

“Things like tinned burgers and tinned macaroni, I ate as a kid - I would not look at it twice!” Understanding changing eating practices across the lifecourse¹

Authors:

John S. McKenzie, Rowett Institute, University of Aberdeen

John is a Research Fellow (Social Science) in the Rowett Institute at the University of Aberdeen. His background is in sociology and he currently focuses on social aspects of food including: understanding eating patterns, food insecurity and food enterprises.

David Watts, Rowett Institute, University of Aberdeen

David Watts is a Research Fellow (Social Science) in the Rowett Institute at the University of Aberdeen. His research interests include: food consumption practices; food insecurity; ‘alternative’ food networks; and cooperation. David previously worked at the Universities of Bristol and Coventry, and at Scotland’s Rural College.

Abstract

There is a common belief that eating patterns acquired during childhood shape them throughout adulthood. However, studies reveal that they can change. This paper explores this contradiction based on interviews with thirty-one people in

Scotland. Viewing eating as a social practice, we adopt the lifecourse approach to demonstrate that there is evidence of both continuity and change in eating patterns over time. Leder's (1990) concept of dys-appearance reveals why eating patterns are more likely to be revised and when these changes may be reflexively informed by dietary guidelines. This paper reveals that eating patterns acquired in childhood can shape them throughout the lifecourse, and, be resistant to attempts by others to change them. However, eating patterns may be more likely to change if the impetus for change originates within the individual and revisions are more likely to be informed by dietary guidelines when individuals view their eating patterns as problematic. Thus, this paper not only provides insight into the contradiction highlighted above, but also, demonstrates the utility of viewing eating patterns as social practice whilst illustrating the importance of individual agency in the reproduction of eating patterns, contributes to the sociology of the lifecourse and extends the application of dys-appearance.

Keywords: change; dys-appearance; eating patterns as social; lifecourse; transitions; turning points

Introduction

Within public health nutrition there remains a widely-held belief that the eating patterns we acquire during childhood shape our food practices and eating habits throughout adulthood and are resistant to change. The persistence of these food practices and eating habits has been regarded as one of the primary reasons for the failure of policies aimed at promoting healthful eating patterns. These beliefs persist both in the academic literature (e.g. Mennell, Murcott and van Otterloo 1994; Falk *et al.* 1996; Wansink and Sobal 2007; Jääskeläinen *et al.* 2012) and among the general public² despite evidence that our eating patterns change as we get older (Bisogni *et al.*, 2002; Devine 2005; Van't Riet 2011; Carlisle 2014). Such assumptions regarding the durability of childhood food practices can hinder healthy eating campaigns because they may overlook the drivers and contexts that propel change in practice across the lifecourse (Backett and Davison 1995; Devine 2005; Haines 2005; Shepherd and Olson 2005; Wethington 2005; Plessz *et al.* 2016; Burningham and Venn 2017). This paper adopts a sociological approach to explore these contradictory positions faced by public health nutritionists and food policy makers. Based on in-depth research with thirty-one participants, this paper views eating patterns as a social practice. It draws on the lifecourse approach and uses life history interviews to explore perceptions of continuity and change in eating patterns over time. Furthermore,

by using Leder's (1990) concept of dys-appearance, this paper identifies moments when eating patterns may be apprehended by individuals as problematic to their health and/or identity³ and when revisions to them are more likely to be reflexively informed by healthy eating policies. In doing so, this paper demonstrates the utility of interpreting eating as a social practice and of the lifecourse approach for describing the evolution of eating patterns. It also contributes to the sociology of the lifecourse and extends the application of Leder's (1990) concept of dys-appearance beyond the physical body to the understanding of eating patterns and in doing so demonstrates the role of agency in the reproduction of food practices and eating patterns.

The following sections set out the conceptual framework within which this paper was developed and describe the study undertaken. The findings will then be reported and the implications they have for the contradiction highlighted above discussed.

Conceptual framework

Historically, nutritionists have dominated research into eating patterns. They have contributed a great deal to our understanding of the relationship between

health and diet and have provided the evidence base for many policies aimed at promoting healthy eating (Rozin 2005; Carlisle 2014). However, these policies have not always been met with widespread success and it has been suggested that this is partly because social aspects of food and eating have not been sufficiently taken into account (Mulgan 2010; Hanlon *et al.* 2011; Bestwick *et al.* 2013). Social scientists have applied a number of psycho-social theories and concepts to the understanding of food and eating practices and many have contended that nutritionist approaches to understanding food practices and eating habits are too individualistic and fail to take the spatial, temporal and social context of eating as a collective practice sufficiently into account (Wills *et al.* 2008; Delormier, Frohlich and Potvin 2009; Wills *et al.* 2011; Twine 2015). Social scientists emphasise the social nature of eating patterns and pay greater attention to the ways in which diet is influenced by psychological, economic, and socio-cultural factors (Furst *et al.* 1996; Bisogni *et al.* 2002) and we will demonstrate the important insight that can be provided by the sociological approach in this paper by viewing eating patterns as a social practice and drawing on the sociology of the lifecourse and the concept of dys-appearance.

Eating patterns as a social practice

Theories of social practice, although heterogeneous, tend to view social practices and the social structures that shape them as being recursively related. That is, such activities are shaped by structures of rules and meanings and at the same time these structures are reproduced by the flow of human action (Shove, Pantzar and Watson 2012). This perspective shifts the emphasis away from individuals as decision makers and focuses on “the influences of social norms, material settings, temporal rhythms and cultural meaning” (Meier *et al.* 2018:218) and it has been increasingly applied to food and eating studies.

Theorists of social practice propose an analysis of eating patterns which allows us to elaborate on how rules and resources enable and restrict food practices and eating habits. That is, it attends to the context for understanding food practices and eating habits as social phenomena, and, recognises eating as a collective practice which emerges out of the organisation of everyday life (Wills *et al.* 2008 Delormier, Frohlich and Potvin 2009; Twine 2015; Brembeck and Fuentes 2017). This sociological perspective also allows us to recognise that eating patterns are linked to identity (Murcott 1988; Bisogni *et al.* 2002), social order within families and take place within a broader network of social

relationships (Wills *et al.* 2011; Brembeck and Fuentes 2017; Tørslev, Nørredam and Vitus 2017). It encourages us to think about how eating patterns are both reproduced irreflexively and evolve, influenced by the social, temporal, economic and cultural organisation of everyday life (Twine 2015).

Theories of practice have untapped potential for exploring processes of transformation and stability within and between social practices and the insights provided by this approach have the potential to impact on social policies and intervention programmes (Shove, Pantzar and Watson 2012; Meier *et al.* 2018). Indeed, the utility of this approach has been demonstrated across a number of studies, including: food practices and eating habits of socioeconomically disadvantaged families in Scotland (Wills *et al.* 2008; Wills *et al.*, 2011); food quality in Northern Italy (Domaneschi 2012); baby weaning in Sweden (Brembeck and Fuentes 2017); experiences of children eating at a public school in Denmark (Tørslev, Nørredam and Vitus 2017); and drinking habits (Meier *et al.* 2018).

However, there are long running debates as to the room for individual agency within theories of practice (Bourdieu 1977; 1993; Jenkins 1982; 1992; Warde

2014; Meier *et al.* 2018). Whilst there is not space to engage with these debates in this paper, we agree with Warde (2014:292) that ‘There are, of course, irregular and occasional moments of attention and reflection. Deliberation, calculation and decision are part of every repertoire of conduct’. Furthermore, we contend that, if the full policy implications of exploring eating patterns is to be realised, the agency of the individual at these moments needs to be taken into account.

In this paper, we will demonstrate that viewing eating as a social practice, together with the lifecourse approach, allows us to show how eating patterns can be irreflexive habits that are shaped by and reproduce social structures whilst also being subject to modification in response to changes in the social context (Shove, Pantzar and Watson 2012). In addition, by drawing on Leder’s concept of dys-appearances, we will also demonstrate instances where ‘moments of attention and reflection’ (Warde 2014:292) are more likely to occur and that these represent occasions when individual agency can play an important role in the reflexive reproduction and modification of food practices and eating habits across the lifecourse.

Lifecourse Approach

The lifecourse approach recognizes the importance of ongoing socialisation from birth through to death, and how our experiences at earlier stages impact on later ones (Hockey and James 2003). Each stage of the lifecourse, while related to biological age, is recognized as a social construct influenced by historical, social and economic context. For example, definitions of childhood and old age vary across time and culture (Hockey and James 2003). We contend that the lifecourse approach, by taking seriously the passage of time, helps to provide a more holistic account of eating patterns (Shepherd and Olson 2005) as it encourages us to examine changes in activities over a prolonged period (Devine 2002: 122).

Thus, researchers adopting the lifecourse approach have revealed that our eating patterns can vary as we get older (Backett and Davison 1995; Devine 2005; Haines 2005; Shepherd and Olson 2005; Wethington 2005; Plessz *et al.* 2016). There are several key concepts within the sociology of the lifecourse (Wethington 2005) but this paper focuses on trajectories, transitions and turning points, following Haines' (2005) argument that these are particularly

salient in understanding how nutrition- and health-related practices might be more likely to change.

Trajectories refer to a person's 'thoughts, feelings, strategies and actions' (Devine 2002:122), which are durable and have direction, but also develop across time. Transitions and turning points are used in slightly different ways by different authors. This paper draws on the definitions and distinctions made by Devine (2005) and Burningham and Venn (2017). According to Devine (2005) transitions refer to expected stages in the lifecourse when our social circumstances change, such as leaving the parental home, and would typically involve minor changes in food choice trajectories as the individual adapts to the change in their circumstances. On the other hand, turning points, such as a diagnosis of serious illness, are rarer and related to events that may be unexpected and may dramatically change both a person's identity and their practices. According to Devine (2005), under these circumstances, food choice trajectories may change substantially.

Research has also indicated that lifecourse transitions and turning points can represent occasions where individuals may be susceptible to policies aimed at

changing their practices (Burningham and Venn 2017). On these occasions, it has been argued that individual can experience 'teachable moments' (Haines 2005). Similarly, Giddens (1991:113) argues that transitions and turning points can involve a 'fateful moment' whereby individuals may reflect on their life choices and potentially revise them in light of new considerations. Thus, targeting individuals with advice on adopting more healthful habits during these times may be more likely to bring about desirable change than when done at other times (Burningham and Venn 2017).

However, Burningham and Venn (2017:14) contend that transitions and turning points are not only experienced as 'moments of change'. Instead, they contend that, while transitions and turning points can be experienced as times of significant change, the lived experience of these as 'moments' is influenced by: the ongoing nature of change; the multiple and intersecting character of transitions; the reality of linked lives; and the situated nature of transitions. Thus, for Burningham and Venn (2017) transitions and turning points can also be experienced as a drawn out process of ongoing change. These definitions of and distinctions between transitions and turning points are useful as they allow

us to recognize their diversity and variability influenced by the spatial, temporal and social context (Giddens 1991).

Other studies have combined the lifecourse approach with viewing health-related activities, including eating habits, as a social practice. Based on qualitative studies in the UK, Backett and Davison (1995) examined the cultural construction of ageing and its links with health-related practices, including dietary ones. They conclude that individuals regularly located these social practices within their age-related life circumstances and obligations and, despite individual differences, they found patterns in relation to lifecourse stage. Plessz *et al.* (2016) drew on theories of practice and the lifecourse approach to examine changes in food practices that occurred in response to prescriptions, nutritional guidelines issued by medical specialists, policy-makers and advertisers, based on mixed method research. Their study drew on data collected from a consumer panel in 2007 that was representative of the French population and a qualitative in-depth survey of shopping routines and biographies of a small number of subjects in Southwest France. It focused on when consumption patterns changed and on the impact of the norms an individual considers appropriate to their situations and the changes in social and economic

resources have on food practices. Their results suggest that consumers may change food practices when they reach transitions and turning points in their lives. Plessz et al. (2016) argued that some individuals adhered to standards and practices which were consistent with prescriptions and contended that the degree to which this happened was dependent on: the overlaps between prescriptions and the social spaces occupied by individuals; the degree of trust in social experts; and the gap between individual standards and prescriptions. However, Backett and Davison (1995) further contended that a fuller understanding of lifecourse related changes in food habits is required whilst Plessz *et al.* (2016) call for a deeper understanding of how individuals build their own standards for everyday activities of shopping, cooking and eating.

We will demonstrate that participants reported both continuity and change in food practices and eating habits across their lifecourses. The changes typically took place at various transitions, such as leaving the parental home, and turning points, such as the development of an illness. It will be illustrated that transitions and turning points can represent occasions where eating patterns may be modified in response to changing social structures around them. In line with Devine (2005), it will be illustrated that transitions were often linked with minor

modifications to eating patterns as participants adapted to expected changes in their living circumstances and food environment, and, that turning points tended to be less frequent and linked with more extensive modifications to eating patterns in response to an unexpected change in life situation and over a short period of time. However, unlike Devine (2005), we argue that transitions can result in more extensive changes in eating patterns, when food and diet are central to a transition. In this case, the transition can result in a change in food trajectory, which can lead to a series of adaptations across a number of transitions over a prolonged period. Furthermore, we will contend that 'fateful moments' may be more likely to occur at a turning point rather than at a transition. When 'fateful moments' are experienced at turning points, we will argue that they are more likely to be linked to a more rapid change in mind-set and a quicker change in activities than that associated with transitions.

Thus, the lifecourse approach provides a description of change in practice, identities and roles and is useful for identifying when modifications to our eating patterns may occur. However, it does not explore why, nor identify when these changes may be experienced as a moment of change or a prolonged process and when such changes may be informed by nutritional guidance. To do this, we use

Leder's (1990) concept of dys-appearance to provide further insight into patterns of change in practice (Backett and Davison, 1995) and into why standards of food practice may be reflexively reconstructed at different transitions and turning points across the lifecourse (Plessz *et al.* 2016). Dys-appearance also enables us to distinguish more clearly between irreflexive and reflexive changes in eating patterns and identify when individual agency plays an important role in the reproduction of food practices and eating habits.

Dys-appearance

Leder (1990) argued that the body retains an 'absent presence' in our daily lives. That is, we are rarely explicitly aware of our body as it typically fades into the corporeal background. However, when we experience a bodily dysfunction, such as an injury or an illness, the body can become the focus of our attention. This Leder (1990) calls bodily dys-appearance. He further argues that the body will remain a focal point until the perceived dysfunction is resolved. Then, when the body starts to operate in the expected way, or one becomes acclimatized to the changes, it may fade back into our subconscious. For Gimlin (2006), such bodily dys-appearance often leads to a misalignment between our physicality and our self-perception and can lead to body/identity work, such as dieting or plastic

surgery. If such endeavour brings our physicality and self-identity back into alignment, the body may then fade back into the corporeal background. We contend that the concept of dys-appearance can also be applied to eating patterns.

Eating patterns are embodied (Yaron *et al.* 2017) and, like the body in the philosophy of Leder (1990), they tend not to be central to conscious attention (Van't Riet *et al.* 2011; Chandon and Wansink 2012) until something makes us focally aware of them. Transitions and turning points represent occasions in the lifecourse where disruptions are more likely to take place and our eating patterns may dys-appear. However, in contrast to Leder (1990) and Gimlin (2006), we will contend that dys-appearance does not only occur in response to a perceived problem, but can also happen when individuals anticipate that problems may occur in the future if their practices are not modified.

When either form of dys-appearance occurs, we argue that the individual may become “focally aware” that their eating patterns are influenced by a number of social structures, and the recognition that some of these influences have led them to make choices that they perceive to be detrimental to their well-being.

Under these circumstances, we will show that eating patterns may be more likely to be reflexively revised in light of dietary guidance, and this may allow them to fade from consciousness once again. Furthermore, we will argue that eating patterns dys-appear and are more likely to be subject to prolonged and extensive revision informed by nutritional advice across a number of transitions when the individual wants to prevent them from becoming increasingly problematic in the future. On the other hand, turning points represent unexpected occasions when food practices and eating habits dys-appear as they are perceived as immediately problematic and have, as a result, to be subjected to extensive reflexive revision over a short period of time. Such deliberate reflexive revision should be seen as a body management practice wherein the body becomes a project to be worked on in order to construct a desired sense of self (Gimlin 2006). Furthermore, dys-appearance allows us to identify when moments of conscious deliberation (Warde 2014) may occur and wherein the agency of individuals is exercised as they choose which social structure is given primacy in the reproduction of their food practices and eating habits.

Study

This study, carried out between August and October 2015, was designed to provide a snapshot of when people's eating patterns changed across their lifecourse. It used purposive and snowball sampling (Mays and Pope 1995) to recruit thirty-one adults in Scotland. Existing literature indicated that eating patterns can be influenced by class (see Marshall *et al.* 1994; Wills *et al.* 2008; Wills *et al.* 2011), gender (see Valentine 1999; Wills *et al.* 2011; Skafida 2013), lifecourse stage (see Devine 2005; Wethington 2005), household and family composition (see Charles and Kerr 1986; Wills *et al.* 2011; Skafida 2013) and the food environment (see Cairns and Stead 2009; Garnett *et al.* 2015). Thus, our sample included: males and females; those living with partners and children; single parents; different age groups; those in two-person households without children; and single person households (Table 1). The residential locations included urban and rural settings in the North East and the Central Belt and covered areas with contrasting levels of material deprivation. Respondents have been pseudonymized. The study was approved by the Rowett Institute's Human Studies Management and Ethics Committee.

A lifecourse study would ideally be longitudinal and involve exploring the practices of the same research participants at different stages in their life. As that was not possible within the limits of this study, we adopted the life history approach, which values, among other sources of information, interviews and has been used extensively in health research and anthropology (Bakar and Abdullah 2008). The interviews explored childhood eating patterns before asking participants if any changes had occurred as they got older. Subsequent eating patterns were then explored until participants recounted their current food practices and eating habits. Participants were also asked about the influences on their food practices, food shopping and the reasons why their eating patterns changed. This approach, therefore, has some limitations as it relied on the long-term memories of research participants. Nonetheless, the utility of life history interviews for exploring activities over time has been demonstrated across a number of studies (e.g. Goldman *et al.* 2003; Chong 2017) and we contend that it is useful for exploring eating patterns over time.

The resultant data were coded manually using NVivo 10 and the analysis was iterative-inductive, focusing on emergent themes along with axial codes developed from the literature review.

Table 1: Demographics of research participants

Name	Age	Income (£)	Household composition
Alice	44	27,000	Single parent with 1 child
Anna	27	60,000	Co-habiting
Barbara	58	115,000	Co-habiting
Brent	29	33,000	Flat share
Carol	32	31,500	Single person household
Carolyn	47	19,000	Single person household
David	29	12,000	Co-habiting with two children
Debra	27	64,000	Co-habiting
Donna	55	70,000	Co-habiting
Edward	53	38,000	Single person household
Fiona	30	80,000	Co-habiting with 1 child
Hilary	36	50,000	Co-habiting with 2 children
Irene	77	7,760	Single person household
Isabel	46	55,000	Co-habiting with 2 children
James	40	75,000	Co-habiting
Jana	63	50,000	Co-habiting
Kathleen	25	12,000	Flat share
Kenny	18	15,000	Flat share
Leo	44	23,000	Single person household
Linda	32	30,000	Single person household
Louise	22	15,500	Co-habiting with 2 children
Madge	63	13,500	Single person household
Maureen	44	35,000	Co-habiting with 2 children
Norman	46	12,000	Single person household
Olive	31	25,364	Single person household
Patricia	57	35,000	Single person household
Pete	43	73,000	Co-habiting
Rhona	54	18,000	Single parent with 1 child
Teresa	69	26,200	Single person household
Ursula	45	45,000	Co-habiting with 2 children
Zena	52	50,000	Co-habiting

Findings

Influences on Eating Patterns

In line with other research (such as Garnett *et al.* 2015; Lowe, Fraser and de Souza-Monteiro 2015), this study confirmed that the current eating patterns of

research participants were influenced by a number of social factors. Pete indicated that healthy eating campaigns had some impact on his food practices and eating habits:

Eating 5 a day....Everybody's aware of these things. Um ... it's in your consciousness now. It's not even a food rule it's just...it's in you. You do have to think about it because you... you're still ticking off one of your 5 a day because you've heard it so often, that's what you do.

Similarly, Ursula reported that her food practices were influenced by nutritional information on food labels:

If I'm going to buy something that's processed or a convenience thing then I always go for the ones that are lower in fat and sugar – they've got the little green, dots, trying to get as many greens than I would orange or red ...

These quotes indicate that some individuals are aware of healthy eating promotions and use nutritional information to make more healthful food practices. However, there were those participants who reported that they ignored dietary guidelines because they were not 'do-able' or were 'confusing'. Like Marshall *et al.* (1994), this suggests that relationship between dietary guidelines, perception and eating patterns is complex and that the level of trust in experts (Plessz et al. 2016) and the 'do-ability' in the messy context of

everyday life is an important influence on food practices and eating habits (Brembeck and Fuentes 2017).

This complexity is further compounded as participants also reported that they were influenced by chain supermarkets, merchandising and advertising. Irene spoke of the attraction of supermarkets when she described her food shopping:

I've shopped in Asda since it opened and so I always go there but I'm buying more at Lidl's now than I do at Asda... because its every bit as good as Asda and its cheaper!

There were also those participants who spoke of the impact TV adverts and instore displays had on their food practices:

Well of course, if there's something advertized that's new, you always want to try it. [Isabel]

Yes, special offers do have an impact and the reduced section does definitely have an impact on me... I would say is the thing that distracts me. [Brent]

Indeed, it has been argued that the influence of food marketing and healthy eating policies can pull peoples' food practices and eating habits in different directions (Radcliffe 2012). Furthermore, our findings confirm that food

practices and eating habits are also influenced by the social groups to which we belong. The family is well recognised as a primary influence (Wills *et al.* 2011; Skafida 2013) and will be discussed later. Here, we focus on gender and socioeconomic status.

Many traditional gender differences (Mennell, Murcott and van Otterloo 1994; Murcott 1995; Skafida 2013), such as women taking primary responsibility for cooking and shopping, were more prevalent among older participants, particularly in accounts of their childhood eating patterns, as demonstrated with Carolyn:

My mum [*did all the cooking*]! And only my mum.

Similar gender differences are also found in Zena's account of her mother's cooking being geared towards the tastes of her father:

I would have said it was meat and two veg. although I'm saying two veg. but my dad didn't actually like veg. The only veg. I actually remember getting a lot of when I was a child – my dad liked those hard, marrowfat peas... We used to have cabbage, my dad didn't like carrots so we didn't get them.

However, there was also evidence that traditional gender differences seem to be declining. For example, both genders equally reported a liking for steak and salad and there was evidence that all members of the family were involved with cooking meals. Thus, it would appear that gender differences are changing and it would seem traditional socioeconomic differences are also declining whilst new ones are emerging.

Similar traditional socioeconomic differences found in other studies (e.g. Bourdieu 1984; Marshall *et al.* 1994), also emerged in this study. Zena recalls finances being limited when she was young and the impact this had on their food shopping:

I remember things like my mum getting eight pound a week for housekeeping and so things were tight and ... I even remember when I used to go shopping and things would have to be put back because there was not enough money to pay for it.

In a similar vein, Pete remembers a lack of food in childhood due to limited money to buy sufficient amounts:

There was a shortage of food when I was growing up...Um... there was a lack of money to buy a lot...it tended to be that that would define what was actually bought in the weekly shop.

These quotes demonstrate the impact that economic circumstances can have an impact on food practices, and, while there were some participants that continue to say that income has an impact on food practices, this seemed more pronounced in accounts of childhood eating patterns. For example, Teresa demonstrates that finances became less important as she got older:

I would say I am not always looking at price nowadays, if I have discovered something I like, and it is a bit more expensive than an another one, if it is a good quality and I like it I'll buy it.....I can afford it now, compared to when I was younger.

Thus, this paper confirms that eating patterns are embedded in social practices that are influenced by a number of institutions (Wills *et al.* 2008; Delormier, Frohlich and Potvin 2009; Wills *et al.* 2011; Twine 2015) and that they vary across socioeconomic groups and within them over time (Johnston *et al.* 2012; Atkinson and Deeming 2015; Mandemakers and Roeters 2015; Paddock 2016). This points to a dynamic relationship between the individual, social structures and eating patterns. This confirms that food practices and eating habits are collective social practices influenced by cultural, spatial and temporal contexts

(Wills *et al.* 2008; Delormier, Frohlich and Potvin 2009; Wills *et al.* 2011; Twine 2015). Viewing eating patterns as a social practices allowed us to explore both continuities and variations in them across the lifecourses of the participants.

Continuity and change in eating patterns across the lifecourse

It is well established that the family plays a primary role in establishing the eating patterns of children (Wills *et al.* 2011; Skafida 2013), and all participants were able to recount childhood food practices and eating habits:

As a child it would have been probably like porridge for breakfast and then ..the main meal was at lunchtime and then once we were at school it was school lunches and then again, quite a big hame-cooked (*home-cooked*) meal at teatime, always pudding afterwards and then rolls and softies and pieces (*bread rolls and biscuits*) and then a bedtime snack. [Alice]

Well, we always had breakfast cereals and lunches; we always had school dinners because my mum has told me since that the reasons she made us have school dinners was so she always knew we had a hot meal in us. But we just ate normal food, we always had a roast on a Sunday. [James]

While older interviewees reported a greater frequency of family meals during childhood than the younger participants, in line with other research (Charles and

Kerr 1986), family remains an important influence on eating patterns. Many participants recognized continuities between current eating patterns and those established in childhood. Norman explained that his rules for a healthy diet today were informed by what he learned as a child:

Yes, it's the same principles that I knew were good for me when I was a child. So, cutting the fat off bacon, trying to get things that look and smell fresh in the supermarket.

Other participants recognised continuities between meal frequency during childhood and their current eating patterns:

I've always felt it was important to eat -three meals a day. I grew up like that so I have carried on like that. [Zena]

These quotes confirm that eating patterns may be ordered by family relationships (Wills *et al.* 2011; Brembeck and Fuentes 2017; Tørslev, Nørredam and Vitus 2017) and some food practices and eating habits acquired during childhood may persist throughout the lifecourse (Mennell, Murcott and van Otterloo 1994; Falk *et al.* 1996; Wansink and Sobal 2007; Jääskeläinen *et al.* 2012). Nevertheless, many participants reported that they modified their eating patterns across the lifecourse. Barbara explained that, while her parents

continue to be a primary influence on her eating patterns, her food practices and eating habits had changed as she moved to different countries:

Still the parents (*are the main influence on my eating patterns*), I have to say. Although over the years, because we've lived abroad, it's kind of opened us up to other ways of cooking like we've added in foreign foods.

Several other participants also explained that changes in food practices and eating habits occurred as different cuisines and convenience food became increasingly available.

This study therefore confirms the influence the changing social structures and food environment can have on our food practices as individual social roles and identities change and different kinds of food become physically, economically and culturally available (Cairns and Stead 2009; Garnett *et al.* 2015). This can result in minor and irreflexive changes in food practices and eating habits (Devine 2002). However, some participants spoke disparagingly about their childhood eating patterns:

Fried food done in lard, ken the white lard that you used to get, that was cooked in there, a'thing! Eggs, sausages, onions, liver, it was just cheap basic food, that was it. So macaroni and cheese and liver...or a chipper supper, everything done in lard! [Edward]

There was a lot of white bread, there was a lot of potatoes involved, um...and pasta, pasta but again boxed pasta... It was like Kraft macaroni, you know like powdered sauce that you would make yourself or it was canned. So it was canned pasta as well was unfortunately part of that [Pete].

The above participants reported more radical changes in their eating patterns across the lifecourse. Edward said that he is now much more health conscious and interested in fitness and maintains a low-fat diet. Similarly, Pete also said that his eating patterns were now radically different to those in his childhood, as will be seen below. This, therefore, appears to represent a challenge to the premise that eating habits acquired in childhood shape our dietary choices into adulthood and are stubborn to change (Mennell, Murcott and van Otterloo 1994; Falk *et al.*, 1996; Wansink and Sobal 2007; Jääskeläinen *et al.* 2012). Indeed, most participants reported several occasions during the lifecourse when their eating patterns changed. In line with other studies (Backett and Davison 1995; Devine 2005; Haines 2005; Shepherd and Olson 2005; Wethington 2005;

Carlisle 2014; Plessz *et al.* 2016), these typically coincided with lifecourse transitions and turning points.

Transitions and turning points

Transitions

Many participants reported that their eating patterns changed as they moved from one stage of the lifecourse to another. Carolyn reported that her eating patterns changed when she moved out of the paternal home:

Oh absolutely, I was experimenting – all the things I couldn't have got as a wean (*child*) I was 'I'll have some of that'. My mother certainly wouldn't have approved...Food rules that I grew up with..., totally out the window: toast; tin of soup; tin of beans; nasty horrible pot noodles.

This transition occurred due to a change in identity from daughter living with parents to an adult living separately and seemed to result in eating patterns that Carolyn considered to be less healthful than when she stayed at home. However, there were those who developed eating patterns that they thought more healthful when they moved out the family home:

I became more aware of including vegetables in the main meal, always try to keep the vegetables and to try to improve the fruit intake because that wasn't that big in my house.

[Debra]

Barbara reported that her eating habits changed when she got married and when different foods became available:

Well when I got married they changed, my husband doesn't like potatoes, so we don't eat a lot of potato, we tend to eat pasta and rice so that's been a big change in the eating habits. I've also, as well as the usual staples, we tend to eat more convenience food.

The above quotes suggest that eating patterns may change as the environment, our personal circumstances and identities evolve in ways that we may expect. In line with Devine (2005), these transitions sometimes resulted in adjustments to food choice trajectories. These changes, however, as can be seen with Carolyn above, were not necessarily reflexive nor informed by dietary guidelines.

Nonetheless, there were transitions where eating patterns became the subject of reflexive revision informed by dietary guidelines. These tended to occur when food, diet or health was a central aspect of the transition: such as when the

participant studied nutrition at university (Debra, discussed above) or developed an interest in cooking and health and fitness, like Pete:

So I was doing a lot of steamed brown rice, well steamed everything. Depending on the equipment you'd actually just bought um...we got blenders and things like that as well so hummus and that. Things like tinned burgers and tinned macaroni, I ate as a kid- I would not look at it twice!

On the other hand, Fiona reported that she became more concerned about the healthfulness of her eating patterns when she had a child.

I think my son would be the main one ... we've got at least four or five cookbooks on baby food which is how to make things, less salt, less sugar versions... I should be doing things like that for me and my husband as well.

The above participants reported a series of changes in eating patterns across a number of lifecourse transitions over a prolonged period. For example, Pete, reported several transitional stages when his identity, food practices and eating habits changed. First, when he trained as a chef, then when he left the family home and, later, when he developed an interest in health and fitness. Thus, for

Pete, a change in his food trajectory led to further changes and these modifications were informed by dietary guidelines when his eating patterns disappeared as he wished to prevent them from becoming increasingly problematic for his identity and health in the future. Similarly, Carol said that she changed her eating patterns because she did not want to put on weight in the future:

Well the biggest change from a couple of years ago to the way I eat now with everything being quite healthy, that was mainly motivated by wanting to be a healthier weight, because I do quite a lot of running and I wanted to improve my running performance as much as I could.

While Barbara reported that concern for the health of her family and her own health getting worse resulted in her changing her eating habits in ways she felt were more healthful:

..but when my son came along I gave up the chip pan because it was not very healthy and ...
Now I have a liver complaint and over the years the fat has got less and less in what we ate so
I suppose looking after my health, that is the big change in my diet over the years.

Thus, there are those transitions, for example Carolyn above, which have little to do with food. In these cases, modifications to eating patterns appear to be an irreflexive response to interruptions in eating patterns due to changes in

surrounding social structures, living circumstances and/or the food environment and do not, therefore, appear to be informed by dietary guidelines. On the other hand, there were instances where this was more likely to be the case (Pete, Fiona, Carol and Barbara above). Thus, this approach confirms that changes in food practice and eating habits can be patterned according to lifecourse stage (Fiona and Barbara) and provides a fuller understanding of when and why changes may occur (Backett and Davison 1995). It also provides an illustration of when and how individuals may build their standards in line with prescriptions during lifecourse transitions (Plessz *et al.* 2016). That is, when the eating patterns of participants were interrupted as they became concerned that their food practices and eating patterns may cause problems for their food identity or body in the future and dys-appeared. In a similar way to the body in the philosophy of Leder (1990), eating patterns were more likely to be reflexively revised in light of dietary guidelines at these times.

Furthermore, after such a transition, a change in the food trajectory began. When this happened, further changes in eating patterns in the future seemed more likely to occur and the cumulative adaptations of eating patterns across a number of transitions became increasingly significant. Thus, confirming changes

in standards in line with prescription can occur when there is an overlap between the social spaces occupied by individuals and prescriptions and that such changes may result in further changes as individuals' norms become increasingly similar to the prescribed activities (Plessz *et al.* 2016). These modifications to eating patterns could therefore be seen as an on-going type of body and identity work in response to the dys-appearance of food practices and eating habits aimed at preventing them from becoming increasingly problematic in the future through, for example, putting on weight or the development of a diet-related illness. Thus, transitions like these do not appear to be experienced as a 'fateful moment,' as suggested by Giddens (1991), but rather a gradual process of change (Burningham and Venn 2017). Furthermore, they demonstrate that individual agency plays a role in the reproduction of eating patterns as the individual consciously considers which social structures should primarily inform it. Furthermore, this suggests that body/identity work motivated by dys-appearance may not only be in response to immediate problems but also as a means of avoiding them in the future.

Turning Points

On the other hand, turning points represented occasions when eating patterns are more likely to be suddenly subjected to revisions in response to unexpected

events and over a shorter period of time. Like Devine (2005), we found that turning points were less frequent than transitions. Nonetheless, some respondents reported that their food practices and eating habits suddenly and drastically changed. Rhona explained that her eating patterns changed when she decided to be vegetarian:

Well I've been vegetarian since I was twenty-one, twenty-two so that was a sudden and major change.

Anna explained that she changed her eating patterns after realising that her food practices and eating habits were having a negative impact on her health:

So five years ago I realized after years of being miserable about how I looked and how I felt, I was practically a narcoleptic because I was so unhealthy and feeling nauseous all the time and I'd gained a lot of weight and I just went 'I can't do this anymore' and I completely, almost overnight, changed all of my eating habits.

On the other hand, Linda reported that her eating patterns changed rapidly when she developed an eating disorder:

My eating habits changed quickly when I developed an eating disorder...I would have a yoghurt with no calories in the morning, I drank about five cans of diet Pepsi. In the evening I would have two crisp breads with some lettuce on it and basically if I'd made myself eat something sweet then I'd make myself sick. And I got so ill that I collapsed and was taken into hospital.

Like transitions, turning points appear to represent occasions in the lifecourse where eating patterns change. On these occasions, eating patterns dys-appear and are viewed as immediately problematic. They become the focus of attention and the objects of revision, so that they may once again fade into the background. In some cases, such as Anna, when health is central to the turning points, eating patterns may be subject to a reflexive revision informed by dietary guidelines and nutritional advice. However, this is not always the case, as with Linda, who dealt with the dys-appearance of her food practices and eating habits in a way that became detrimental to her health. Nonetheless, turning points may result in more drastic and sudden changes to our eating patterns in response to unexpected lifecourse events, often involving a change in identity from which individuals may not turn back (Devine 2005). There is also evidence that these changes may be extended over a prolonged period. Rhona, quoted above, remains a vegetarian over thirty years later, while Anna reveals that she rarely deviates from her more healthful eating patterns:

If they (*in-laws during visits*) give us a choice of what to eat, I'll go for the healthier option of what they have but that's the only time I really have any variation.

Furthermore, the use of the words '*sudden*', '*quickly*' and '*overnight*' by participants suggests that turning points can be experienced as a 'fateful

moment' (Giddens 1991) wherein individuals may suddenly change their practices in response to the dys-appearance of their eating patterns. However, the words '*becoming*' and '*developing*' indicates that the individuals who reported a sudden change in practice may have thought about changing it for some time before the change in eating patterns took place.

These examples also highlight the important role agency can play in the reproduction of eating patterns as individuals select which social structure they attend to in the revision of their food practices and eating habits. In some cases, such as Anna, turning points can result in a conscious decision to attend to healthy eating prescriptions. Thus, the overlap between the social space occupied by the individual with prescriptions can result in changes as suggested by Plessz *et al.* (2016). However, in these cases, unlike Plessz *et al.* (2016) it is not the similarity between the individual standards but the differences that can result in a drastic revisions to eating patterns

Discussion

By viewing eating patterns as a social practice, adopting the lifecourse approach and extending the concept of dys-appearance to food practices and eating

habits, this paper has provided insight into the contradiction outlined in the introduction. We have demonstrated that, while the eating patterns acquired in childhood may be stubborn to attempts to change them by external agencies, they are more likely to be revised when the impetus for change originates within the individual and their life circumstances. That is, many participants reported that their birth family were an important and continuing influence on their eating patterns and that some food practices and eating habits acquired during childhood, such as the temporal spacing of meals, remained influential as they got older. This appears to confirm the proposition that eating patterns acquired during childhood shape food practices and eating habits throughout the lifecourse. However, almost all the participants also reported that their eating patterns had changed as they negotiated the various transitions and turning points that punctuated their lifecourses.

Transitions were related to expected changes across the lifecourse, such as leaving home. They often interrupted existing eating patterns and resulted in modifications to food practices and eating habits as the participants adapted to changes in their food environment and/or living circumstances. Under these conditions, changes to eating patterns were not always reflexive nor informed

by dietary guidelines. However, there was also evidence that changes made to eating patterns during transitions can be informed by dietary guidelines and that the cumulative changes across a number of transitions may result in more healthful food practices. On these occasions, we demonstrated that eating patterns are more likely to be reflexively revised in the light of dietary guidelines across a number of transitions when they dys-appeared and participants wanted to prevent their food practices and eating habits from becoming increasingly problematic in the future. At these points participants can become aware that their eating patterns are influenced by a number of social factors and in ways that they perceive to be detrimental to their well-being. This can result in a conscious decision to take dietary advice on board and a change in food trajectory. This, in turn, can initiate a series of modifications to eating patterns across a number of transitions. This suggests that transitions can be experienced as 'teaching moments' (Haines 2005) and that the similarities between individual standards and prescriptions are more likely to result in individuals changing their food practices and eating habits in line with dietary advice (Plessz *et al.* 2016). However, the changes in eating patterns often occur across an extended period and, therefore, confirms Burningham and Venn's (2017) contention that transitions are best perceived as a prolonged experience of change.

On the other hand, it would appear that turning points represent occasions across the lifecourse when the eating patterns were more extensively and suddenly revised. On these occasions it would seem that participants' food practices and eating habits dys-appeared as they were perceived as immediately problematic. That is, the individual became aware that their eating patterns had been influenced by social factors resulting in food practices and eating habits which they believed to be detrimental to their identity and/or well-being. Under these circumstances, eating patterns were more likely to be subject to revision over a short period of time. Furthermore, the concept of dys-appearance highlighted that these revisions were more likely to be reflexively informed by dietary guidelines when participants were concerned about the effect their diet was having on their health and/or food identity. In this case, it is not similarity between standards and prescriptions that bring about healthful dietary change (Plessz *et al.* 2016) but the difference between the two. This appears to correspond with Giddens (1991) argument that the lifecourse contains 'fateful moments' in which our practices dys-appears and may be reflexively revised as a means of constructing an acceptable sense of self.

Thus, there can be both continuities and differences in food practices and eating habits across the lifecourse. Continuities occur as individuals may hold fast to some of the eating patterns they acquired in childhood. On the other hand, changes to eating patterns and food practices can occur as individuals negotiate the various transitions and turning points that populate their lives. Therefore, it would seem that eating patterns acquired during childhood may shape food practices and eating habits across the lifecourse and can be stubborn to attempts by external authorities to change them. However, eating patterns may be more likely to be reflexively revised when: the impetus of change originates within the individual and their living circumstances and the individual becomes aware that their food practices and eating patterns are influenced by a number of social factors; the individual wants to prevent their eating patterns from becoming increasingly problematic in the future; and when eating patterns are perceived as immediately problematic and individuals wish them to stop causing problems. Furthermore, these changes are more likely to be informed by dietary guidelines when food, health, fitness and/or body image are central to the transitions or turning points. Dys-appearance, therefore, allows us to identify when moments of conscious deliberation (Warde 2002) occur at transitions and turning points during the lifecourse and individuals exercise agency in choosing

which social structure is given primacy in the reproduction of their food practices and eating habits.

Thus, this paper further demonstrates the utility of viewing eating patterns as a social practice by allowing us to identify the various factors that influence food practices and eating habits in the messy context of everyday life and to explore continuity and change in eating patterns over time. This paper also demonstrates that the lifecourse approach and the concepts of trajectories, transitions and turning points allows us to identify when changes to eating patterns are likely to take place. Furthermore, this paper extends Leder's (1990) concept of dys-appearance to eating patterns and, in doing so, allowed us to identify why eating patterns are revised and when these revisions are more likely to be informed by dietary advice. In addition, using dys-appearance in this way also allowed us to refine the distinction between transitions and turning points. That is, applying dys-appearance highlights, while some transitions may result in minor and irreflexive changes to food practices and eating habits, others can result in more significant and reflexive changes in food trajectory and more extensive changes across a number of transitions and an extended period of time. Furthermore, while this paper recognizes that turning points may be

more sudden and result in more significant changes in practice over a shorter period of time, the unexpectedness of these lifecourse events appears paramount. Our findings also indicate that turning points are more likely to be experienced as a fateful moment in response to the dys-appearance of our eating patterns than transitions. However, while change in activities may be reported as sudden, this paper also suggests that people may think about making changes over a longer period of time.

This paper also highlights that more research is required if we are to develop a clearer understanding of continuity and change in eating patterns and food practices across the lifecourse. In the short term, further insights could be provided by focusing on specific transitions and turning points, such as having a baby or developing an illness, and on individuals experiencing multiple transitions, such as leaving the paternal home and moving into a new area. A longitudinal study of the same individuals could also provide valuable insights into the significance of prolonged changes in eating patterns across the lifecourse. Nonetheless, this paper demonstrates the utility of: viewing eating patterns as social practice; adopting the lifecourse approach for identifying continuity and change in eating patterns; and extending the application of

Leder's (1990) concept of dys-appearance to eating patterns. That is, this approach allows researchers to more explore fully when and why changes to eating patterns may occur, to identify when such changes may be more likely to be reflexive and informed by dietary guidelines and provides insight into the important role agency can play in the reproduction and modification of eating patterns. This approach could therefore help researchers to more fully realise the policy relevance of theories of practice (Shove, Pantzar and Watson 2012).

Atkinson W. and C. Deeming. 2015. Class and Cuisine in Contemporary Britain: The Social Space, the Space of Food and Their Homology, *The Sociological Review*, 63(4). DOI: 10.1111/1467-954X.12335

Backett KC and Davison C (1995) Lifecourse and Lifestyle: The social and cultural location of health behaviours, *Social Science and Medicine*, 40(5): 629-638.

Bakar, N.R.H.A. and M.Y.H. Abdullah. 2008. The Life History Approach: Fieldwork Experience, *Journal e-Bangi*, 3(1):09.

Bestwick CS, Douglas FCG, Allan JL, MacDiarmid JI, Ludbrook A and Carlisle S (2013) A perspective on the strategic approach to the complexity and challenges of behaviour change in relation to dietary health. *Nutrition Bulletin* 38:50-56.

Bisogni C. A., Connors M., Devine C.M., and J. Sobal. 2002. Who We Are and How We Eat: A Qualitative Study of Identities in Food Choice. *Journal of Nutrition Education and Behavior*, 34:128-39.

Bourdieu, P. 1977. *Outline of a Theory of Practice*. Cambridge: University of Cambridge Press

Bourdieu, P. 1984. *Distinction: A social critique of the judgement of taste*, London: Routledge and Kegan Paul.

Bourdieu, P. 1993. *Sociology in Question*, London: Sage.

Bremberg H. and M. Fuentes 2017. Convenient food for baby: a study of weaning as a social practice, *Food, Culture & Society*, 20(4):569-586.

Burningham, K. and S. Venn. 2017. Are lifecourse transitions opportunities for moving to more sustainable consumption? *Journal of Consumer Culture*, <https://doi.org/10.1177%2F1469540517729010>

Cairns G. and M. Stead. 2009. Nutrition communication. Obesity and social marketing: works in progress, *Proceedings of the Nutrition Society*, 68: 11-16.

Carlisle, S. 2014. *Understanding consumer choices: the intersection of costs, cares and 'capitals'*, unpublished report: Rowett Institute of Technology

Chandon, P. and B. Wansink. 2012. Does food marketing need to make us fat? A review and solutions, *Nutrition Reviews*, 70, 10:571-93.

Charles, N. and M. Kerr. 1986. *Women, Food and Families*. Manchester: Manchester University Press.

Chong, K.H. 2017. "Asianness" under Construction: The Contours and Negotiation of Panethnic Identity/Culture among Interethnically Married Asian Americans, *Sociological Perspectives*, 60(1): 52-76.

Delormier T., Frohlich K.L. and L. Potvin. 2009. Food and eating as social practice- understanding eating patterns as social phenomena and implications for public health, *Sociology of Health and Illness*, 31(2)215-228.

Devine, C.M. 2005. A Lifecourse Perspective: Understanding Food practices in Time, Social Location, and History. *Journal of Nutrition Education and Behavior*, 37: 121-28.

Domaneschi, L. 2012. Food social practices: theory of practice and the new battlefield of food quality, *Journal of Consumer Culture*, 12(3):306-322

Falk, L.W., Bisogni, C.A. and J. Sobal. 1996. Food Choice Processes of Older Adults: A Qualitative Investigation, *Journal of Nutrition Education*, 28(5):257-65.

Furst, T., Connors, M., Bisogni, C.A, Sobal, F. and L.W. Falk. 1996. Food Choice: A Conceptual Model of the Process. *Appetite*, 26:247-66.

Garnett, T., Mathewson, S., Angelides, P. and F. Borthwick. 2015. Policies and actions to shift eating patterns: What works?, *Food Climate Research Network*.

Giddens, A. 1991. *Modernity and Self Identity*, Cambridge: Polity Press.

Gimlin, D. 2006. The absent body project: cosmetic surgery as a response to bodily dys-appearance, *Sociology*, 40(4): 699-716.

Goldman, R., Hunt, M.K., Allen, J.D., Hauser, S., Emmons, K., Maeda, M.S., and G. Sorensen. 2003. The Life History Interview Method: Applications to Intervention Development, *Health Education & Behavior*, 30 (5): 564-81.

Haines, P.S. 2005. Bridging in the life cycle, *Journal of Nutrition Education and Behavior*, 37: 113.

Hanlon P., Carlisle S., Hannah M., Reilly D. and A. Lyon. 2011. Making the case for a 'fifth wave' in Public Health. *Public Health*, 125(1): 30-36.

Hockey, J. and A. James. 2003. *Social identities across the life course*, Palgrave MacMillan: Basingstoke.

Jääskeläinen, P., Magnussen, C.G., Pahkala, K., Mikkila, V., Kahonen, M., Sabin, M.A. *et al.* 2012. Childhood nutrition in predicting metabolic syndrome in adults: The cardiovascular risk in young Finns study, *Diabetes Care*, 35(9):1937-43.

Jenkins R.(1982) Pierre Bourdieu and the reproduction of determinism, *Sociology*, 16(2): 270-81.

Jenkins R. (1992) *Pierre Bourdieu*. London: Routledge

Leder, D. 1990. *The absent body*. Chicago and London: The University of Chicago Press.

Lowe, B., Fraser, I. and D. M. de Souza-Monteiro. 2015. Changing food consumption behaviors, *Psychology and Marketing*, 32, 5: 481-85.

Mandemakers, J.J. and A. Roeters. 2015. Fast or slow food? Explaining trends in food-related time in the Netherlands, 1975-2005, *Acta Sociologica*, 58(2): 121-37.

Marshall D., Anderson A.S., Lean M. and A. Foster. 1994. Healthy Eating: Fruit and Vegetables in Scotland, *British Food Journal*, 96(7):18-24.

Mays N. and Pope C. 1995. Rigour and qualitative research. *British Medical Journal*, 3:109-112.

Meier P., Holmes J. and Warde A. 2018 Social practice theory and the study of how we drink, *Addiction*, 113(2): 217-219.

Mennell, S., Murcott, A. and A.H. van Otterloo. 1994. *The Sociology of Food: Eating, Diet and Culture*. London: Sage.

Mulgan G. 2010. *Influencing Public Behavior to Improve Health and Wellbeing: An Independent Report*. London: The Young Foundation

Murcott, A. 1988. Sociological and social anthropological approaches to food and eating. *World Review of Nutrition and Dietetics*, 55: 1–40.

Murcott, A. 1995. Social influences on food choice and dietary change: a sociological attitude. *Proceedings of the Nutrition Society*, 54: 729–35.

Paddock, J. 2016. Positioning food cultures: 'alternative' food as distinctive consumer practice, *Sociology*, 50(6):1039-55.

Plessz M., Dubuisson-Quellier S., Gojard S. and Barrey S. 2016 How consumption prescriptions affect food practices: Assessing the roles of household resources and life-course events, *Journal of Consumer Culture*, Vol. 16(1) 101–123.

Radcliffe M. 2012. 'Health promotion is swimming against a tide of greasy kebabs', *Nursing Times*, available at <https://www.nursingtimes.net/clinical-archive/public-health/health-promotion-is-swimming-against-a-tide-of-greasy-kebabs/5042580.article> (accessed 29/10/18).

Rozin P. 2005. The Meaning of Food in Our Lives: A Cross-Cultural Perspective on Eating and Well-Being, *Journal of Nutrition Education and Behavior*, 37:S107-S112.

Shepherd, S.K. and C. Olson. 2005. A life course perspective for nutrition educators, *Journal of Nutrition Education and Behavior*, 37: 113.

Shove. E, Pantzar M and Watson M. 2012. *The Dynamics of Social Practice: Everyday Life and How It Changes*, Los Angeles: Sage

Skafida, V. 2013. The family meal panacea: exploring how different aspects of family meal occurrence, meal habits and meal enjoyment relate young children's diet, *Sociology of Health and Illness*, 35, 6:906-23.

Tørslev M.K., Nørredam M. and K. Vitus. 2017. Exploring foodscapes at a Danish public school: how emotional spaces influence students' eating practices, *Food, Culture & Society*, 20(4):587-607.

Twine R. 2015. Understanding snacking through a practice theory lens, *Sociology of Health and Illness*, 37(8):1270-1284.

Valentine G. 1999. Eating in: Home, consumption and identity, *Sociological Review*, 42(4):491-524.

Van't Riet, J., Sijtsema, S.J., Dagevos, H. and G.J De Bruijn. 2011. The importance of habits in eating behavior. An overview and recommendations for future research, *Appetite*, 57, 3, pp 585–96.

Wansink, B. and Sobal J. 2007. Mindless eating: The 200 daily food decisions we overlook. *Environment and Behavior*; 39(1): 106–23.

Warde A. 2014. After taste: culture, consumption and theories of practice, *Journal of Consumer Culture*, 14(3): 279-303.

Wethington, E. 2005. An overview of the life course perspective: implications for health and nutrition, *Journal of Nutrition Education and Behavior*, 37(3): 115-20.

Wills W., Backett-Millburn K., Gregory S. and J. Lawton. 2008. 'If the food looks dodgy I dinnae eat it. Teenagers' accounts of food and eating practices in socio-economically disadvantaged families, *Sociological Research Online*, 13(1):15.

Wills, W., Backett-Milburn, K., Roberts, M.L. and J. Lawton. 2011. The framing of social class distinctions through family food and eating practices, *The Sociological Review*, 59, 4: 725-40.

Yaron, G., Meershock A., Widdershoven G., van der Brekel M. and J. Slatman. 2017. Facing a disruptive face: embodiment in the everyday experiences of “disfigured” individuals, *Human Studies*, 40: 285-307.

¹ Acknowledgment: The authors are grateful to the Scottish Government for funding the work from which this paper was developed through its 2011-16 Strategic Research Programme.

² Such sentiments were frequently reiterated at public engagement events in Scotland, where people argued that trying to get adults to change their food practices and eating habits was ‘a lost cause’, and that the focus for promoting healthy eating should be on the young.

³ Understandings of health and identity are subjective and influenced by a number of social factors. References to health and identity in this paper is from the perspective of the research participants.