Food, eating and taste: parents' perspectives on the making of the middle class teenager.

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Abstract

This paper reports findings from a qualitative study of views and understandings of dietary practices in middle class families. Thirty five parents/ main food providers of boys and girls aged 13/14 years, living in Eastern Scotland, were interviewed about their and their teenagers' everyday lives, food, health and family practices. One of our aims was to understand more about the social and cultural conditions which might be promoting more positive dietary health and physical well-being amongst middle class families. Most parents' accounts appeared rooted in a taken-for-grantedness that family members enjoyed good health, lived in relatively secure and unthreatening environments regarding health and resources, and were able to lead active lives, which they valued. Although controlling teenagers' eating practices was presented as an ongoing challenge, active supervision and surveillance of their diets was described, as was guiding tastes in 'the right direction'. Parents described attempts to achieve family eating practices such as commensality, cooking from scratch, and encouraging a varied and nutritional 'adult' diet and cosmopolitan tastes, though work and activities could compromise these. These middle class families might be characterized as having future oriented 'hierarchies of luxury and choice', in which controlling and moulding teenagers' food practices and tastes was assigned a high priority.

Keywords: Food; Teenagers; Parents; Middle class; Qualitative.

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Introduction

In recent years increasing attention has been paid to dietary issues among children and teenagers in the UK population. This has often been stimulated by concern about increasing obesity rates in childhood and adolescence as these can be risk factors for health problems in adulthood (McCarthy, Ellis, & Cole, 2003; Wright, Parker, Lamont, & Craft, 2001) However, more broadly, epidemiological research continues to demonstrate associations between healthier eating practices and higher socio-economic status (Shaw, McMunn, & Field, 2000). In this, an individualised, behavioural approach has predominated (Warin, Turner, Moore, & Davies, 2008); there has also been less research into the socio-cultural processes underpinning these statistics (Devine, Jastran, Jabs, Wethington, Farell, & Bisogni, 2006). In particular we need to know more about everyday food choice and eating behaviour in families and the negotiations between parents, children and teenagers that underpin these processes (Eldridge & Murcott, 2000; Dixey, Sahota, Atwal, & Turner, 2001; Backett-Milburn, Wills, Gregory, & Lawton, 2006; Kaufman & Karpati, 2007). Although families are accepted as the primary setting for the establishment of patterns of food choice and consumption in childhood (Dietz, 2001), how parents and family background actually affect what teenagers eat on a daily basis is less clear. In this paper we report on a qualitative study of middle class families including at least one younger teenage child (13/14 years old) and examine what was happening in these families, from parents' perspectives.

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Food and eating related practices are both embedded in and reflective of people's everyday family and domestic lives and socio-cultural circumstances; they are dynamic and culturally responsive (Curtis, James & Ellis 2009). Researchers, policy makers and practitioners have all called for greater understanding of the everyday contexts which might foster healthy eating in young people (Contento, Williams, Michela & Franklin, 2006; Royal College of Physicians, 2004). Currently, we have more information about the characteristics and contexts of population groups who seem particularly affected by health damaging circumstances and environments than about other, usually more affluent, groups who seem somewhat less affected by these trends (Ball & Crawford, 2005). It is valuable to understand more about the social, cultural and family conditions which might be seen as promoting more positive dietary health and physical well-being in the face of trends which seem to be challenging these aspects of teenagers' lives (Sarlia-Lahteenkorva, 2007).

Issues of social class and 'habitus' are central to these debates, though the ways in which socio-cultural influences affect the everyday practices and routines underpinning food choice, taste and dietary behaviours are often left unexamined. Bourdieu (1984) argued that 'habitus' is about unconsciously understanding and enacting the unspoken boundaries and rules of acceptable consumption. This is particularly expressed through food, eating practices and taste and such 'consumer behaviour can be explained in terms of the role of display and social judgment in the formation of class identities' (Warde, 1997: 9). From this perspective, even the everyday, mundane aspects of preparing, eating and choosing food are based on accumulated habits and preferences built up within distinct social groups such as families or social classes (Bourdieu, 1984). Whether for the working class or middle class (Tomanovic, 2004), shared past and

present knowledge and experience of the social world continue to shape individuals' (and families') identities and understandings of what is appropriate and possible for 'people like me' (Reay, 2005). Thus, for example, in the process of 'doing' and 'displaying' family (Finch 2007), and perhaps centrally around everyday eating practices, classed identities are constructed and recreated.

This article follows on from a previous qualitative study examining the views and understandings underpinning the dietary practices in families with young teenagers living in poorer socio-economic circumstances (Backett- Milburn et al, 2006). This complementary study[1], focussing on middle class families with at least one younger teenage child (13/14 years old), involved interviewing a parent (almost exclusively the mother) and the young teenager. This paper presents middle class parents' perspectives on young teenagers' food choices, eating practices and taste. Firstly we examine parents' descriptions of their and their teenagers' everyday lives, food, health and family practices against the backdrop of the middle class environments in which they lived. We then discuss their attempts to control teenagers' tastes and appetites and how parents spoke about managing teenagers' increasing autonomy. We show how they tried to move the teenagers' diets in the 'right' direction and conclude by considering how all of these social processes were contributing to the creation of the future middle class adult.

Methodology and study design

An iterative qualitative approach was employed which allowed the exploration of themes

emerging during data collection in addition to those formulated at the outset (Britten, Jones,

Murphy & Stacy, 1995). This second study focused on young teenagers and their parents living

in higher SES, 'middle class', families in Scotland; 36 young people (aged 13-14 years, equal

numbers of boys and girls) and 35 of their parents were interviewed..[2]

Recruitment of participants

Following ethical approval from relevant education authorities, we gained access to four schools

in relatively advantaged areas in Eastern Scotland: three state schools and one private, fee-paying

school; two were in a city, one in a town and one in a semi-rural area. We assessed middle

classness through a range of socio-economic and cultural indicators. The schools had below

average numbers of students eligible for free school meals (a proxy indicator in the UK for

socio-economic status). We selected teenagers where at least one parent's occupation was

reported to be in class 1 or 2 of the NS-SEC (Office of National Statistics, 2005). Family

affluence was ascertained from positive responses to 2 items adapted from the Family Affluence

Scale (Currie, Elton, Todd & Platt, 1997) - the teenager having their own bedroom and the

family having at least one holiday in the past year. Deprivation was assessed using the 2001

Carstairs scores for Scottish postcode sectors (McClone, 2004) the Scottish Index of

Deprivation[3]; households falling into the least deprived quintile were eligible for interview.

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[2] The sample was further divided into two categories, defined by their Body Mass Index (BMI) as normal weight or overweight/obese. At the schools the young people were weighed and measured, in private. Findings about weight and overweight will be presented elsewhere.

[3] http://www.scotland.gov.uk/News/Releases/2006/10/17104536).

A screening questionnaire was administered to teenagers aged 13/14 to collect socio-demographic information (parent/s' occupation; home postcode; family affluence; household composition), details of their physical activity and favourite/regularly consumed foods. The families interviewed were predominantly White/Scottish, reflecting the ethnicity of the local population. Double consent was sought : parents were asked to 'opt out' if they did not wish their child to participate; young people and parents each gave written consent to be interviewed.

Data collection

Interviews took place with 35 parents (33 mothers and 2 fathers) identified by teenagers as their main food provider. Almost all mothers were working: two thirds were in full time employment; two had no employment and two were full time students. Most fathers worked full time (three were not currently in employment).

Qualitative interviews, lasting about one hour, took place in parents' homes and were tape recorded with consent. The topic guide mirrored that used previously with the teenagers. We asked interviewees to talk through typical and non-typical days, enabling us to probe about all food consumed by the participating teenager and his/her family and the context for this consumption (where, with whom and when consumption took place). Thus, food, eating and taste were explored in the context of descriptions of the everyday lives of parents and teenagers at home, school, work and leisure. Topics also included perceptions of health and 'healthy behaviours' (e.g. physical activity; weight maintenance strategies) in relation to their teenager, themselves, family and friends.

Data Analysis

Interviews were transcribed verbatim. Field notes and interview summaries were written, enabling reference to the whole sample during analysis. Selected transcripts were read by all team members and discussed in analytical team meetings to identify emergent themes. These themes informed the development of the analytical framework. Data were then coded and retrieved using the qualitative data-indexing package, QSR N6. Detailed analysis of the parents' data set was carried out by reading and re-reading cuts of the data, using manual and computer-aided indexing. All names are anonymised; some place details were changed to respect anonymity and confidentiality.

Findings

Middle class accounts of family life, social circumstances and diet.

'Family' is created through a myriad of everyday practices (Morgan, 1996); so these accounts from middle class parents were as much about the kind of family they aspired to as they were about eating and diet. Thus, even in mundane descriptions of their everyday lives, parents talked about what they were trying to achieve and avoid with their teenagers (Vincent & Ball, 2007). Their family life was on display to the researcher (Finch, 2007) and most appeared keen to present a good impression. The value of qualitative research is that, as the interviews progressed, an often more nuanced and qualified picture of the challenges of looking after

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teenagers and their diets emerged. In this process parents revealed much about their ideals of middle class family life, bringing up teenagers and what they thought was a 'healthy family'. They also often consciously distinguished themselves from other classed eating practices they saw as less desirable (Lawler, 2005).

Understanding classed practices in their own right also entails seeing behaviours and practices as located in the socio-economic and cultural contexts which produce and sustain them (Kaufman& Karpati, 2007). Almost all interviewees were in employment and there was little talk about having to economise with food, which was very different from our first study of families in poorer socio-economic circumstances (Backett-Milburn et al , 2006) . Parents' accounts also revealed a 'positive' health context for everyday life: the majority of interviewees described their families as physically healthy and therefore able to lead active lives (as, reportedly, were most of their relatives, except some elderly ones). Only two teenagers had any chronic health problem and only in six families did one or both parents have any debilitating health problem. Also relevant is how these middle class parents described important contexts of their children's lives. Our first study concluded that issues of teenagers' diets and eating practices were fairly low down their 'hierarchy of worries' about the problems and challenges facing their offspring both in their immediate environments, particularly involving potential bad influences from peers, and their futures (Backett-Milburn et al, 2006). There was little sense of such challenges in these middle class accounts: only one parent voiced any concern about her neighbourhood and almost all interviewees described living in very nice areas. Almost all assumed their young teenager would go to university or college and emphasised the importance of him/her doing 'whatever made them happy'. Similarly, discussion about their teenager's interactions with friends and

peers, such as visiting friends' houses, doing things with friends, or having the teenager's friend to eat with them, was presented in a largely unproblematical manner. Only occasionally was there reference to any problems with peers and this was usually presented to show that parents were dealing with this, for instance:

> Alexander's mother: you know there's certain friends that we prefer him not to go with, not because they're not nice kids but because the activities are more PlayStation oriented and you know TV oriented, whereas other friends like to be out and about.

The display of healthy middle class diets

Class distinctions are (re)-produced through acts of consumption and taste, often signified and displayed through expressions of difference and disdain of others' habits (Lawler, 2005). One of the few times parents spoke negatively about peers or other families was when asked to compare their teenager's diet with others. The majority thought their own teenager's diet was better than 'other' families they knew, where there was a greater reliance on convenience or 'fast' food and ready meals. This was usually attributed to parents being out at work and not taking the time to cook 'from scratch'. For example:

> Joshua's mother: a lot of his friends are eating frozen, processed food, you know they come in, their parents, both parents are out working, they come in and they get frozen food put in the microwave. Or you know chicken nuggets and the pizzas and the, I'm not saying we don't have pizzas but not, not as much, home made stuff, and soup, say they're having soup at a lunch time, it's tins of soup, it's not homemade soup.

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We were intrigued that we only had a small minority of families in our sample who seemed to be at all like these 'other' families. This minority often expressed guilt or embarrassment about falling short of nutritional ideals - a discourse variously expressed by many parents as involving the right balance of carbohydrates, vitamins etc and particularly as including fruit and vegetables and minimizing 'junk' foods.   However, the important point was not that each parent claimed their child ate all the right foods but that they, as parents, could display that they were on top of the situation and trying to do something about it. As in other aspects of educating their children, parental monitoring, control and influence were central components of this discourse (Vincent and Ball, 2007). Change was, or should be, possible in the production of the healthy middle class teenager; dietary change, moreover, was often presented as a family project. Comments such as: 'I think we are all trying to put the pressure on now to make sure that he eats a bit better' (Christopher's mother) and, 'she knows what she should eat, she just doesn't always like what she should eat' (Chloe's mother) were sprinkled through the interviews.

Expressed ideals about family and teenager eating and diet in middle class families

It seemed very important to these interviewees that certain standards of family cooking, eating practices and behaviours were sustained. This illustrates the observation that the middle classes produce and maintain class divisions through the 'minutiae of everyday practice, as judgments of culture are put into effect' (Skeggs, 2004 p118). The ideals expressed by our sample included the following..   All family members, including the teenager, were expected to eat breakfast and the interviews (with both parents and teenagers) indicated that this was generally the case. Teenagers' school lunchtime choices were noted and commented upon, (a few being able to monitor this through online food 'smart' cards, where schools recorded pupils' choices); at the

very least these parents felt they should know what was going on. Again, this was rather different from our first study where lunch choices were largely left up to the teenager and expressed as somewhat out of parental control (Backett-Milburn et al, 2006). Snacks (for all family members) were reportedly monitored and limited, though fruit was readily available; supper or snacks after the family's evening meal were not regular occurrences; junk or fast food/snacks were seen as 'treats' to be enjoyed occasionally. Throughout, the majority of interviewees also claimed that most of their meals were created as much 'from scratch' as possible. This, they said, involved making a variety of meals from basic ingredients, particularly including fresh or frozen vegetables, with minimal reliance on pre-prepared ingredients, fast foods or ready meals. For all of these parents such practices seemed also to signify how families such as their own should eat, for example:

> Rachel's mother: I am quite pleased that we don't eat a lot of take-aways and I'm quite pleased that I don't buy a lot of prepared food from the supermarket.
>
> James' mother: I don't tend to buy what are they called, you know ready meals I tend to do cooked… if I'm like off (work) I cook from scratch.

Sometimes, though, an interviewee indicated that such practices required time and effort and were not unproblematical, for example:

> Alan's mother: So it is a lot of sort of home cooking, which is nice when you can get the time to do it and stressful when you can't. ---and later --- And we do buy some pre-made foods, the kids get to have pizza now and again.

As the interviews unfolded, many parents echoed sentiments similar to those of Alan's mother, above; only a small minority, however, expressed concern that they could not achieve their ideals on any kind of regular basis.

Already then, other aspects of family eating practices have started to become evident. Almost all interviewees, for instance, said that they thought that families should share the same food and tastes and eat together, sitting at a table; if this was not currently being achieved, it was presented as something that parents were working towards. The small minority who prepared different meals for family members usually also indicated that this was not appropriate behaviour. It seemed to be acceptable only for degrees of personal tastes to be accommodated within the family meals, such as choosing to eat some if not all of the vegetables provided or accepting that an individual simply disliked a particular foodstuff. Thus, although parental influences are undoubtedly more complex, negotiated and less linear than policy makers might like (Eldridge and Murcott, 2000), making sense of these middle class young people's eating practices requires examination of the social organization of the households and their parents' attitudes and behaviours.

Controlling teenage eating practices and tastes

The class related habitus involves, often unconsciously, absorbing and re-enacting the taken for granted 'right ways of being and doing'(Bourdieu, 1984). In these families, not just the tastes but also the eating practices of the middle class teenager were presented as 'a work in progress'. Showing the 'ideal' by bemoaning its absence, Stephen's father said of his 'picky' son who

disliked most vegetables and spicy foods: 'we do talk (about food) because we are trying to get him to like more of the things that we like'.

Overall, daily and weekly food provisioning was described in a matter of fact and often highly planned way. The majority of the mothers said they took overall responsibility, devoting considerable time and energy to managing their families' food purchasing, preparation and eating practices. Only a few fathers, according to their partners, either regularly shopped for or prepared food. Overall, food provisioning was presented by mothers as a taken for granted part of looking after their families, as was the supervision and monitoring of teenagers' everyday food choices. The organised tone of the following quotation reflected the majority of interviews, when mothers replied to our questions about 'typical schooldays':

> Anna's mother: we all really have breakfast at different stages, some people are in the shower and some people are having breakfast, the girls help themselves to cereal and we have cereal usually as well at breakfast, nobody really drinks coffee or anything like that in the morning, it's either fruit juice or milk that we have in the morning. The girls generally prepare their own packed lunches for school. I always have plenty fruit in the house but I find if I don't prepare the fruit it doesn't get made up. ------ And then it's always down to me to make the evening meal, which tends to either be a pasta dish or a rice or a fish or a chicken one, or an egg dish or something like that.

It appeared that, on the whole, home cooked (or at least home-prepared) meals were provided most evenings and special efforts were made at weekends to offer more elaborate meals, such as roast dinners. The majority of parents also controlled portion sizes by serving the meals onto the plates for their families and/or commenting to their teenager if they felt s/he either ate too much

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or did not take adequate amounts of vegetables. Most parents' interviews suggested that they considered their teenager to be eating enough fruit and vegetables, even if they did not always enjoy them (Judith's mother:'we eat --- lots of vegetables, much to their horror'), or that these were carefully hidden in soups or stews. The teenagers' own interviews supported these claims, agreeing with the kind of family practices on display. A sense of the potential to change pervaded the accounts of the minority of parents who saw this as a problem. For example, Matthew's mother told of how she was really struggling because her son had now become vegetarian, but he did not like fruit and vegetables. Despite this current challenge, she said: 'I really think that he's still got a very childlike taste, and I don't think that his, his adult tastes buds have properly developed, and I, I think he will change.'

A similar sense of overall parental control pervaded most accounts of other eating opportunities at home. The majority claimed either that snacks were seldom taken without parental consent, stating that they had 'trained them well' (Nathan's mother); a few claimed that their young person did not need monitoring because s/he had developed sufficient self discipline to limit his/her own consumption of snack (or junk) foods. Where the teenager was, in reality, choosing to buy additional sweets or snacks, most parents described challenging them or telling them off. Others said they severely limited having biscuits or snacks in the house and many told of the need for active surveillance, for example:

> Joshua's mother: when it, if it's fruit they help themselves, anything else I like to just see what he's eating, (be)cause he would devour six packets of crisps. And I, they're in the cupboard that makes the noise, it's a roll shutter cupboard, so I know when he's going in and helping himself, I can hear it. (laughs)

Similarly, although usually acknowledging that it was not possible to guarantee that the teenager made 'healthy' food choices when they were away from the parental home, there was a general confidence that, as several mothers explained, 's/he knows what's good for him/her'. Not everyone, though, claimed to be as assiduous as Natasha's mother, who said:

> every day that they come in from school I'll say to them 'what did you have for your lunch?' Do you know what I mean? So, I'm always checking what they had to eat that day.

However, as the interviews unfolded, it became apparent that achieving control over the everyday eating practices of a young teenager was often an ongoing challenge requiring continued monitoring, education and parental intervention. Monitoring and intervention were regularly expressed in (and justified by) the nutritional discourse, typical of many in the sample. Indeed, an awareness of and acceptance of such a nutritional discourse also characterized the teenagers' interviews, even if they might not be actually putting it into practice. Matthew's mother said:

> I try to, to tell him about the necessity of eating a wide variety of food, and the vitamins and so on, and he'll say to me 'oh I learnt all about that at school'! And I do sometimes have a go at him and say well look, I know you know about all this, but when I leave you to your own devices you can't even eat 5 a day, um, and why is that and of course he hasn't go an answer.

Many parents also said that exercising control was trickier once their children became teenagers, this being defined as a time of increasing independence, autonomy and temptation. Almost all interviewees, even those who felt their teenager ate a healthy diet, said that, given free choice, their teenager was no different from all others, and would choose the easy or junk option, for

instance: 'I mean children all like the bad foods if you give them them' (Catriona's mother), who then explained further:

> I think you've got a role as a parent to guide them in what you think they should eat and to be honest with them but there's only… but teenagers have got independent minds and I think there's only so far you can go.

However, the cultivation and manipulation of dietary tastes was presented as important to these parents and, facing the situation outlined above, several interviewees explained how they would try to give choices to the teenager but, simultaneously, limit these through the parents' food provisioning. Taste is a key element in the maintenance of social distinctions and this takes place in families through the production and control of mundane and taken-for granted bodily practices (Williams, 1995). There was a minority of parents who expressed worries that, despite all of their efforts, their young teenager's diet or tastes were not as healthy as they wished. To deal with this confessed lack of control, they then explained how they still ensured that certain <u>nutritional</u> requirements were met, for example:

> Chloe's mother: Well, she does eat quite a lot of fruit and she does eat em… you know, even the breakfast cereals because I don't buy the really sugary ones so she doesn't get an option. – and later ---So she probably isn't actually having that bad a diet, she takes some bread and it's always wholemeal bread, but if I bought white bread she would eat it.

Such accounts were supported later in the interviews by a strong discourse of either continuing parental or shared responsibility for the young teenagers' health and diet. Most parents felt that they retained responsibility whilst their children lived at home and they were providing the food,

but also that, as the teenager was increasingly out and about independently, responsibility for making 'informed choices' needed gradually to be handed over, as this was part of becoming an adult. Parents, though, felt they should retain the right to intervene if the 'right' choices were not being made. The following reply to our question about whether teenagers or parents should be responsible for the young person's health was typical:

> Gareth's mother: I think there has to be a balance between the two, you hand over the responsibility but you don't stop keeping an eye on things, and if you think that they're not making the right choices then I would want to talk to them about it.

Moving teenagers' diets in the 'right' direction

The achievement of class is not static, it has to be struggled for and distinctions are continuously enacted and re-enacted (Savage, 2000). Therefore, at the same time as acknowledging the attractions of junk or fast foods for teenagers many parents put forward a strong discourse around malleability and the ability to change. There were several ways in which these middle class parents seemed to be trying to ensure that their teenager's dietary practices would alter in the direction they felt was acceptable.

Moulding, broadening and developing 'adult' tastes

Firstly, encouraging the development of 'adult' tastes' (particularly for healthy or spicy foods) was a central concern for these parents. This was usually presented as a relatively unproblematic progression towards their expressed ideal of a varied and cosmopolitan adult diet, containing the appropriate balance of nutritional foodstuffs. Other researchers have also noted that fostering cultural cosmopolitanism is a further marker of middle class distinctions (Vincent and Ball,

2007). Several interviewees gave examples of their teenager trying new and spicier foods on holidays abroad, most explaining that their children were encouraged to become more open to a wider variety of foods, for example:

> Jessica's mother: But also you know she's got much better in that she'll quite happily have some curry, yeah, and, and she likes very raw steak and things like that.

The process of moulding tastes was, however, often described as presenting challenges. For instance, for every 'food-compliant' child in a family there was sometimes another who was described as more 'resistant. Nevertheless, few parents described tastes as in any way 'set' in the early teenager and some were regarded as non-negotiable, for instance eating or at least trying some vegetables. Indeed, from both parents' and young people's interviews, the early teenager who did not eat fruit and/or at least some vegetables appeared to be a rarity in this sample. However, options were usually monitored and controlled even in those families where the teenagers were considered to be eating a good and varied diet, for instance:

> Anna's mother: And probably the girls probably have similar tastes (to their parents). I mean nine times out of ten, if you say to them "what do you want?" they'll probably say "pizza". So that's why I don't usually ask them what they want really, much, yeah that's probably what they'll say.

No forbidden foods

Secondly, almost every parent said that totally forbidding junk or fast foods was an inappropriate strategy and that the inclusion and acceptance of a modest amount of these 'unhealthy' foodstuffs was most likely to work in the long run. Stories were told about 'other' children who

had been deprived such foodstuffs and how they then craved them and overindulged. As Ailsa's mother explained: ' I think if you make them do without they can be greedy'. Moreover, most said that a small amount of 'unhealthy' food was not harmful, within the context of the good overall diet the early teenager was eating, for example:

> Alexander's mother: They like peppers, we cut those up all the time at mealtimes and just put them out and they pick through that and carrot sticks and all that sort of thing, er but yeah just a little bit of everything I believe in, I don't believe… you know a bit of cake is fine, a bit of chocolate is fine but it has to be part of something else.

Counterbalancing with 'activities'

Thirdly, the wider context of the young teenager's life, for example engaging in lots of out of school activities, particularly physical activities, was expressed as a counterbalance to the perils of a sedentary life where the temptations of junk food might also prevail, as the following extract illustrates:

> Emily's mother: I think that for the children, you know they're very, they are active and involved in lots of things and so I just think that they know that there's to be a balance and that whilst they do have sweeties and things, I think they also work hard enough at their sports and their hobbies to know that they want to be healthy and so they're not going to be in danger of massively overdoing that.

Hardly any of these teenagers were described as having much time to 'hang out' with friends, once they had completed all of their extra curricular activities and their school homework. Most of these young teenagers and their siblings appeared to lead very busy lives, which also relied on their parents to fund, organise and provide transportation. Several parents described having only

'one night off' a week from such support roles. A strong future orientation, demonstrated in part through fostering a breadth of interests and activities, has been found to be integral in the upbringing of the middle class child (Caputo 2007). In the present study, as described later, 'cooking from scratch' and 'eating together as a family' were only legitimately compromised by this emphasis on facilitating teenagers' activities.

Influencing by example (or not)

Finally, many parents either stated explicitly, or inferred that, as individuals and as a family, they should influence the teenager by example. Similarly to their teenagers' interviews, these middle class parents were clear that healthy diets and exercise were essential for good health. Furthermore, most of the parents' accounts suggested that they at least tried to put this into practice in their own lives. This finding contrasted not only with our own earlier study (Backett-Milburn et al, 2006) but also with research on low-waged parents in the USA where many mothers and fathers explained that they did not have the time or energy to 'feed their families 'right', to enjoy food and /or cooking with their families, to make healthful personal food choices----'(Devine et al, 2006, p2596).

However, it was also evident that, even for these middle class parents, setting a good example themselves was often not seen as easy, or even continuously possible. Almost all mothers explained their current eating and exercise behaviours by referring to past or ongoing attempts to lose weight, often describing and now rejecting the 'fad diets' that they had previously tried. The personal as well as parental challenges that this involved were expressed by many mothers who spoke about having to control their own tastes and practices in the same way as Duncan's mother who said: 'they do like sweets or chocolate but that's not in the house otherwise I would eat it'.

In many interviews, expressed views were described as not always translating into behaviour. For every illustration given of engaging in physical exercise or eating mainly healthy foods there was usually, at other points in the interview, an apology or a qualification offered to show that it was hard to sustain a healthy lifestyle. Many spoke of drinking too much wine, a few smoked, several detailed experiencing stress and most explained that they regularly had 'treat' foods and that exercising was not always sufficient or regular. Interestingly, in about a third of families it was the husband/partner who was described as having an unhealthy lifestyle, bad eating habits, non-existent or erratic patterns of exercise and/or being overweight. These men were spoken about as illustrating what not to do with regard to looking after your diet and health; presumably such messages were also being transmitted within the family.

Compromised ideals and future aspirations: 'eating together' versus creating the healthy, active and successful middle class adult

During the course of the interviews it became apparent that various desired family practices were regularly compromised. Almost all interviewees claimed that they all sat together at the table for evening and weekend meals. Only a tiny minority countenanced, usually reluctantly, teenagers taking any food or drinks to their rooms, or eating in front of the television. Sharing talk about the day's events or catching up with each other were put forward as important family activities that could be achieved when sitting at the table eating a meal together. However, the interviews indicated that in most families, for at least half the evenings, the best that could be managed was for family members to eat together in dyads or triads. This was not, though, seen as problematical as it happened because of other aspects of life which were deemed to be more important for the family: activities or work.

Almost all interviews portrayed families in which not only the young teenager but also their parents led active lives, either physically or in fostering other interests. For the teenagers, organised sports, music lessons and dance were the principal after-school activities. Often, especially if there were two or more children in the family, several evenings a week were dominated by these activities and meals were scheduled around them. Busy after-school evenings were routinely described, the next extract being only one part of one family's week:

> Charlotte's mother: sometimes on the Tuesday I will feed Charlotte and myself if the boys have got a double practice and then they will have something, a meal, when they come in. Wednesdays, Wednesday again there's an ice hockey in the evening but we tend to eat before they go out to that. On a Thursday Charlotte has rifle club so we try, we try to eat before she goes to rifle club. ------ what happens on Thursdays, I think there's ice hockey again, and Charlotte used to have Duke of Edinburgh (young people's award scheme), so again that was quite a late meal and a snack, and then Friday, thank goodness there is nothing, so we tend to just have an evening meal when we come in.

The habitus and embodiment of the future middle class adult therefore also entailed potentially competing cultural ideals. For these middle class families then, extra curricular activities, in addition to the varied and sometimes long working hours of one or both parents were put forward as acceptable reasons for regularly falling short of the ideal of 'family round the table, eating the same 'cooked from scratch' meal'. Furthermore, any shortcomings in family eating practices were further offset by interviewees' claims that at least some family members sat together at the table most evenings and that efforts were made at least one day at the weekend to cook a full scale dinner, which they all sat and ate together.

Discussion and Conclusions

When considering eating environments (whether 'obesogenic' or not) it is important to see parents' and teenagers' food practices as grounded in past contexts, present family life and future aspirations. An important component of this is the family habitus, the unconscious logic of practice which underpins everyday routines and behaviours (Warin et al, 2008). In our study, the majority of these middle class parents' accounts of their own and their young teenagers' diets and health tended to be rooted in a taken for grantedness that they all enjoyed good health, lived in relatively secure and unthreatening environments, and were able to lead active lives. Against this backdrop, it seemed that occasional less healthy meals or snacks were acceptable within the context of teenagers leading active lives and having an overall balanced diet. Nevertheless, it was important to these parents to display that they were in control of their teenagers' eating practices and that, if some aspects were currently unsatisfactory, both behaviours and tastes could be moulded and had the potential for change.

Class is a dynamic system of inequality that is continually made and remade (Lawler, 2005), and the family is a key site of its enactment. Our analysis of a middle class sample of families with a young teenager (and the contrasts with our previous study of working class families) has illuminated how family eating and dietary behaviours are integral to the making of classed practices (see also Jackson & Pickering, 2009). In so doing we have been mindful of class theorists' observations that, in many areas (we would contend that eating practices are one of these), the middle class experience has been rendered normative (Gillies, 2005: 850). Moreover, as Lawler has argued: 'Class is being configured in terms of culture and identity, and 'damaged' or 'faulty' identities are conferred on working-class people by middle-class observers' (Lawler, 2005:803). This, it can be argued, is particularly the case in current debates about diet, eating

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and taste, which form an important aspect of class-based identities. Thus, for our sample, particular eating practices, food choices and taste, including the emphasis on eating together round the table, played an important part in being recognised as a middle class family or as 'displaying' (Finch, 2007: 941) a suitably middle class child. Similarly, assigning a high priority to a diet that was considered nutritious helped middle class families to display theirs or their children's compliance with current government and medical concerns about eating a 'healthy diet' (Coveney, 2005).

In the present study, choosing food and eating practices which promote good health required a certain amount of economic, cultural and social capital, which these middle class families possessed (Crawford, 2006). It was also important to them to display themselves as families who adhered to various social, nutritional and taste standards for their teenagers, setting them apart from 'other' families who did not. In our first study, how and what teenagers were eating was relatively low down in the 'hierarchy of worries' of socio-economically disadvantaged parents (Backett-Milburn et al, 2006). In contrast, these middle class parents might be characterized as having 'hierarchies of luxury and choice', in which controlling and moulding teenagers' food practices and tastes could be accorded a high priority. The eating practices and tastes of the future middle class adult were potentially part of their anticipated public worlds and were thus imbued with social and cultural capital. Moreover, leading a busy life, full of physical and other activities which were seen as contributing to social and physical health also seemed to be a key value for these families. Such values were being passed on to the children, both by parents striving to set a personal example and by direct support and encouragement for the teenagers' own activities. However, when there was a tension between achieving these arguably more

publicly visible values and behaviours and the more private achievement of family commensality and 'appropriately' prepared meals, it was the latter that tended to be compromised.

Taste is a key element in the maintenance of social distinctions; it is, therefore, unsurprising that the cultivation and manipulation of dietary tastes was important to these parents. Moreover, it is likely that their teenagers' tastes would become increasingly visible to those outside the family as they grew up and moved away from home and into a more public sphere. In the making of the future middle class adult it was therefore important to show that tastes were either moving in a 'satisfactory' direction or being worked on by parents. Such moulding of taste, along with surveillance and control of early teenagers' diets, were displayed as integral to this sample's notions of good parenting. In many ways it was unimportant that interviewees often revealed that their ideals of middle class family life were regularly compromised and that managing teenagers' diets was challenging as such transgressions served to illuminate and uphold the values they were trying to achieve.

Finally, other studies have suggested that the main predictor of future good health seems to be dependent not just on the present socio-economic status of the young person but on how they view their futures (West and Sweeting, 1996). Perhaps this also applies to their parents' views. In these middle class families, there was a strong future orientation for their teenager. Parents' particular emphasis on future happiness perhaps implies a certain level of security in expectations that there would be choices and success. It was left unspoken that, along the way, this would involve the development of a healthy adult body which could function well in the wider world. Also, the future social adult would need to fit in with the various environments, including eating environments, which s/he would have to navigate. These parents' accounts therefore also demonstrated how they looked to this future middle class adult, building social and

cultural capital through their current monitoring and moulding of teenagers' diet, exercise and

taste.

References

Backett-Milburn, K., W. J. Wills, S. Gregory and J. Lawton (2006). Making sense of eating, weight and risk in the early teenage years: views and concerns of parents in poorer socio-economic circumstances. *Social Science & Medicine,* 63(3), 624-635.

Ball, K., & Crawford, D. (2005). Socioeconomic status and weight change in adults: A review. *Social Science & Medicine*, 60(9), 1987-2010.

Bourdieu, P. (1984). *Distinction: A Social Critique of the Judgement of Taste.* London, Routledge and Kegan Paul.

Britten, N., Jones, R., Murphy, E., & Stacy, R. (1995). Qualitative research methods in general practice. *Family Practice,* 12(1), 104-14.

Caputo, V. (2007) She's from a 'good family': performing childhood and motherhood in a Canadian private school setting. *Childhood,* 14, 173-192.

Contento, I.R., Williams, S.S., Michela, J.L., & Franklin, A.B. (2006). Understanding the food choice process of adolescents in the context of family and friends. *Journal of Adolescent Health,* 38, 575-582.

Coveney, J. (2005). A qualitative study examining socio-economic differences in parental lay knowledge of food and health: implications for public health nutrition. *Public Health Nutrition,* 8, 290 – 297.

Crawford, R. (2006). Health as a meaningful social practice, *Health: an interdisciplinary journal for the social study of health, illness and medicine,* 10(4), 401-420.

Currie, C., Elton, R., Todd, J. & Platt, S. (1997). Indicators of socioeconomic status for adolescents: The WHO health behaviour in school-aged children survey. *Health Education Research,* 12, 385-397.

Curtis, P. A., James, A., & Ellis, K. (2009). 'She's got a really good attitude to healthy food… Nannan's drilled it into her': Intergenerational relations within families. In *Changing Families, Changing Food* (Edited by Jackson P.).   Palgrave-Macmillan, London.

Devine, C., Jastran, M., Jabs, J., Wethington, E., Farell, T.J., Bisogni, C. A.. (2006). "A lot of sacrifices:" Work-family spillover and the food choice coping strategies of low-wage employed parents. *Social Science and Medicine*, 63, 2591-2603.

Dietz, W. (2001). The obesity epidemic in young children. *British Medical Journal,* 322, 313-314.

Dixey, R., Sahota, P., Atwal, S., & Turner, A. (2001). "Ha ha, you're fat, we're strong"; a qualitative study of boys' and girls' perceptions of fatness, thinness, social pressures and health using focus groups. *Health Education,* 101(5), 206-216.

Eldridge, J., & Murcott, A. (2000). Adolescents' dietary habits and attitudes: unpacking the 'problem of (parental) influence'. *Health*, 4(1), 25-49.

Finch, J. (2007). Displaying Families. *Sociology*, 41(1), 65-81.

Gillies, V. (2005). 'Raising the 'meritocracy': Parenting and the individualisation of social class. *Sociology*, 39(5):835-853.

Jackson, P. & Pickering, J. (2009) Changing Families Changing Food: Final Report. Sheffield, University of Sheffield.

Kaufman, L., & Karpati, A. (2007). Understanding the sociocultural roots of childhood obesity: Food practices among Latino families of Bushwick, Brooklyn. *Social Science and Medicine*, 64, 2177-2188.

Lawler, S., (Ed) (2005). Introduction: Class, Culture and identity. *Sociology*, 39(5):797-806.

McCarthy, H.D., Ellis, S. & Cole, T. (2003). Central overweight and obesity in British youth aged 11-16 years: cross sectional surveys of waist circumference. *British Medical Journal,* 326, 624-628.

McClone, P. (2004). *Carstairs Scores for Scottish Postcode Sectors from the 2001 Census.* Glasgow, MRC Social and Public Health Sciences Unit.

Morgan, D. (1996). *Family Connections*. Cambridge, Polity.

Office for National Statistics (2005). *Social Trends 35*. Basingstoke, Palgrave MacMillan.

Reay, D. (2005). Beyond consciousness? The psychic landscape of social class. *Sociology*, 39(5), 911-928.

Royal College of Physicians (2004). *Storing Up Problems: The Medical Case for a Slimmer Nation.* London, Royal College of Physicians.

Sarlio-Lahteenkorva, S. (2007). Determinants of long-term weight maintenance. *Acta Paediatrica,* 96, 26-28.

Savage, M. (2000). *Class Analysis and Social Transformation.* Buckingham, Oxford University Press.

Shaw, A., Mcmunn, A. and Field, J. (2000). *The Scottish Health Survey 1998*. London, Joint Health Surveys Unit.

Skeggs, B. (2004). Class, Self and Culture. London, Routledge.

Tomanovic, S. (2004). Family habitus as the cultural context for childhood. *Childhood*, 11,339-360.

Vincent, C., & Ball, S. J. (2007). `Making Up' the Middle-Class Child: Families, Activities and Class Dispositions. *Sociology,* 41(6), 1061-1077.

Warde, A. (1997). *Consumption, Food and Taste*. London, SagePublications.

Warin, M., Turner, K., Moore, V., & Davies, M. (2008). Bodies, mothers and identities: Rethinking obesity and the BMI. *Sociology of Health and Illness*, 30(1), 97-111.

Williams, S.J. (1995). Theorising class, health and lifestyles: can Bourdieu help us? *Sociology of Health & Illness*, 17(5), 577-604.

Wills, W., Backett-Milburn, K., Gregory, S., & Lawton, J. (2006). Young teenagers' perceptions of their own and others' bodies: A qualitative study of obese, overweight and 'normal' weight young people in Scotland. *Social Science & Medicine,* 62(2), 396-406.

Wright, C., Parker, L., Lamont, D. & Craft, A. (2001). Implications of childhood obesity for adult health: findings from thousand families cohort study. *British Medical Journal*, 323, 1280-1284.