of organic products (Lamine 2008). At this occasion, couples and individuals are more receptive to a series of prescriptions emphasising individual and more particularly parental responsibility. Since food consumption is a sphere where such responsibilities can be exercised, nutritional and health norms are often naturally integrated into this prescriptive space (Régnier and Masullo 2009). Christophe’s 6-month old baby has reached the weaning stage and its parents, as many upper class parents do (Gojard 2000), reflect upon their baby and their own food patterns:

“What with the baby, the quality has gone up a level. But we were already becoming more careful, ever since my wife became pregnant. As far as the baby is concerned...At the moment he is on the jars, so you could say it is pretty draconian. We are very selective because we have friends whose kids have had food allergies and all that...so as far as food colouring and added sugar are concerned, maybe we are a bit excessive, but, really, we check out everything, we are very careful. And when I think about later on, when he'll start to eat the same thing as us, yes, it's clear that we'll pay even more attention to quality, traceability and labels.” (Christophe, 32 years old, engineer, living with partner, one infant child, house in suburban area)*

*Translator's note: This refers to a series of quality certifications and not necessarily to the physical labels of the products.

Second, sociability varies throughout the life cycle and impacts both practices and standards. For example, eating together is a feature of a proper meal (Bugge and Almas 2006; Marshall and Anderson 2002) and it is essentially based on family sociability. Couples often describe the early stages of their living together as a period when partners tune in to each other's rules and norms (Bove and Sobal 2006). It is therefore also the moment where the social and commensal dimension of food practices strengthens, which is illustrated with Jeanne's explanation of how living with her partner prompted her to cook more.

“Nah, even when I was with Mickaël. It's not the same when you are a couple! I cook a lot, at least, a lot more than when I am on my own.” (Jeanne, 23 years old, student and cashier, student room, urban area).

Wider social networks are also spaces where socialisation to food prescriptions and practices occur. Residential mobility, which is a component of some biographical events, tends to induce dramatic changes in social networks. Virginie describes her early university student years as the time she became politically aware and, as a correlative, she developed more reflexive views on food. According to her sayings, she had a rather liberal approach to food in her childhood and her teenage years. As an upper class child, she used to live in a suburban area and, because her parents used to work hard and quite late, she and her older sister often had to look after themselves. Back home from school, she used to snack a great deal on soft drinks and chocolate bars, and the meals consisted mainly of frozen ready meals. She left her parents at the age of 18 and her food patterns changed dramatically, resulting in major weight loss, which is attested by photographic evidence. She attributes this change to a loss in income, which led her to keep tight control over her food expenses, and to the socialisation process by which she became close friend with students heavily involved in ecologist and alter-globalisation networks. As a result, she became more thoughtful about her food habits and started buying more organic food and using shorter distribution channels.

“Actually, it's pretty clear that it was when I came to Toulouse that I started to come across – unintentionally I guess – what you could call left wing ideas – well, I suppose its a bit messed up the whole notion of left wing ideas but – I started to hear about these

things at uni from people who really influenced my political ideas and then ended up exposing me to all sorts of alternative ideas, networks, things which were happening, making me aware of all these ideas. The first thing was GM food. And like pulling on a thread, that led to a totally different way of thinking about food, much more activist, much more concrete.” (Virginie, 26 years old, PhD student, living with partner, flat in urban area).

In a similar way Rina, one of the respondents mentioned earlier, came to reflect upon her food and water consumption during talks with her friends. The network of sociability is therefore a crucial space for individuals to experience and integrate new prescriptions and to acquire the food management skills which enable shifts in practices. This network changes with, for example, residential and occupational mobility and typically when individuals leave the parental household or enter the labour market.

Lastly, turning points come with the alteration of the constraints faced by individuals and the structure of their resources, whether they be temporal, financial, or pertaining to shopping places, or food preparation and storage devices. The time when children leave the parental household for example, plays an important role in the changing of food patterns. This does not mean, however, that individuals endorse rigorous standards. Instead, it is comparable to a new form of liberation from the inextricable nexus of constraints moulding family routines. Cardon (2009) provides evidence that the same process may occur in widowhood. Food patterns are simplified and reorganised around routines that depart from the couple’s former routines such as shopping, growing a vegetable plot, eating the same foods for dinner (“one salad for the two of us, that’s ideal”, “we don’t mind eating the same foods all the time”).

To conclude, it is argued that the way an actor’s practices and standards are organised is more likely to change at turning points in their life cycle and that when they occur, the resources and constraints structuring the household’s food patterns also change, whether intentionally or not. The set of prescriptions deemed appropriate by an actor equally changes and new prescriptions can be integrated into the standards which the actor has set for his or her personal case and the family. Finally, the network of sociability might be significantly reshuffled, which can lead actors to become acquainted with new prescriptions and practices at the very time they are reconsidering their standards. Bisogni *et al* show, however, that standards are not necessarily consistent with practices. The subjects they studied do not necessarily reject the standards they acknowledge not meeting, they are often just not willing or not in a position to modify their practices (Bisogni, Jastran, Shen, and Devine 2005).

Class position and acknowledgement of expert prescriptions

Many features evidenced by the present empirical data and in the literature, however, tend to suggest that members of the middle and upper classes are particularly prone to revise their standards and integrate expert prescriptions such as those issued by the medical profession and health education messages. There are two reasons for this, which are briefly presented in the following section.

The first reason is that throughout their lifetime their network of sociability undergoes more changes than is the case for other classes. Overall, they have wider networks of sociability and they contribute to associational networks to a greater extent (Pichler and Wallace 2009). Consequently, they have more opportunities to become acquainted with prescriptions and practices. In addition, it might be the case that their network is more likely to evolve throughout their lifecycle. This applies to the aforementioned respondent with an upper class background called Virginie. In order to pursue higher education studies, she left the family home for a place in another city and now goes around with activist friends. Such a trajectory is rare with children from a working class family since they pursue shorter courses of study and, as students, are less likely to be able to afford leaving the parental residence (Perret 2007).

The second reason is that highly qualified individuals show significantly more dispositions to question food patterns and that these dispositions are highly integrated and naturalised. Carole is a university lecturer and as a highly qualified individual, uses a wide variety of information channels to gather information on food. For example, she reads food-related documents, uses the Internet, and exchanges information with her friends and within her professional network without necessarily being aware of it. She considers this to be a fairly “ordinary” behaviour and she does not feel she has more expertise than anybody else in the matter. She considers that the prescriptions she usually articulates are most trivial and very common.

“Yes but I think more and more of us know about this stuff, information is coming out. [...] I read that, sometimes I’ll go on the Internet to find something out, plants for hot drinks, I’m always careful though, I think we are all pretty well informed now. Yes, I’m interested in it, well, it does interest me but I’m no expert. It’s more like the amateur or just the average person, the average woman, there are just more and more of us who know a bit about these products. I know that you shouldn’t just cut out butter because of the Vitamin A, so I know a bit...for oil, I know that certain oils are better than others, bread, I’ll buy wholemeal bread not white bread, same story for pasta.” (Carole, 37 years old, university lecturer, single, flat in urban area)

By contrast, the Internet is hardly mentioned by working class respondents, as a source of information and guide of food behaviours. To a large extent, reflexivity as demonstrated by

middle class individuals interviewed in this study is essentially constructed through the networks they belong to, which are used as an additional pool of resources and constraints to accommodate food-related prescriptions. Sylvie's trajectory is quite interesting in this regard. She has retained food reflexes from her working class background. Although cost-conscious, she devotes a large part of her budget to purchasing food so that her children -the eldest being 15 years of age- are properly fed and that all their needs are met in this regard. She consumes a large amount of vegetables mainly because she likes them but also makes sure to cook her children a meal of their choice at least twice a week. A florist by training and residing in a rural area, she reports liking everything related to the land and certain features of her food patterns are actually very similar to those of middle class individuals who have gathered a large amount of information on food through books and networks. For example, she is extremely strict on additives and opts for what she terms natural foods; she makes her own bread and purchases foods from local producers.

"(...) For me, a label means that it has been industrialised and I really don't like that...I don't like labels.*

-And how are you going to know that the small producer is organic?

Because he is local, because I've come to know him and because I buy vegetables in season, because clearly otherwise...if he sells me carrots, let's say, in March and he tells me it is organic, I'll ask him if he takes me for an idiot!" (Sylvie, 35 years old, unemployed, 2 children, flat in rural area)

*Translator's note: This refers to a series of quality certifications and not necessarily to the physical labels of the products.

Whereas Carole overvalues knowledge from the Internet, in books or through friendship networks, Sylvie is more succinct about the reasons for the choices she makes and she has largely incorporated the knowledge she is referring to. She makes her own bread in order to re-experience the taste of "the thick-crust bread" of her childhood and because she has time on her hands. She shops at local producers because "by force of circumstances" she has come to know them. Some of her wordings, such as the use of "local" and pesticides, which she terms "insecticides", are similar to those used by middle class consumers strongly inclined to reflexive food practices. This is not surprising because the media regularly use these ideas. However, whereas middle class choices are made highly reflexive in an attempt to back them by expertise, Sylvie's choices have been refer to her liking for the land and her behavioural patterns (c.f. her reference to the producers she knows, what she believes in and what she likes) as well as to persons that she knows personally rather than to impersonal sources of knowledge

There is evidence in the literature of the existence of such a differentiated relationship to expert food prescriptions. For example about infant feeding, Gojard (2000) shows that upper

class mothers rely on their physician and on books whereas working class mothers refer to their mothers. It is likely that in the long run, a mother's opinion on child and adult feeding is more stable than expert prescriptions which, as far as infant care is concerned, sometimes undergo rather startling revisions. Similarly, Régnier and Masullo (2009) mention the existence of a working class "taste for liberty" when it comes to food, in that they tend to free themselves from nutritional prescriptions thus making the space of food the locale for psychologically comforting consumption. By contrast, upper classes have a "taste for doing what is necessary" and they are more inclined to subject their food patterns to health imperatives imposed by experts. Finally, the gap between practices and prescriptions is probably smaller for the upper classes than for the lower classes, be it only because prescription producers are most of the time members of the upper class and therefore, might design prescriptions at least acceptable from their point of view, or even consistent with their own practices (Boltanski 1971).

To conclude, upper class individuals face more frequent and important changes in their networks of sociability than other classes. In addition, it seems that they are more ready to try to change their standards to integrate expert prescriptions. As a result, they are more likely to change their food practices in a way that can be interpreted as conforming to on-going expert prescriptions.

Conclusion

The objective of this article was to contribute to the analysis of the impact of prescriptions on food practices using two theories, namely practice theory and the life course perspective, which were considered as complementing each other. According to the former, the link between a given practice and prescriptions is considered as a link which is socially constructed and proceeds from a potentially evolving social interaction between a series of actors. The latter differentiates between a prescription and a standard, and develops a biographical approach, which provides a better understanding of prescription and practice adoption processes from the perspective of an agent.

Two complementary empirical surveys were used. Secondary statistical 2007 consumption data were used alongside the qualitative in-depth study of a limited non-representative sample of households. The following results were obtained.

1/ The link between a given practice and one or more prescriptions is socially constructed and proceeds from the contribution of a variety of agents. It is not necessarily explicit, unique nor stable. This study is part of a broader research project and from this perspective, it can be argued that some agents producers of prescriptions have succeeded in articulating nutritional prescriptions with some food practices in a clearer manner. Programmes such as *Five a day* (or *Manger bouger* in France) explicitly articulate prescriptions (“For a healthy diet”) with practices (5 fruit and vegetables a day). Some elements of ambiguity still remain. For example, “5 fruit and vegetables a day” stands for “five servings of 80 grams each, i.e. 400 grams”. The servings actually eaten by French consumers however, are different from the unit referred to in such public policies (Combris, Amiot-Carlin, Baberger-Gateau, Bouhsina, Caillavet, Causse, Chervin, Chevassus-Lozza, Codron, Dallongeville, Dauchet, Delcourt, Demigné, Dosba, Dupont, Gurviez, Martel, Mauget, Nicklaus, Padilla, Renard, Requillart, Roy, Soler, Verger, Volatier, Sabbagh, Savini, Fournier, and Champenois 2008). Environmental norms, by contrast, have not stabilised in the same manner. Both their content and the way they are justified are still changeable. In addition, the articulation of environmental norms into practices is in its infancy and still controversial. This is probably due to the fact that environmental concerns about foods have only been expressed recently in comparison with nutritional concerns. There are therefore more ongoing debates on the practices that can be considered to meet environmental prescriptions than on those which meet nutritional prescriptions.

2/ Biographical turning points, and in particular the family events that were surveyed in this study are ideal opportunities for individuals to adopt new food practices. It was argued that the reasons for this are that they involve exposure to new practice-backing prescriptions mainly through the alteration of the individual’s networks of sociability. Added to this are changes in the resources and constraints that impact domestic food consumption. Within a practice theory framework, we shall formulate the following hypothesis: A given practice is more likely to recruit practitioners at turning points in their life because these are times when resources, skills and standards are reconsidered.

3/ It was also argued, that upper class individuals are more likely than others to change their practices based on expert prescriptions. This does not imply, however, that working class individuals are less prone to changing their practices, but instead that when they do change their practices it is less frequently due to the acknowledgement of expert prescriptions. One explanation for this could be to point out that the network of sociability of the latter classes, which is instrumental in integrating prescriptions into standards and matching them with

specific practices undergoes fewer changes throughout the life course. Another explanation would point to the existence of differentiated class cultures at work when choosing legitimate and relevant sources of prescriptions. Lower class individuals would turn to their intimate circle whereas upper class individuals would be more inclined to take into account expert (e.g. physicians, publications), impersonal and written (or Internet) sources.

It would be of some interest to research empirically whether those findings could be generalised to other domains. It might be the case that current food practices in France relate to social stratification in a very specific manner. Régnier et Masullo (2009) have observed the existence of a “taste for freedom” amongst the working classes who reject the legitimacy of nutritional prescriptions which are issued and followed by the upper classes. According to the authors, this can be accounted for by the fact that in the era of supermarkets and ready meals, food consumption remains one of the few spheres in which the working classes can partake in “consumer society” by purchasing “branded” products advertised on television. In other words, the existing set of prescriptions about food consumption is fairly consensual amongst the upper classes, but far more controversial amongst the lower classes. This is probably not true of other spheres of social life such as leisure and culture. Thus the question remains open of determining how changes in practices, revision of standards and the linking of practices to prescriptions relate to each other.

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