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Article:

Introducing the idea of 'assumed shared food narratives' in the context of social networks: reflections from a qualitative study conducted in Nottingham, England.

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Abstract

This study explores the ways in which social networks might shape accounts about food practices. Drawing on insights from the work of Christakis and Fowler (2007) whose claims about the linkages between obesity and social networks have been the subject of vigorous debate in the sociological literature, we present qualitative data from a study of women's' accounts of social networks and food practices, conducted in Nottingham, England. We tentatively suggest that whilst social networks, in their broadest sense, might shape what was perceived to be normal and acceptable in relation to food practices (and provide everyday discursive resources which normalise practice), the relationship between the two is more complex than the linear relationship proposed by Christakis and Fowler. Here, we introduce the idea of assumed shared food narratives (ASFNs), which, we propose, sheds light on motive talk about food practices, and which also provide practical and discursive resources to actors seeking to protect and defend against 'untoward' behaviour, in the

context of public health messages around food and eating. We suggest that understanding ASFNs and the ways in which they are embedded in social networks represents a novel way of understanding food and eating practices from a sociological perspective.

Keywords: obesity; assumed shared food narratives; biographical interviews; maternal feeding

Introduction

Maintaining a healthy diet for self and family in the context of concerns about overweight and obesity, remains a core leitmotif of public health policy in England, with the search for interventions and policies to promote healthy eating spawning a vast literature that crosses – and divides - the nutritional and social sciences alike (Department of Health, 2011; 2016). Here we describe how the content and tone of women's accounts about eating and food practices shed light on the ways in which public health messages around healthy eating are narratively framed and reconstructed in interactional settings (in this case the interview setting), reflecting the narrative practices within everyday social networks. To do this, we draw on data informed by Christakis and Fowler's (2007) study linking the rise in the prevalence of obesity to aspects of social networks. This work has been the focus of considerable critical attention in relation to the argument that *'obesity may spread in social networks in a quantifiable and discernible pattern that depends on the nature of social ties'* (2007:377). Many of their propositions - such as the notion that obesity may no longer be a highly stigmatised condition - have been questioned (Brown, 2013; Rich et al, 2015) and

there are competing explanations for the social patterning of overweight and obesity. These include, for example, the role of classed social practices, the over-supply of fast food outlets in areas of material disadvantage or the operation of latent classed attitudes Foresight, 2007; McLaren, 2007; Pampel, 2012; Bissell et al, 2016). Here, we adopt a more sociological approach than that deploying data from narrative interviews and using the idea of motive talk in relation to food practice to introduce 'assumed shared food narratives' (ASFNs). We describe some of the ways participants used what we call ASFNs to protect self and identity against what were implicitly described as 'unrealistic' public health messages around food preparation and consumption, and to resist and stave off potential criticism about these practices. ASFNs, we propose, may be central to a sociological understanding of how people talk about what Scott and Lyman (1968) term, *"untoward"* behaviour, in relation to food and eating and are thus part of the explanation about how networks might operate to initiate or maintain healthy or unhealthy practices. Untoward behaviour (or what could be termed "untoward practices") are those which can be considered *"bad, wrong, inept, unwelcome"* (1968: 47) but these are always untoward in *contexts.* Thinking about food and eating, there are a number of key contexts of relevance here. The first is the social network or networks in which individuals are embedded (Powell et al, 2015) and the second, the increasingly individualising and 'responsibilizing' agenda with respect to food choices and infant feeding practices in particular, that neoliberal health policy espouses (Department of Health, 2011; Lupton, 2013). This 'responsibilizing' agenda resonates with lay accounts of experiences around food and eating as witnessed in several articles and commentaries on this subject (Lupton, 2013; Warin et al, 2015; Bissell et al, 2016; Warde, 2016).

Our study explored accounts about food practices amongst women living in materially disadvantaged areas of England. In this paper we highlight   the accounts and 'justifications' which centred on the feeding of children and on perceived or potential "failures" to adhere to healthy eating messages. We are conscious here that qualitative studies of infant feeding practices are not uncommon (Murphy, 2000; 2004), but the novel element here, we believe, is the link with social networks and how they serve to reinforce and rationalise such 'untoward' behaviour. What we refer to as ASFNs occurred in the context of material disadvantage and a shared social network which, we argue, offers relational and discursive resources which may sustain food practices, illustrating a potential mechanism underpinning the network effects described by Christakis and Fowler (2007). In the discussion, we consider how acknowledging these accounts may be increasingly important to public health policy as it seeks to engage with the 'problem' of healthy eating. Before doing so, we explore the relevant literature and describe the study itself.

Background and context for the study

Our study took place at a time of increasing concern about levels of overweight and obesity amongst both adults and children, which in England, is a focus of government attention (Department of Health, 2011; Department of Health, 2016). Over 60% of adults in England are considered to be overweight or obese, as demonstrated by BMI (Body Mass Index), which for some is a contested measure, and there is also a clear social gradient in obesity, most notably amongst women and children (Department of Health, 2016). We are aware that some sociologists take a more "critical" stance in relation to what has come to be referred to as the obesity 'epidemic', treating aspects of the construction of this 'problem' at the level of discourse (Gard and Campos 2005; Rich, Monaghan & Aphramor, 2011). To

make clear our view, we consider that the social epidemiology tells a (largely) consistent story about the extent of obesity, its social patterning and public health impacts (Department of Health, 2016). However, as we argue below, in order to add to the largely epidemiological explanation of Christakis and Fowler (2007), it is necessary to re-frame agents' accounts about food and eating as meaningful aspects of interactional dialogue occurring within a social and political context (Scott and Lynam 1968), or as we refer to them here, as ASFNs. We firstly describe key aspects of Christakis and Fowler's (2007) arguments before setting out findings from our study.

Social networks and obesity

Using longitudinal data from the Framingham Heart Study (Tsao & Vasan 2015), Christakis and Fowler (2007) argue that obesity may spread through what they refer to as 'social network effects'. The suggested mechanisms include having obese friends or peers which serves to modify one's tolerance for being obese, and thus may change weight or weight-related behaviours, including eating habits or exercise.

Some of the meso-level pathways through which networks might operate, according to these authors, are described as learned social behaviour, mirroring of others' food or consumption behaviours and comparisons with others (and the literature offers cautious support for these processes, see Powell et al, 2015). Christakis and Fowler draw on the idea of forces within social networks to explain their findings:

"*The spread of obesity in social networks appears to be a factor in the obesity epidemic. Yet the relevance of social influence also suggests that it may be possible to harness this force to slow the spread of obesity. Network phenomena may be exploited to spread positive health*

behaviours, in part because people's perceptions of the risk of illness may depend on those around them." (2007:378)

The notion of obesity being spread through a contagious social network has been considered both provocative and controversial and the authors' findings were reported on in many newspapers with claims that '*obesity was contagious*' and that it was important to '*pick your friends carefully*' (Hellmich, 2007). As Brown (2013) argues, the contagion metaphor has been particularly strong in UK newspapers with one commentary suggesting '*Obesity is socially contagious with people who have an overweight friend facing a dramatically increased risk of becoming similarly fat*'. Whilst many have questioned the contagion metaphor and highlighted that their argument overlooks the idea that obesity is spread through other, material and psychosocial pathways (not least, the obesogenic environment, (Foresight, 2007)), others have commented positively on the ideas of Christakis and Fowler (2007). For example, social norms are implicated in Blanchflower et al's (2009) argument that people make rational decisions about body size on the basis of observing the weight of others. The authors conclude '*fatness can then in principle spread in a way that would have the appearance of a contagious effect*' (Blanchflower et al, 2009:529).

Brown (2013) however, argued that the reporting of the Christakis and Fowler paper in the media suggested that obesity still remained strongly stigmatised (Christakis and Fowler argue that because of its pervasiveness, may be declining). Brown (2013) notes that the contagion metaphor risks further stigmatising obesity since it sees the obese person as the 'vector' of obesity. Even if we accept that networks may play a role in facilitating the spread

or maintenance of obesity, identifying the *salient* networks or network features is important, but challenging.

The literature highlights the importance of exploring in more detail how social networks might (or might not) be implicated in the spread of obesity. The key research question with regard to the study reported on here, was:

- To explore how social networks might influence the development of overweight/obesity in a deprived community through qualitative biographical interviews about food practices with women in Nottingham.

The study findings drew our interpretation of the role of networks as they shape obesity in a very different direction to that of Christakis and Fowler (2007), focusing instead on how motive talk around 'untoward' behaviour may be implicated or represent a barrier to the integration of basic public health messages around healthy eating. We set out the methods and recruitment before describing key findings.

Methodology and methods

Participant selection and recruitment

This study focused on maternal feeding practices although clearly the responsibility for providing a "healthy" diet for children is not one that we are proposing should be borne by women. The rationale for this choice and the decision to recruit in areas of material disadvantage, was the interplay present in much of the literature between the well-

established social gradient in obesity in women (McLaren, 2007) and the findings of other studies indicating a connection between gender and social contagion theories (women are more influenced by other women according to Christakis and Fowler (2007)).

In order to shed light on aspects of the dynamics of social networks, we interviewed women across two generations who were both explicitly networked to each other (mothers and daughters, sisters, friends) and those who weren't but who shared the same social environment and likely types of networks. The study was funded by Nottingham Primary Care Trust (PCT), and although ethnicity was not a major focus, St. Anns and Clifton have very different proportions of ethnic minorities so the sample sought to broadly reflect this. Participants were recruited through a range of links in the local area. Subsequent recruitment utilised a snowballing approach with a total of 12 female participants being recruited.

Geographical context

Participants were recruited from two deprived areas, Clifton and St Ann's. Geographically Clifton is an outlying area, separated by a major trunk road from Nottingham City, whereas St Ann's borders Nottingham City itself. Clifton has a thriving district centre serving the local community with everyday needs, and a local market. St Ann's offers less by comparison, with the exception of a few corner shops.

PARTICIPANTS

PARTICIPANT	AGE	ST ANNS/CLIFTON	ETHNICITY	LIFESTAGE	ADDITIONAL INFO

Claudia	30	Clifton	White British	Younger mother	One daughter aged 2 and a partner. She has 3 sisters who help her with her serious health condition.
Celeste	20	St Ann's	Black British	Single, no children	Two older sisters and is the daughter of Grace and has lived in St Ann's all her life. Works in admin.
Grace	52	St Ann's	Black British	Grandmother	Mother of Celeste and has three adult daughters and two grandchildren. Has worked in a range of low-paid jobs.
Dorothy	50	St Ann's	Black British	Mother	In the network of Celeste and Grace. Has 2 adult children and works in food production.
Parveen	20	St Ann's	British Pakistani	Married, no children	Volunteers in a local youth centre and sells books. Has 1 sister and 2 brothers. Sees her family every day.
Natalie	34	Clifton	White British	Mother	Graduate. She married at 20 and has 3 daughters aged 5 years, 3 years and 18 months.
Ellie	23	St Ann's	White British	Mother, one child aged 1.	Daughter of Margaret. She and her 2 year old son were living with Margaret at the time of interview. Temporarily separated from her partner and father of child due to social services intervention and advice. Has a brother and 2 sisters who are much older.
Julie	62	Clifton	White British	Grandmother	Retired but did a variety of jobs (shaped by having a child) - last job was in Boots as a dispenser. Has 1 child and 1 grandson.
Sarah	58	Clifton	White British	Grandmother	Eldest of 4 sisters and has 7 children and 11

					grandchildren and 2 step-grandchildren. Worked in shops in the evenings to fit around the kids.
Ann	36	Clifton	White British	Mother	In the network of Claudia and is the sister of Debbie. Works as an admin worker. Has partner and has very good relationship with step-mum.
Margaret	56	St Ann's	White European	Grandmother	Mother of Ellie. 3 daughters and one son. Published books for children. Married to her partner for 3 years.
Debbie	30	Clifton	White British	Mother	In the network of Claudia and sister of Ann who lives on the same street. Has a partner and has just had a child. Worked as a nurse but now on maternity leave.

Method choice

Food choices, body size and weight can be assumed to be troubling or anxiety provoking subjects to explore, and are likely to evoke resistance, defences and accounts (Orbach 2009). Because of this we used a psychosocial biographical-narrative (Free Association Narrative Interview - FANI) approach to data collection and analysis (Hollway and Jefferson 2013). This approach facilitates the exploration of anxieties, and has been previously utilised in a wide variety of research including studies of deprived communities (Peacock et al, 2014). The aim of FANI interviews is , as Clarke and Hoggett (2009) describe *"to explore the intersections between personal biography and discourse"* (p7) and to *"go beneath the surface" and beyond the purely discursive... to consider the unconscious communications, dynamics and defences that exist in the research environment* (p2). The method interrogates

many of the assumptions implicit in much qualitative research, for example, that the participant shares meanings with the researcher and is both willing and able to convey that knowledge to another. FANI, by contrast, proposes the idea of the "defended subject" (and its counterpart, the "defended researcher") who possess, "*a dynamic unconsciousness which defends against anxiety*" and further that *"defences will affect the meanings that are available in a particular context and how they are conveyed to the listener"* (2013, p17). Thus accessing thoughts and feelings is best done be aiming to evoke narratives given on the terrain of the participant with this approach serving to hold together the social and the emotional aspects of the narrative in order to endeavour to best make sense of the person located in their social world.

 Illustrations of what we mean by "beneath the surface" in this study, include reflections by the participants on feelings of guilt and self-disgust after "gorging" on takeaways where what is meant by "gorging" can often be better understood when set in the context of the rich narratives surrounding events that are described as gorging. Gorging is also something widely felt to be shaming; a characteristic of many behaviours in relation to food, and FANI is very well suited to explore subjects considered to be shameful and likely to evoke protective defensive responses. Looking here at Ellie describing anxieties concerning the imagined gaze of others,

"if I'm sat eating a pack of biscuits I'm quite conscious that everyone around me's like watching me. Is she going to have another one? Oh my God what's she doing eating all them biscuits...so I was like that on the bus the other day I'd got my son some mini packets of cookies and I sat eating some and I just felt like everyone was watching me."

What is clearly visible is the imagined gaze of the other both in relation to the female body and in relation to appropriate maternal feeding behaviour. Whilst other methods may produce these sorts of rich data, the FANI method, we propose, is particularly well suited aiming, as it does, to elicit narratives on the terrain of the participant with minimal structuring by the interviewer.

Research ethics and interviews

Ethical approval was obtained from (identifying information deleted) Ethics Committee. Those interested in participating in the study were provided with an information sheet and the implications of participation. Confidentiality and anonymity were assured and informed consent obtained.

Participants were interviewed on two occasions in their own homes. Interviewing on more than one occasion is a characteristic of psychosocial studies as it allows for biographical material to emerge and for the detailed and more structured exploration of the specifics of food practices and social networks. The first interview was biographical-narrative and the second a more conventional semi-structured one. Food was frequently considered in the first, biographical interview but only where it arose naturally- the intention was to allow for a free-flowing exploration of the participant's concerns. More directive questions regarding weight gain/loss, body image and food practices were devised for the second interview using a topic guide which ensured that all the material was covered but in different ways for different participants.

Analysis

Interviews were recorded and transcribed verbatim. Analyses were conducted using a data analysis group consisting of three researchers involved in psychosocial research and took the form of initial audio analysis examining interview processes and identifying key psychosocial dynamics using the FANI approach. Following this, further thematic content analysis of the transcriptions was undertaken. Integrating the two levels of analysis enabled the identification of thoughts and themes, providing differing perspectives on the data to further triangulate emerging analyses. Data analysis groups or panels are a key feature of the FANI approach as they allow for both triangulation of interpretations of the data and for what may be being co-created within the interview (Hollway and Jefferson, 2013).

Findings

The biographical-narrative approach used in this study generated rich data where participants described, explored, and accounted for food practices around eating, with reference to networks. Here, we briefly summarise the key findings from the study and then examine in more detail the ASFNs, the main focus of this paper.

In many ways, our findings reflect the debates and disagreement that characterise the field of obesity studies and network effects (Powell et al, 2015). Establishing who or what the salient network might be for any given participant in relation to food practices was clearly problematic, at least from the accounts described here. For example, many participants reported being very close to their (extended and nuclear) families, and on the face of it, families seemed to have their greatest influence in the shaping of childhood food practices which were then carried into adult life (Pearson et al, 2008). As well as families, participants also described friendship networks, workmates and other reference groups - such as young

mothers' groups - as being important to them. However, the influence that such networks might have, was described as very variable and could, in turn, be attributed to multiple mechanisms such as shared food practices (groups of friends eating together), fitting in (at work and at home) and avoiding becoming seen as undesirable to others (through being 'picky' about certain foods). Some of these factors were concrete and visible, such as the cost and availability of foods, and others more intangible such as the imagined gaze of salient others.

Our analysis identified three broad themes relating to network factors which participants referred to: these consisted of comparisons with salient others, place, and the influence of families and childhood (although some of themes overlapped and could be understood from more than one perspective). Putting these categories together provides the outline of a model, making sense of food and bodily practices and understanding food narratives as *"embodied and embedded in social networks, socio-cultural contexts and socio-economic epochs"* (Nettleton and Uprichard, 2011:1). We describe these themes below and then introduce ASFNs.

Comparisons with salient others

There were numerous examples of participants explicitly comparing themselves to others in networks salient to them and describing how they modified or aimed to modify their own behaviours to emulate or avoid emulating their comparators.

> *'I was affected because I wanted to be like slim, erm my dad's quite big and I didn't want to be like him.'* (Ann).

'A friend of a friend ... probably similar size to me, not, like massively overweight but just like wanting to lose some weight... I found some kind of comfort in going with her...[to Slimming World] *and quite quickly ended up going with another of my close friends... she saw me starting to lose weight and she came ... and we went together for quite a long period of time and I remember like going round to her house and eating carrot sticks with her, so it was quite like it became part of everyday'* (Natalie).

Clearly then, as one would imagine, salient others were important in a range of ways, and the second quotation above highlights one of the direct ways in which networks both sustain and support adherence or lack of adherence to healthy practices.

Place and "protective ambivalence"

Place and neighbourhood effects have been proposed as potentially having important impacts on food choices and might also constitute a network effect (Powell et al, 2015). What we found was that St Ann's and Clifton seemed to evoke quite different responses from participants, with discourses about St Ann's producing what we described as a *"protective ambivalence"* not found in Clifton. Protective ambivalence characterised descriptions which acknowledged what the area was like (in terms of poverty and disadvantage) but which also referred to pride in its positive properties and eschewed simple negative stereotypes. In Clifton there was an active dissociation from the negative properties of the area.

'I don't think it's that bad, I've lived in St Anne's all my life and I really don't think it's that bad.... probably because I'm just used to it. But for an outsider I can see why they might...think it's bad because there is a lot of crime and drugs and anti-social

behaviour .... But I think ... it just it sounds weird, but it's just kind.....of normal to me

... I'm comfortable, I wouldn't want to live in a posh area.' (Celeste).

'I won't use them shops because I hate them. Might sound a bit snobby but ... it's like

the people that are there, they're just scum. They're so scruffy and dirty ... they have

a market on certain days and you know it just looks like ... it needs a proper good

mop.' (Claudia)

The protective ambivalence was not available to all, only to those who had lived most of

their lives in the area. For 'outsiders' things could be considerably more difficult, as the

contrasting accounts below illustrate:

"When I was younger there would be cases where you would walk down the street

and people your age would try and start trouble with you, so I've never liked the area

... I don't think my mum has really either....... you'd walk down the street and just get

called slag for no reason..... My step dad's been walking down the street and had

people start throwing stones at him... call him a paedophile because he wears

glasses." (Ellie)

But there were also practical properties of place and network which appeared to play a key

part in food and exercise options. People in the same network or place were likely to have

similar income levels; as both St Ann's and Clifton were less affluent areas those who live

there are likely to be limited by money, as Celeste explains describing her use of the gym

and where she eats with friends.

"[Cost] plays a part in it as well....we've got a leisure centre just down the road and

when it was Olympic season everything was a pound so...that was really good....the

Olympics has gone now and the prices have gone back up....but now it's just finding the money for it ... so I think it's a shame that they haven't got anything free that's on-going because I think that would encourage a lot more people to do to do some more activities ...I know it would definitely encourage me. (Celeste)

Childhood and families

Families were a key part of many participants' accounts about networks, particularly young mothers - and aspects of family practices are explored below in more detail when looking at maternal feeding practices. But families also seemed to be a part of the creation of a food habitus which delimited what foods were seen as normal and thus appeared to shape practices in adult life (Warin et al, 2015). This encompassed both what was understood as normal both for food practices and for body size or patterns of exercise.

"I'd definitely pick the more wholesome and nutritious food. I've always enjoyed that ... because my mum's a cook herself she used she used to work as a cook so she's always really good at her cooking." (Claudia).

Mothering and assumed shared food narratives

Maternal feeding practices seemed to provoke more anxiety and detailed commentary than any of the other issues discussed. Previous work has shown how the imperatives to feed children appropriately and to preserve an acceptable moral identity are particular concerns of mothers (Oakley, 1992; Murphy, 2000; 2004; Ryan et al, 2010). Lupton (2013) has argued that what a mother opts to feed to her child is both freighted with moral danger and is seen as a reflection of her broader capacity to be a "good mother", both in her own eyes and in the eyes of significant others. Moral work is thus common amongst mothers when referring to feeding their children (Ryan et al, 2010) and in addition mothers are expected to be

prudent neoliberal subjects who appraise risks and take responsibility for their practices (Lupton, 2013). Warin et al (2012) comment on how mothers are deemed to be responsible for *"passing on obesity to their children...via biology and ill-informed "lifestyle choices"* (p360). As Murphy (2000:320) suggests: *"The discourse of risk and responsibility is particularly heightened where it intersects with the ideology of motherhood."* This is echoed by Bell et al (2009) proposing that many of the anxieties that involve the exposure of children to "risky" practices that initially focused on alcohol in pregnancy and exposure to second hand smoking have been extended to obesity and take the form of a *"moral panic".*

Thus, how mothers account for their food practices is risky and anxiety provoking and is liable to produce justifications about what might be viewed as 'untoward' behaviour (Scott and Lynam, 1968). The findings we outline in the following sections relate primarily to women with young children at the time of interview - they were less apparent amongst women whose children were older. This may relate to the fact that healthy eating was more salient in temporal terms to the younger women. It may also reflect the dominance of "healthy eating" discourses which may have been less pervasive two or three decades ago (Murphy, 2000; Nettleton and Uprichard, 2011; Lupton, 2013) and it is in the feeding of young children (as studies of breastfeeding indicate) where the imperatives to be a "good" mother are the most powerful (Murphy 2000; 2004).

The younger participants all spontaneously described how becoming a mother had changed their cooking and eating practices, primarily claiming a "healthy" eating pattern. "Healthy eating" was generally taken to mean cooking from scratch (that is, cooking food using fresh ingredients or avoiding junk food) and eating a varied diet which included a wider range of fruit and vegetables than had been consumed prior to becoming a mother.

"I think it coincided with having young kids … and weaning and a lot of home cooking… I'd say we home cook much more now …. I was kind of forced into cooking from scratch every night'. I'll cook because I have to because I believe that he should have a cooked meal when he gets home from school... if I didn't have him it would be a couple of sandwiches or something." (Natalie)

But actually carrying out the feeding of children consistently in line with such aspirations or exhortations was clearly a demanding task for many and one which required careful negotiation and explanation if the threat of not being a good mother was to be kept away from the self and the gaze of others. It is here that what we termed, assumed food narratives are salient.

Assumed shared food narratives

ASFNs share common ground with Elizabeth Murphy's "anticipatory accounts" and C. Wright Mills (1940) *"vocabularies of motive".* What Mills means by motive talk, Murphy argues that motive talk encompasses*, "the reasons that actors advance for conduct that is called into question...such conduct [is] "untoward"".*   This motive talk is an "*interactional strategy for locating action within the normative framework of conduct treated as appropriate or legitimate in a particular group or subgroup* [and] *is thus best treated as data on the moral universe within which actors operate"* (Murphy, 2004: 130). Others have used this framework (Scott and Lyman, 1968; Monaghan 2008) to explore empirical questions, with many of these have focusing on the *"excuses and justifications"* offered for past behaviour. Murphy's study explored how accounts may serve to shape future behaviour, finding that these *"anticipatory accounts" "increased the probability that such conduct would be enacted"* (2004:150). In our study, we follow Mills by suggesting that ASFNs both

serve to account for past *and* present conduct and may (although this study did not explore

this) and shape future conduct.

ASFNs are, we propose, a means of accounting for and managing discursively "untoward"

food practices which maintain a 'good enough' identity and in particular, a 'good enough'

maternal identity within a networked context. These narratives were visible in a variety of

social interactions around food (*"no one can eat just one biscuit"* would be an example we

encountered here) but have particular salience in the interview setting where food practices

are on display in a way that is almost guaranteed to be anxiety provoking. Whilst they were

at their strongest around maternal feeding, these narratives were also used in relation to

what we term comfort eating:

> *"It's a little bit of comfort, what you were brought up on isn't it".* (Ann)

But it was with young mothers that the strongest imperatives to account for 'untoward

behaviour' were present. Below Ellie is describing how she manages the tension between

her knowledge of "healthy eating" and her struggle to provide good quality, home cooked

food. She emphasises an alternative, more "holistic" perspective that includes her own

needs whilst still foregrounding those of her son.

> *"But I think ... I've now got the confidence to know at the end of the day I'm his mum.*
>
> *Other people can think what they want as long as I know he's getting everything he*
>
> *needs nutrients wise, you know, it doesn't matter what he's fed as long as it's a*
>
> *decent meal that I've got time to do".* (Ellie)

And here, Ellie's mother, Margaret deploys something which is distinctive to assumed

shared food narratives, where the impracticality of providing certain kinds of food advice is

displayed and dismissed with no apparent anxiety and no pressure to further rationalise or explain.

> *"she wants him just to have sit down and have a nice lunch but she was looking on the internet and it was saying things like corn on the cob* (laughs)...*It's not really very practical is it?"* (Margaret)

Scott and Lyman (1968) propose that these sorts of accounts can be divided into excuses and justifications. Excuses, they say, accept that the behaviour was wrong but rebut full responsibility, and justifications *"deny the pejorative quality"* of an act, that is, the act is not so serious as has been claimed. What Ellie is doing here is probably best described as a justification and, in Scott and Lyman's typology, as *"denial of injury"* in making claims of how the best interests of her child can be met. Margaret similarly is also denying injury but is doing something in addition to this - she is also appealing to the *"generalised other"* (Mead, 1934:154). This generalised other, we would argue, is necessarily located in a shared network and the properties of the other are shaped by networks. Margaret's comment also shares some common ground with Murphy's anticipatory accounts as it is, arguably, a means of legitimising future action; in this case, the complete impracticability of applying in life the readily available healthy eating discourses but it differs in that it is an untroubled and cheerful account for past behaviour as well.

Another possibility open to those describing 'untoward' behaviour is explanation and rationalisation - but this may be feared to be unconvincing or implausible. What an assumed food narrative does is to make a claim (which may in part be driven by unconscious anxieties as well as the conscious management of a 'good mother' identity) which requires assent from the other person (in this case the interviewer) in order for rapport or flow to be

maintained and which serves to ward off consideration of the untoward behaviour. It is very difficult for the listener not to acquiesce as this could involve direct . These narratives can be employed in a pleading or placatory manner, or a 'commonsense' manner, (as Ellie illustrates below), or (less frequently in this study) in an aggressive or assertive manner.

> *"you know in this day and age everybody's rushing everywhere to do something every second ... there's not enough hours in the day for what you've got to do ... you've got to be at work all day, you've got to come home, you've got a child to look after ... you haven't got two hours to stand prepping a really healthy meal and cooking it."* (Ellie)

As Murphy (2000) notes, another way of viewing these accounts was that they position the mother as taking a more holistic viewpoint of what it means to be a good mother, rather than adhering rigidly to a healthy eating discourse. At the same time, these narratives are conveyed as much by the tone of the claim as by the content. Claims are made about food practices and then moved on from with no dissent considered or entertained. There is generally little explicit anxiety apparent – but why would there be? Both actors know that this is a reasonable practice to perform. This quality of *"honouring of an account"* (Scott and Lynam, 1968:52) is dependent on the social context of the interaction and on the assumption (which may be partially unconscious) that the listener, or the generalised other, either shares or is prepared to concede to the reasonableness of the narrative. Thus, there is an extra layer of risk - there is always an uncertainty that this will not be shared and opprobrium may result.

Discussion

This study sought to explore the influence of social networks on food practices and obesity given recent debates in this area. Like a number of studies (Powell et al, 2015), it proved difficult for participants to pinpoint in detail, the network – or networks - which might be most salient to them in relation to food practices. However, what became apparent was that many women described barriers to the adoption of healthy eating practices which might be relevant to, or shed light on, the impact of networks on obesity, which we have termed ASFNs.

ASFNs, we suggest, can be performed in many domains and most of us are likely to use them at some time when talking about food practices. They become more visible and contentious when the localised narrative (and a key feature of what we are proposing is the local and likely classed nature of such narratives) is in conflict with dominant food discourses, in this case, "healthy eating" discourses. The interview situation further increases the visibility of this narrative by provoking anxiety and possible exposure to an 'other' who may embody or be associated with a different discourse than the local. There may then be a need in the interview to both protect a positive identity and to rationalise future conduct thus, as Scott and Lynam have argued, such talk is characterised by *"its ability to throw bridges between the promised and the performed, its ability to repair the broken and restore the estranged"* (1968:46). These strategies, we propose, are partially conscious and partially unconscious and largely serve to deflect anxiety and criticism before it can impact on the self. Although such narratives can be deployed around comfort eating or body size, for example, they appeared in this study, to be at their sharpest in the case of maternal feeding practices.

As we have indicated, the majority of the participants in our study were not affluent and it was the younger and least affluent young women who appeared to struggle most to manage the dissonance between what they knew about healthy eating discourses and their own food practices. Murphy found in her breastfeeding study that it was *"the women in the lowest occupational class groupings that were both more likely to articulate elaborated accounts and to cease breast feeding early"* (2004:151). Murphy focused on the likely function of anticipatory accounts in shaping future behaviour rather than the broader proposal of Mills, that accounts (motive talk) reflect, *"the accepted justifications for present, future or past programs or acts"* (1940: 907). In our study, we propose the ASFNs function iteratively; they can legitimise past *and* present, and shape future conduct and also draw on discourses and narratives from the salient network(s).

We propose that ASFNs can only function effectively within a network and thus, coming back to Christakis and Fowler's central proposition - may be one of the ways through which networks may maintain or sustain particular kinds of food practices. However, what is also apparent is the interactionally precarious and potentially double-edged nature of ASFNs, since to step out of a network – or deviate significantly from shared practices - may result in greater scrutiny by salient others and indeed, provoke criticism. But as well as protecting against anxieties, as seen here , these narratives also have a more positive or even celebratory aspect to their implicit resistance as they attempt to claim the positive value of their actions in the face of authoritative claims to the contrary (eg. celebrating holistic aspects of motherhood, rather than focusing on healthy eating *per se*). To what extent individuals are explicitly aware of these putative anxieties – and their implicit resistance - is uncertain, but the utilising of the ASFNs (and the wider evidence within the interviews that

participants were well aware of healthy eating messages and the perceived impracticality of their implementation) would point towards a great deal of anxiety and a need to position the self as good enough, despite admissions of non-compliance. But, perhaps the important point for this paper, is that this would mean that it would be very difficult to enact healthy eating practices *and* remain comfortably within one's salient network. Similarly, leaving one's network (in terms of practices) might also be threatening or potentially humiliating.

As our findings illustrate, there were real, practical constraints limiting implementation of healthy eating/exercise practices. Space does not permit the presentation of much of the details of the women's lives but in addition to lack of money or facilities there was a lack of skills and confidence around cooking, a fear of trying new things in case precious money was wasted and a more general social isolation for those who were single parents. But for the younger mothers in particular, one of the most striking themes was that they assumed that the responsibility for ensuring the health of their children was theirs and theirs alone. It was extremely rare for the women in our study to integrate wider, social or economic issues in their narratives about feeding children - what they fed their children and how was almost exclusively understood as an *individual* responsibility (similarly with their own bodies and weight) and any attempt at rationalising deviation from "healthy" standards required considerable narrative work. What the participants here demonstrate is in line with the neoliberal imperative to *"design and constrain... behaviours to maximise health promotion and disease prevention"* (Murphy 2000:292) and the knowledge that not to do so risks opprobrium (Lupton, 2013).

We would argue therefore, that ASFNs have implications for public health policy as they may shape and constrain the local implementation of "healthy eating" messages. If such

messages result in what are perceived to be or unrealistic demands or threaten the day to day management of children and eating practices, these will then be 'managed' using ASFNs. Considering how networks might generate and maintain such narratives could shed light on ways in which networks might be drawn upon to facilitate rather than limit such messages.

Conclusion

This study sought to explore whether networks are salient to food practices and to tentatively identify what mechanisms might underpin any network effects. The question of the impact of social networks and its relationship to health has been an increasingly important but nonetheless contested aspect of social epidemiology over the past thirty years (Berkman and Syme 1979). Since then, of course, the health positive effects of networks (in the form of social capital) has been viewed as significant; Christakis and Fowler's (2007) work should be seen in this wider context.

What we found was that networks appear to have some salience but the picture remains complex and multi-layered. However, within a network, one way of understanding what may be happening around accounts about food practices is via ASFNs. These accounts may help to shed light on one mechanism by which "untoward" food practices may be maintained and legitimated raising important questions for the local implementation of public health messages. What is not clear is how generalisable the finding here might be. It is likely that, because of the effects of networks, some of the specific content of the narratives is highly localised but, as Murphy (2000:320) puts it in relation to breastfeeding:

"The relevance...may extend beyond the particular case to other areas where people or patients are urged to change their current behaviour to modify the risk of future disease".

Considering the place of networks and the ASFNs connection to networks may provide some very useful insights for public health and for understanding difficulties around the implementation or uptake of healthy eating messages as well as the continuing relevance of social science insights in this area.

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