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A practice-oriented capabilities perspective for critical social marketing

Abstract

This study considers the implications for critical social marketing scholarship of a practice-oriented capabilities perspective for reframing social problems and intervention. Following advances in sociology of consumption and health research, practice theory has been noted in social marketing scholarship as having distinct conceptual benefits for reframing societal problems and intervention approaches in a way that avoids responsibilizing individuals and relying on a 'deficit' model of behaviour change. However, extant practice theory literature has failed to satisfactorily account for inequalities through a differentiated account of practice exclusion. This paper draws on a capabilities perspective to explore empirical material from a qualitative study of low socio-economic status mothers in the UK and their exclusion from leisure time physical activity (LTPA) practices. Analysis found that temporal, support and energy capabilities are required for recruitment to LTPA, despite opportunities for participation and practitioner desire. This illuminates a novel and expanded role for social marketing in social change and contributes to critical social marketing scholarship seeking to offer alternatives to individualism.

Statement of Key Contributions

This study explores the potential of a practice-oriented approach for critical social marketing scholarship and social marketing practice, including accounting for experiences of exclusion whilst maintaining the focus on practices as the unit of enquiry.

One of the key critiques of social marketing of interest to critical social marketing scholars is its reliance on an individualist model of behaviour change, focused on overcoming deficits in terms of attitudes or motivations. This approach fails to account for socio-political infrastructures, power dynamics and the routinised character of much behaviour, and it can lead to an increase in inequalities. In sociological consumption and health research, practice theorists have argued that if practices, rather than individuals who perform them, are the unit of analysis and intervention, many of the problems associated with individualism can be overcome. As such, critical social marketing scholars have begun to grapple with the conceptual benefits of practice theory for framing social problems and planning intervention. However, practice theory has failed to satisfactorily account for inequalities in the way patterns of ingrained activities unfold. This study therefore advances critical social marketing scholarship by introducing a practice theory-informed capabilities approach for understanding differentiated practice recruitment, performance and ongoing patterns of exclusion. The paper problematises recruitment to practices as requiring capabilities, even when the requisite practice elements (meanings, materials and competences) are available for integration and practice performance. Capabilities are available and necessary unequally to different groups, and reconstitute the cyclical nature of inequalities that warrant the attention of social marketing.

The practice-oriented capabilities perspective would be of interest to non-academic stakeholders including public health policymakers, social marketing agencies and NGOs interested in reducing inequalities and providing opportunities for engagement in socially beneficial behaviours across a number of fields.

Introduction

Social marketing is a broad field focused on using marketing for social good, within which the scholarly field of critical social marketing is nestled (Gordon and Gurrieri, 2014). Critical social marketing scholars emphasise the importance of critical reflection on the way that social marketing is used, particularly in relation to the implications of theoretical problematisation, power imbalances and ethics (Gordon, 2019). For example, Gurrieri et al. (2013) explore the gender politics in social marketing campaigns, and Spotswood et al., (2012) pose ethical and moral questions about the premise of 'social good' in social marketing.

One of the key critiques of social marketing, and a focus for some critical social marketers, is the emphasis in social marketing on individualism; for tackling social change from within a framework that relies on assumptions of voluntarism and consumer sovereignty (Lefebvre 2011). Individualist approaches to 'behaviour' change, relying on attitudinal shift, motivational enhancement and a deficit model of 'overcoming barriers' to better choices, have been critiqued for ineffectiveness, for widening inequalities in health and for failing to tackle socio-structurally embedded patterns (Keller and Halkier, 2014; Spotswood et al., 2017). Concurrently, a stream of sociological research has argued for the benefits of a practice theory approach to framing social problems and policy interventions (Maller, 2015). Practice theorists have argued that a practice, rather than individuals who perform them, should be framed as the unit of analysis and intervention (Warde, 2005). Intervention approaches become more complex, but are designed to tackle embedded, interlinked practices and their elements, rather than rely on the limited capacity for individuals to break habits (Hargreaves, 2011). Scholars have begun to grapple with the conceptual benefits of practice theory for framing social problems and planning intervention (Hopkins et al., 2020; Spear et al., 2021; Spotswood et al., 2017; Spotswood et al., 2020; Spotswood et al., 2021; Willis et al., 2018).

However, within extant literature exploring practice-theoretical public health (Blue et al., 2016) and other policy areas where social marketing might contribute to social change (Shove et al., 2012), a lack of attention has been given to theorizing unequal patterns of practices in order to frame how targeted interventions might be configured within a social ontology of practices. Indeed, many practice-oriented health studies do not mention social difference at all (Hennell et al., 2021; Keane et al., 2017), presenting trajectories of practices as undifferentiated. Halkier and Holm (2021) and Maller (2019) emphasise that practice theory has failed to adequately account for inequalities in practice performance and absence, and Walker (2013, 2015) critiques practice theory generally for brushing over questions of social difference. This is problematic for critical social marketing scholarship seeking to explore the possibilities for a practice-theoretical view of social problems and intervention that bypasses the hegemony of individualisation. Furthermore, it is a problem for practice-theory informed social marketing given the social patterning of so many social problems that are the focus of social change programmes. As such, this paper seeks to enrich a practice theoretical analysis of a commonly reported social problem – physical

activity participation - to account for social different and inequality, and to inform critical social marketing scholarship.

Physical activity (PA) is considered essential for health (WHO, 2018), and participation is known to be socially patterned. Some groups are more at risk of exclusion, particularly from leisure time physical activity (LTPA), which can be the basis of a sustainable 'active lifestyle'. Our focus is lower socio-economic status (SES) mothers in the UK; a group traditionally excluded from LTPA in comparison with more affluent mothers, women without children and men (Bellows-Riecken and Rhodes, 2008; Mailey and Hsu, 2019). Social marketing and other health promotion approaches, as well as commercial fitness and sports marketing, have all been used to encourage this group to participate in LTPA, yet inequalities in participation remain. We draw on the capabilities perspective (Sen, 2005) to enrich an understanding of the enmeshed practices that colonise the everyday lives of lower SES mothers. Through our analysis we illuminate the capabilities that condition their enactment of LTPA practices and develop a differentiated practice theory model of social marketing.

Developing a 'capabilities' approach for practice theory-informed social marketing

Practice theory holds that for practitioners to be recruited to practices, the requisite elements constituting practices – competences, materials and meanings - need to be accessible and integrated (Shove et al., 2012). These "are not evenly distributed across society" (Blue et al., 2016, p.44). In this line, unequal performance is explained through the availability of practice elements, which Walker (2015) questions as an over-simplification of the concept of how practitioners become 'recruitable' to practices. We argue that the 'uneven distribution' perspective deindividualizes inequality in practice theory to the extent that insights into the experiences of exclusion and conditions for recruitment are obscured. An alternative perspective, still situating practices as the unit of enquiry, considers how differently abled practitioners experience constraints in approaching, accessing and integrating the necessary practice elements, and how their experiences of recruitability and exclusion differ from others. To enable this more nuanced approach that foregrounds the "abilities and capacities" (Maller, 2019, p.91) of practitioners as well as available practice elements in circulation, we deploy the capabilities perspective (Sen, 2005).

The 'capabilities' perspective refers to the capacity of individuals to perform important functionings such as 'enjoying good health' or 'participating in political choices', which will vary in value over time and depend on the value-orientations of society (Gangas, 2016). Together, functionings comprise a valued life that provides wellbeing (Sen, 1992). Capabilities, then, structure freedoms to live the lives people value and to achieve the identities they desire (Nussbaum 1999; Sen, 2009). The capabilities perspective contextualises 'opportunity' in the following terms:

> "(i) whether a person is actually able to do things she would value doing, and (ii) whether she possesses the means or instruments or permissions to pursue what she would like to do (her actual ability to do that pursuing may depend on many contingent circumstances)" (Sen, 2005, p.153).

Thus, people with the same 'means' to make the most of an opportunity (such as income, wealth and other primary resources) may still have differentiated freedoms on the basis of important structuring capabilities (Sen, 1992). Income may be a capability but is contingent on other factors, such as how much money is required for mobility and participation in valued functionings. This will be greater for a disabled person. Other capabilities will be

linked to specific practice domains (Walker, 2015) but may include physical and mental health, cognitive capacity, emotions, group membership and cohesion, political context and control (Sen, 1992; Nussbaum, 1992). This perspective can underpin research that explores the capabilities necessary for participation in particular fields, by particular groups, to theorize their exclusion and frame necessary intervention.

Bringing together capabilities with practice theory, and following Walker (2013; 2015) and Day et al. (2016), we hold that practices require the integration of a prescribed but diverse range of elements according to their template, and that some practitioners will be better equipped than others to achieve this 'putting together' or integration:

> "We might expect that some practitioners will be in a better position to integrate the necessary materials, competences and meanings that constitute a given practice and that some will be likely to do so with more success… than others" (Walker, 2015, p.51).

From this starting point, we explore the enmeshed practices that colonise the everyday lives of lower SES mothers, through which we illuminate the capabilities that condition their enactment of LTPA practices.

Methodology

Semi-structured, depth interviews were adopted for our study, focusing on the everyday experiences of lower SES mothers, and their experiences of exclusion from, and feelings towards, LTPA. Online interviews (n=26) were conducted between March and December 2020, at the height of UK's COVID-19 social distancing measures, or 'lockdowns'. During this time, social marketing campaigns from the UK's National Health Service encouraged adults to use the lockdowns as "time for a reset, restart, kickstart"; to get active and lose weight to better resist the ill-effects of COVID-19[i]. At a time when no formal LTPA opportunities were available to anyone irrespective of income, this period provided an opportunity to explore low SES mothers' perceptions of future prospects for LTPA in the context of past experiences and entrenched routines.

A maximum variation theoretical sampling technique was also deployed, based on differences in ethnicity, employment and family structure (Huberman and Miles, 1994). All had at least one pre-school child. In order to explore the problems of recruitability to LTPA, and due to the patterns of LTPA normative for this group, the majority of participants reported they had been predominantly inactive since becoming mothers, irrespective of the pandemic disruption that further enforced their sedentariness. However, many had been active prior to motherhood in a range of leisure fields including gym classes, dancing, running and cycling.

Findings: Temporal, energy and support capabilities needed for LTPA

When talking about the possibility of getting involved in LTPA, participants recognised that there were opportunities in their areas in normal circumstances. They would fantasize about a future in which they spent time going to the gym, or joined a running club. However, despite this availability and desire, our analysis identified that temporal, support and energy capabilities are also necessary for this group to be recruitable to LTPA practices (See Figure 1):
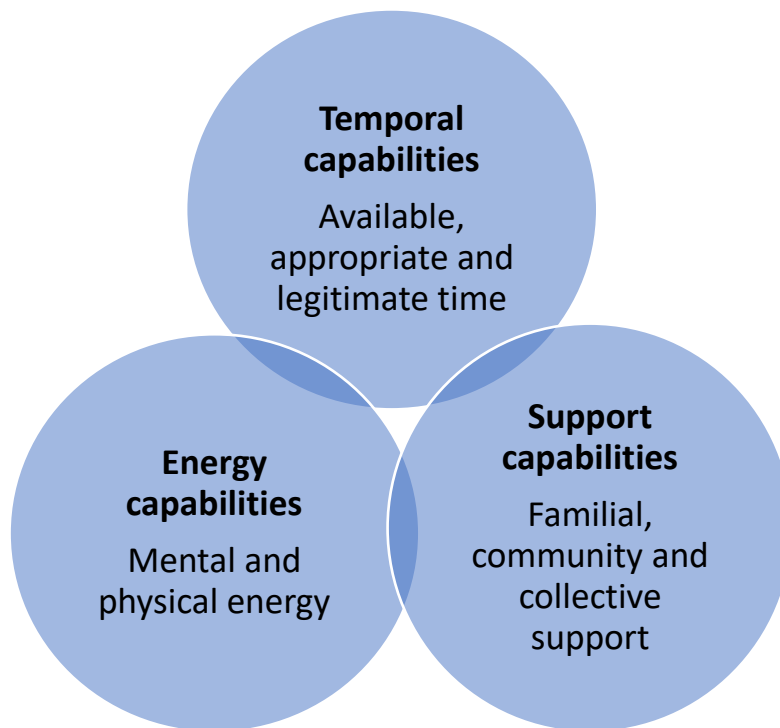
Figure 1: Capabilities necessary for recruitment of lower SES mothers to LTPA

Temporal capabilities

Temporal capabilities are necessary for LTPA participation, because despite practice availability and practitioner desire, successful enactment of physical activity practices means they must be compatible in the sequencing of everyday life (Southerton, 2013). In this sense, time is a resource required for recruitment. LTPA practices need particular time availability; when practitioners are awake, and where other practices are absent or can be flexed and de-prioritised to allow LTPA to take hold. For our lower SES mothers, these temporal capabilities were largely absent. Their available time was scarce, fragmented and rigidly patterned around other fixed timetables. Mothering practices are difficult to flex around active leisure opportunities, described elsewhere as temporally rigid and hostile to LTPA (Spotswood et al., 2021). This temporal rigidity comes from the intersection of many mothering practices at the same time, forming 'hotspots' at stressful points of the day. For example, preparing children's meals, bedtime routines and the 'school run' tend to converge with a range of other practices with fixed institutional timetables such as working hours (of both parents), the opening hours of childcare settings and schools and children's sleep patterns. Even participants who attempted to fit regular LTPA into their busy routines found that the rigidity of mothering practices was hostile to LTPA:

> "yes, so I'm *aiming* to run three times a week about 5K. Each time I've got sort of like a rough route that I do… [but] you know, it's been half term and obviously… so I haven't. I haven't done it for the last two weeks, just 'cause I haven't had the time while it fitted in with all of them. So I was trying to do it while Margot was asleep. But then [my husband] would be in a meeting, you know? (Alma).

The constraints of available and appropriate time for LTPA are further compounded by collective temporal dispositions towards legitimate 'use' of time for mothers (Southerton, 2013). Many of our participants admitted to the low priority that LTPA had in their lives.

Characteristically, Kate explains that she does not *want* to leave her children, despite having a supportive ex-partner who would allow her time for leisure:

> "I don't like leaving them. I like to be around at bedtime. I feel that I'm the main person who should be responsible for them so, any time that I do get to myself, I don't feel like it should be spent doing exercise, when really… probably should! I end up doing washing, or tidying up the house, or thinking about Christmas, and things like that" (Kate).

In this line, Tara admits that "as mothers, it's easy to forget about ourselves" when it comes to prioritising time for themselves, and Jenny notes that "exercise is probably the first thing that gets pushed to one side when women have children", acknowledging the low priority that it holds. As such, available, appropriate and legitimate time constitute the temporal capabilities necessary for LTPA participation, yet were recognised as predominantly absent for our participants, constraining their recruitability to LTPA practices.

Support capabilities

For lower SES mothers, support capabilities are necessary for LTPA participation, because successful recruitment and enactment is dependent on familial, community and collective support. For our participants, these forms of support were often absent, making their recruitment to LTPA difficult or impossible, and creating a collective understanding that LTPA was not normative for people like them, which further problematized recruitment.

Our low income participants were particularly reliant on the support of others given that paid childcare was not possible. However, many of our participants did not have a support network adequate for providing childcare support to enable them to participate in regular LTPA. As Amma noted, "It's too much organising the childcare and stuff to do [group physical activity]. It's just too difficult, things like that. It's just too hard". Finding support for childcare could be impossible, meaning time constraints limiting their capacity for LTPA could not be easily overcome. All the mothers, no matter their ethnicity, cited 'lack of childcare' as the reason for low LTPA participation levels in their community. As Suma explains, lack of support limits recruitment, despite desire and availability: "I don't know what can be changed because sometimes even if you talk to the ladies and they *want* to do something, what they ask you back is who's look after the kids?".

The lack of support for LTPA participation meant our participants tended not to know others 'like them' who participate routinely, and this has further repercussion for lower SES women in terms of the support they need but lack. As Diana admits, although there is a local leisure centre, "it's hard walking in there if you're not going with anybody else", emphasising that the potential participation would be solitary and difficult for her given the lack of support for her participation. This collective understanding about the lack of support for LTPA meant some had internalised a wariness about participating in LTPA, stemming from the certainty that other participants would be unfamiliar:

> "how do I know there's not someone [at a physical activity session] that's not very nice or someone that's a weirdo? I'd never go if I didn't know who'd be there" (Vanessa).

Similarly, Diana explains that she would only take part in group physical activity if she has the chance to meet the instructor first and allay her anxieties and "what I need to bring and what I should be wearing… they're the things that worry me".

The lack of familial, community and collective support for LTPA participation means LTPA is pragmatically difficult, but also understood to be anomalous, so envisioning participation triggers anxiety amongst participants. The lack of support capabilities therefore conditions the possibilities for lower SES mothers' recruitability to LTPA.

Energy capabilities

Finally, energy capabilities are necessary for LTPA participation because successful enactment of physical activity requires practitioners to have mental and physical energy resources. We define energy as a positive mood state that "refers to feelings of having the capacity to complete mental or physical activities" (O'Connor, 2006, p.s7). If energy is lacking, it means practitioners are "more likely to avoid physical or mental work if it is possible to do so" (O'Connor, 2006, p.s9). In this line, our participants found that their everyday lives were coloured by having low mental and physical energy. Particularly, participants understood their low energy to come from the overwhelming demands that mothering practices made of their time, but also their physical energy and mental energy resources. Amma explains, for example, that mothering is relentless:

> "I'm not the person I was before in many ways. [Mothering] is all consuming. It doesn't stop. It's constant. There's always things to do".

Referring to physical energy, some described feeling that they had become sapped of strength as a result of pregnancy and childbirth. However, our participants also described the particular mental energy demands of mothering, and described lacking in mental energy for other activities. Tia describes feeling strained every day since becoming a mother:

> "Mentally, physically [I feel different]. I mean he still doesn't sleep through the night so I'm strained every day" (Tia).

In addition to, and compounded by, poor quality sleep, participants described the mental focus required to care for small children. Vanessa describes the unremitting focus that mothering requires: "With having a little one already you have to make sure you're watching them constantly". Our participants describe having "nothing left for me" (Amma), referring to their low energy.

Unsurprisingly, our participants described their low energy levels as a key reason they failed to pursue opportunities for LTPA that have arisen in the past, and for why they struggle to imagine taking part in the future. For example, Kiki likes the idea of LTPA but feels like she is in the 'right mood' for it:

> "I struggle with working out – I don't feel in the mood for it – I can't explain. I love to go running but, because I'm so busy – non-stop kids and everything – I don't really… It doesn't even cross my mind anymore – it's terrible. But I would love to exercise again" (Kiki, 3).

Energy capabilities in the form of physical and mental energy are necessary to become recruitable to LTPA, and to condition the extent to which LTPA becomes envisioned as possible and appealing. Low SES mothers lack physical energy due to the nature of mothering practices that dominate so much of their lives, due to the mental demands of caring for young children and their lack of opportunity for a break

Discussion

It is important to explore inequalities through a practice lens so that a practice theory approach to social problems, which has considerable conceptual benefits, might account for the complex, entrenched social patterning of important practices in a compelling way. We argue that the concept of 'availability of circulating practice elements' that dominates extant practice theory literature is an overly simplistic explanation for inequalities in routinised practice accomplishment by different groups. This perspective fails to account for the experiences of exclusion and recruitability that different groups face (Halkier and Holm, 2021). We contend that capabilities are necessary for recruitment to practices, "however willing [practitioners] might be and however actively the practice might seek to capture them" (Walker, 2015, p.52). In this context, our study illuminates that temporal, support and energy capabilities required for lower SES mothers to be recruitable to leisure time physical activity practices. Findings illuminate that even when practice elements are available, they are out of reach for this group of practitioners due to the limitations on their capabilities. The set of capabilities we illuminate is specific to this group, because they do not have access to funds to pay for childcare, do not live surrounded by physically active people, do not have regular support to enable quality sleep and self-care.

There are distinct benefits of this approach for a critical social marketing agenda seeking to illuminate theoretical alternatives to the ingrained individualism that has stilted the social marketing field of scholarship and practice. The practice-oriented capabilities perspective does not revert to an individualised notion of responsibility for behaviour change, or an assumption that people have deficits in terms of motivators or attitudes that need to be overcome (Shove, 2010). Rather, a social ontology of practices conditions the understanding that social practices are the building blocks of everyday habitual patterns of action, but that access and opportunity for recruitment is socially patterned and recursive. Yet, the practice-oriented capabilities perspective foregrounds the unique experiences of exclusion faced by different groups in the context of their lived experiences and collective histories and avoids an over-emphasis on deindividualization (Molander and Hartmann, 2018).

There are implications for social marketing as an applied field from a practice-informed capabilities perspective. First, the perspective we propose triggers an expanded scale of intervention as it illuminates a range of enmeshed, intersecting practices that are implicated as targets of social change as the trajectories of practices, availability of practice elements *and* the circulation of capabilities come into view. That is, a capabilities perspective illuminates a broadened focus for social marketing programmes, moving beyond behavioural problems and goals to fostering and shaping the intersecting practices from which capabilities and requisite practice elements might emerge over the longer term. It is important to note that currently, 'voluntary behaviour change' remains at the centre of understandings about social marketing, and the affordances of practices and the structuring implications of capabilities for practice recruitment are under-recognised.

Secondly, the perspective we propose may help social marketing overcome criticism and loss of political favour it has faced (Spotswood, 2016) for its individualist focus (Lefebvre, 2012) and reliance on a 'deficit' model of behaviour change. Furthermore, a focus on capabilities further enhances social marketing's potential to respond to critique that the neoliberal tendencies of social marketing in fact serves to enhance inequalities rather than close the gap (Pykett et al., 2014).

Finally, social marketing may fulfil an important strategic role in social change programmes using a practice-oriented perspective due to the applied history of the field of practice. Intervention underpinned by practice theory has faced its own critique for lack of practicability (Sahakian and Wilhite, 2014). Although toolkits for practice-oriented social change have now emerged (Foden et al., 2018; Vihalemm et al., 2015), there are few case studies of practice-informed social change programmes. As an established approach to planning and evaluation of social change programmes, practice-oriented social marketing has the potential to offer an approach that draws on the conceptual benefits of practice theory without losing practicability.

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[i] https://www.facebook.com/NHSwebsite/videos/better-health/369814797315611/