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Sustained multiplicity in everyday cholesterol reduction: repertoires and practices in talk about 'healthy living'

ABSTRACT:
This paper is concerned with talk about and the practices of healthy living in relation to cholesterol reduction. It draws on qualitative interviews with 89 people who are current or former users of either cholesterol-lowering functional foods and/or statins for cardiovascular risk reduction. Focussing on data about everyday activities including food preparation, shopping and exercise, we illustrate four repertoires that feature in talk about cholesterol reduction (health; pleasure; sociality; pragmatism). Using Gilbert and Mulkay's (1984) notion of a 'reconciliation device', we suggest ways that apparently contradictory repertoires are combined, for example through talk about moderation, or kept apart. We suggest that in contrast to the interactiveness of the repertoires of health and pleasure, a pragmatic repertoire concerning food provisioning, storage and cooking as well as the realities of exercise, appears distinct from talk about health and is relatively inert. Finally we consider the implications of these discursive patterns for daily practices. Our data suggest little emphasis on 'coherence' in people's practices and illustrate the significance of temporal, spatial and social distribution in allowing people to pursue different priorities within their everyday lives. Rather than the calculated trade-offs of earlier medical sociology we draw on Mol (2002) to foreground the possibility of sustained multiplicity in daily practices.

KEY WORDS: health; cholesterol; diet; pleasure; practices

It is a commonplace in the sociology of food that people's eating habits reflect an attempt to balance different concerns or priorities – for example pleasure and sociality as well as health. Yet the idea of 'a healthy diet' continues to be a central plank of public health policy, including recent campaigns around 'helping the public make healthier choices' (Department of Health undated). The assumptions underlying such policy have been critiqued by Mol (2008), who – like the editors of this volume – draws attention away from decisions to practices.

In this paper we return to these discussions using data from two studies concerned with the practices of cholesterol reduction: one study with users of functional foods such as spreads or yoghurts with cholesterol-lowering properties, and a second with people offered statins for cardiovascular risk reduction. We use this data to illustrate the repertoires that feature in talk about both eating and exercising but also to draw attention to the varied ways of accounting for multiplicity in discussing health in relation to lifestyle. We argue that talk about finding a 'balance' in accounts of healthy living might be seen as one attempt at reconciliation between different repertoires in both talk and practice, but that there are other attempts at reconciliation and importantly a readiness to live with apparent incoherence.

Where is health in everyday living?

Sociologists have long pointed to the limited salience of 'health' in the everyday (Calnan and Williams 1991) – especially for people with no embodied sense of illness. Explicit concern about 'health' must jostle with a desire for personal pleasure and for shared enjoyment or sociality in shaping people's diets (Murcott 1998, Caplan 1997)[i], as well, of course, as being restricted by the numerous structural or environmental factors emphasised by sociologists seeking to reduce the focus in public health on the individual (Keane 1997, Graham 1993, 2007).

Both pleasure and sociality have their theorists. Coveney and Bunton (2003) describe four forms of pleasure that they consider relevant for public health: carnal pleasure, disciplined pleasure, ascetic pleasure and ecstatic pleasure. Eating is most clearly linked for them with carnal pleasure, but Coveney (2000) notes that current public health discourse promotes 'disciplined pleasure' and that in lay discourse foods associated with pleasure may also bring anxiety and guilt. This ambivalence can be explained by Crawford's suggestion (2006) that an ethic of discipline is in constant

tension with a contemporary ethic of consumption, where pleasure is acceptable, even required. Jallinoja et al (2012) suggest that the concept of 'negotiated pleasures' allows us to capture the idea of some compromise, illustrating this with reference to discussions of moderate indulgence among their focus group participants, as well as attempts to substitute healthy for more unhealthy treats.

Sociality is even more central to the concerns of sociology, and investigations of eating as social interaction go back to the work of Simmel. A number of influential collections have explored different dimensions of this theme, bringing together social anthropologists, psychologists and sociologists (e.g. Caplan 1997; Murcott 1998). There is a broad body of work on people's concepts of the proper meal as something shared, often between family members. Yet Fischler (2011) has suggested that 'commensality' is given different weight in different cultural contexts. For example he argues that eating has been individualised and medicalised in the US, and to some extent in the UK, but that there continues to be much greater focus on commensality in other European countries, where 'eating well' is much more closely related to the context of eating than nutritional content.

When discussing how these different concerns are reconciled, the literature has reported on the use of metaphors of 'balance' in interviews, suggesting that these refer both to attempts to keep different parts of life in some kind of proportion and claims about the virtues of a varied diet, which includes the occasional treat (Backett 1992, Penjari et al 2006) as well as an appropriate range of food groups (Calnan 1990). The balance metaphor appears closely related to others used by sociologists that have greater calculative implications, with the suggestion that people engage in 'trading off' (Backett 1992, Keane 1997, Henson et al 1998) or seek a 'golden mean' (Fischler 1986). Such accounts fit with broader commitment in sociology of health and illness to give dignity to lay beliefs or reasoning. However we have argued elsewhere that they risk describing behaviour as the result of conscious decisions and thus present an overly rational view of the actor (Weiner 2011, Will and Weiner 2013). In addressing this problem, Mol (2008) usefully suggests that the metaphor of balance should be 'the balance of the high wire' not the accounting sheet. Crawford's (1984) discussion of the recursive pattern of 'control and release' (discipline and pleasure) has a similar effect.

Reconciling different concerns in practice

Focussing analytic attention on practices offers one way to limit assumptions about calculation behind action. Theories of practice emphasise the interest of habitual behaviour, which is often unreflective (Williams 1995). They offer a way to investigate activities that combine embodied and mental activities, artefacts, understandings and normative and affective elements (Reckwitz 2002, Warde 2005). This trend has been clear in the sociology of consumption where Gronow and Warde (2001) have emphasised the importance of 'routine, ordinary and inconspicuous consumption,' and in the sociology of food drawing on this theory. For example:

> 'It is not possible to know what 'healthy food' might consist in without analysing how 'doing health food consumption' is carried out in relevant interaction and in the intersectings of several different practices,' (Halkier and Jensen 2011, p. 106).

This theoretical commitment throws up methodological challenges both in data collection and analysis. Though ethnographic work is possible it is time-consuming and thus expensive to capture behaviour that is spread across mundane interactions day after day. Most work is still based on interviews or focus groups, but to the extent that these represent unusual opportunities for summarising everyday life and contain social pressures to appear 'responsible', they may elicit unduly rational ordered accounts (Callon and Rabeharisoa 1999). This may vary according to different social groups: for example Lawton et al (2007) argue that White British respondents were particularly likely to engage in self-conscious narrations of individual agency around diabetes. We argue that Mol's ethnographic focus on objects and practices that are 'thick, fleshy and warm' (Mol 2002) is particularly helpful in side-stepping these issues, even in interviews. In her recent work Mol (2008) seeks to foreground practicalities, materialities and events – paying attention to both habitual and object-centred action. Furthermore she insists on keeping an open mind about when and how actors seek to prioritise or create 'hierarchies' between different practices or attempt other forms of 'calibration' (Mol 2002). Thus in this study we used interviews to elicit talk about 'practices' rather than 'priorities', entering the field through questions about particular objects – functional foods and statins – that are marketed as lowering cholesterol.

Our respondents had typically had at least one 'high' cholesterol reading, but did not inhabit a 'sick identity' (c.f. Farrimond et al 2010), and rarely defined themselves in terms of risk of heart disease. Our focus in this paper is when and how the conceptual contents of 'health behaviour' might be both articulated and enacted by people doing health outside the clinic. We observed that the notion of healthy eating or activity was

hard for our respondents to hold stable when accounting for many interwoven daily practices. Where the sociology of health behaviours talks of people seeking a balance between different priorities, we found 'sustained multiplicity' (Mol 2002). Though interviews elicited talk about moderation and compromises between different concerns, they could also be held apart in the interviews, and perhaps in practice. Before discussing these issues in more detail, we first outline our methodology.

Methodology

The paper draws on data from two projects with people who identified as having bought or used different products for heart health between 2008 and 2011. The first was a study of 'users' of functional foods such as spreads, drinks and yoghurts containing phytosterols for cholesterol reduction. The second recruited people who had purchased or been offered statins for cardiovascular risk reduction. The projects were conceived and designed collaboratively by the authors as comparative cases and carried out consecutively.

Recruitment and data collection was deliberately community-based and kept apart from clinical encounters and organisations because of the concern to avoid influencing talk about health and compliance (see also Henwood et al 2011). Users of phytosterol products and prescription statins were recruited through advertisements in our own universities and the newsletters of elders' forums and councils in East Sussex, Greater Manchester and Newcastle upon Tyne. Users of statins purchased over-the-counter (OTC) (in pharmacies) were recruited at a national level, using an ad appearing with a Google search for 'Heart pro' or 'Zocor' (brand names for the licensed product). A total of 45 people claiming to eat or buy the functional foods, or have done so in the past, were interviewed in the first study, and 44 people who had bought or been prescribed statins in the second study. In each case we selected among potential respondents for maximum diversity in age, gender and socio-economic background. Ages ranged from 24-90, including all eight groups in the National Statistics Socio-Economic Classification. In this paper respondents are identified in two groups according to project - Phyt indicates phytosterol users; Stat indicates statin users – however there was considerable overlap between groups in that many phytosterol users also took statins, and statin users talked about functional foods.

Ethical review was carried out at the authors' institutions before data collection started. Interviews lasted between 30 and 80 minutes, and were recorded and

transcribed verbatim. The topic guide was broadly similar for both projects, though tailored to the different products and employed flexibly. Importantly, the interviews were 'object-centred': all participants were asked about how they came to purchase different heart health products, about their use (or in some cases rejection) of statins and other medications, supplements or foods, as well as about conversations with primary care practitioners, pharmacists, and others about the products. As a result though some of our data was explicitly about decision-making, we generated much more talk about the practicalities of daily living, including food preparation, snacking and shopping.[ii]

Iterative thematic analysis was carried out for both datasets following the outline proposed by Hammersley and Atkinson (1995). This involved making listening and analytic notes, identifying recurrent phrases or talk on particular topics and paying particular attention to aspects that initially appear puzzling or surprising. For the first dataset this was carried out by Author 2 working alone. Themes from this analysis were considered in relation to the second dataset, and some amendments were made, alongside significant additions. However there was clear potential to compare across the two studies, as anticipated, especially relating to data on common themes relating to diet, exercise, smoking, weight and weight loss and 'other concerns' which incorporated talk about family and work responsibilities and ill health aside from cardiovascular risk, along with more conceptual themes like moderation.

In reporting this data we have chosen to talk of multiple 'repertoires' for describing eating and exercising. Though described in the literature variously as diverse 'priorities' (Murcott 1998), 'logics' (Mol 2008) or 'rules of thumb' (Green et al 2010), we feel that 'repertoire' reduces the suggestion of calculation. Coming from Science and Technology Studies, we are familiar with the concept of 'repertoires' from the work of Gilbert and Mulkay (1984) who borrow it from Potter and other discourse analysts. For these authors:

> 'interpretative repertoires are recurrently used systems of terms used for characterizing and evaluating actions, events and other phenomena. A repertoire (. . .) is constituted through a limited range of terms used in particular stylistic and grammatical constructions' (Potter and Wetherell 1987: 149).

In their account of scientists' talk and writing, Gilbert and Mulkay identify two repertoires, the empiricist and contingent, and what they call 'reconciliation devices' that allow people to move between the two repertoires in a short time, for example in

interview, both signaling and managing an apparent contradiction. We suggest that the theme of 'balance' – described above with reference to previous literature – is one such reconciliation device: or to use Mol's (2002) terms a form of 'calibration' between different objects and practices. In the rest of this paper we will briefly illustrate different repertoires (especially health, pleasure and sociality) for readers not familiar with food literature, and draw attention to the importance of a fourth 'pragmatic' repertoire – which combined talk about convenience, thrift and the mundane practices of food provision, storage and preparation. However our main focus is how and when these repertoires are reconciled or calibrated, that is related across interviews and in daily life. In this sense we have read interviews as both narrative presentations of the self and accounts of practices (as both topic and resource - Hammersley and Atkinson, 1995), seeking analytical clarity about these different components.

Findings

The limited purchase of 'health'

Unsurprisingly perhaps, our respondents were quick to tell us about their concern with health, employing a diverse vocabulary to describe efforts to eat more healthily in terms of a 'low fat', 'low carb' or 'low salt' diet, as well as the general, vaguer term. However our questions about what they actually did (what they ate the day before the interview, when and how they were active) highlighted the limits of this concern in shaping daily life. For example, Stat 15 (female, 61, retired), started the interview by telling us that 'mostly I think I eat fairly healthily' and 'I try to have a balanced diet' - but her narrative of the day's food up until the interview included a pecan turnover and lunch of leftovers fried with bacon justified with reference to thriftiness ('it's better to use stuff up rather than waste it').

In other interviews, talk about practice might quite unselfconsciously replace a focus on health with talk about other goods such as the variety, freshness or homemade quality of food consumed.

> Stat1: Er I try to eat as healthily as I can... So I have quite a few salads and that. I stay, oh I stay away from cheese a bit and eggs and stuff like that… But no I try to just eat an ordinary healthy diet if I can... I like

steak, I must admit. I just vary my diet as best I can... I like fruit and vegetables and things like that…

I: Okay, er let's just play a what did you eat yesterday game.

Stat1: Right er I'm terribly when I'm at work… We had bacon and sausage on toast for the breakfast… And then normally I very rarely eat through the day… I just have a few cups of coffee, then last time night went home and we had chicken, salad and chips.

I: Right, something that you cooked at home?

Stat1: Well my wife did yeah [laughs].

I: Yeah, yes okay but not, not chips from the chippa[iii]?

Stat1: No, no, no made in the house.

I: Made in the house okay. In a pan, on the top or oven chips?

Stat1: Deep fat fryer (male, 58, deputy building superintendent)

This interview illustrated the importance of digging beyond claims to 'eat healthily' to explore consumption across different locations and times. For this man healthy eating had no place at 'work'. In the home, his wife had jurisdiction over food preparation. In other interviews foods like porridge and soup might be celebrated for their domestic preparation as much as for nutritional advantages such as oats being thought to lower cholesterol, or soup as a low-fat lunch option. One older woman, told us early on that 'being healthy is very important' (Stat14, female, 77, retired superannuation officer) and described some changes made to her diet, including making soup for lunch. Yet again such changes appeared more limited as the interview progressed. A long-term smoker, she described few opportunities for activity: 'I can't walk by myself and there's nobody to walk with.' She had recently started buying butter again after a period of using margarine for the pleasure of tasting butter on crackers. We recount these examples not to present our respondents as dissimulating, but rather to illustrate that people moved relatively easily between the repertoires of health, pleasure and practicality across single interviews.

Moral work in mixing narratives of health and indulgence

Almost all the interviews contained hints of the 'moral work' (Radley and Billig 1996) carried out by our respondents. Above, this was apparent in attempts to justify and minimise deviations from health living rules. But it was also true for people who appeared highly motivated by health concerns. Discussions of dietary denial might be tempered with accounts of other forms of indulgence.

Stat21: So if I have any vices I probably drink too much, in fact I know I drink too much, that's my major vice. But I hardly eat any meat whatsoever… I will eat a little bit of chicken occasionally and maybe a bit of fish every now and again, but I have a very low fat diet. I don't

> eat any cheese, any yoghurts. I tend to avoid all the obvious things. I don't eat any cakes or biscuits, anything like that. (male, 53, engineer)

Here the appearance of healthy living is counter-acted by a desire to avoid being seen so involved in health that you have no 'vices'. Discussing pleasure taken in ostensibly healthy food like yoghurt or porridge, or in exercise, also seemed to protect interviewees from appearing over concerned with their health:

> I: So how did the swimming start, have you always done it?
> Stat1: Always, oh yeah I've always loved to go for a swim yeah. I mean we don't do hundreds of lengths … we split it up because we go in the sauna for a bit, come out maybe do five lengths, come back in again, come back like that.
> I: So I kind of get a sense of people swim for all sorts of reasons. Is it for enjoyment or is it partly for health or is it for fitness or can you remember why
> Stat1: Sheer enjoyment I think. (male, 58, deputy building superintendent)

In an inversion of this approach, respondents, especially women, talked about not eating discredited foods such as full fat dairy products, burgers, sausages, sweets or crisps because of taste rather than health for lack of enjoyment.

If exercise wasn't linked to enjoyment, then it might be presented as a matter of ordinary everyday activity and routines:

> Stat4: And I get more than enough leg work in the course of a day er I don't, I don't go walking and ??, I walk to the precinct or walk round the cricket ground or go for a walk in the park but you know er I don't go hiking or anything like that. I don't go to the gym. (male, 54, building superintendent)

Here the speaker distanced himself from conscious attempts to be fit, signified by references to 'the gym'. Where people did talk of gym-going they appeared to make strong interactional efforts to avoid being seen as a health freak (Backett 1992):

> Stat34: I wouldn't say I was terribly fit but I've been to the gym this morning
> I: Okay
> Stat34: But I'm not terribly fit so I don't go for huge long runs and that sort of thing. (male, 66, retired building society manager)

In summary then, talk about health and pleasure could be mixed, indeed interviews revealed efforts to bring the different repertoires into some relation, either by discussing the pleasures that accompanied broader dietary restrictions or exercise, or

working to deny any contradiction between health and pleasure seeking by aligning them. These narratives had the effect of portraying respondents as ordinary, and that ordinariness as limiting or mitigating the extent to which their behaviour reflected health concerns.

Temporal distributions of pleasure

A similar problem of reconciling discussions of health with talk about pleasure was evident in stories about the temporal distribution of different eating habits. Here rather than 'balance' over a day or week (Backett 1992) Crawford's (1984) notion of 'control and release' appeared a better fit with narratives of weeks or months of denial after a cholesterol test result, followed by a relaxation of dietary rules as this anxiety faded.

> Phyt1: I love Lurpak [butter], I love cheese, I love chocolate, um, but I decided to be 100% on a diet and switched to Benecol [spread] and the probiotic drink in the morning. I cut out totally all saturated fats. I don't eat red meat anyway. Out with the cheese, chocolate, the ice cream and all my pleasures and I stuck to a diet high in vegetables and fruit and crisp breads and rice breads and chicken and I did it by the book. … and then I think because I'm human I went back to, um, I'm not fat, but I eat butter and I like ice cream and I eat at night and the chocolate. (female, 56, administrator)

In this and similar quotes there was a self-conscious attempt to justify eating for pleasure as well as for health in the present. Other temporal frames were apparent: seasonal eating and enjoying more fatty food at weekends.

> I: So you you have an afters, a pudding or a sweet?
> Stat13: Yes, I must say in winter we probably do … I probably just have a piece of fruit, a banana, well I do like custard you know if its winter… I now certainly enjoy a weekend breakfast with some eggs, a couple of eggs on toast. (male, 58, science manager)

As previously described in the literature, it was very common to describe 'treats' at the weekend if people had a traditional working week (Murcott 2000). In such talk a possible contradiction between health and pleasure is consciously alluded to, and attempts are made to justify actual eating with reference to the infrequency of the 'unhealthy' options or the ability to relax rules on certain days. Thus though the discursive repertoires of health and pleasure were rather carefully combined in

interviews, we were told stories of quite strong separations of ‘healthy eating’ and ‘indulgence’ in practice, across months and years as well as days and weeks.

Eating as a social practice

Efforts to combine the repertoires of pleasure and health might involve giving priority to one over the other, or description of moves between them as ‘human’, ordinary and moderate. Narratives about eating and sociality were expected to follow a similar pattern: privileging eating together over health (or not) or invoking temporality to describe particular meals as a special event or treat (e.g. Warde 1998). Yet again the moral aspects of eating were important in interviews, for as Green et al (2010) point out it is important not to be fussy about food in company. Thus one man who had previously narrated instituting a fair number of 'healthy' dietary changes quite unselfconsciously described having bacon sandwiches followed by chocolate biscuits with his mother the evening before the interview. More explicitly:

> Stat40: If you go somewhere for a meal, and they’ve made, you know, I mean I wasn’t going to have desserts that have got cream and things like that, and you just feel a bit rotten that you know they’ve gone to a lot of trouble and you’re not going to eat it (female, 74, retired social worker)

Though eating out was a common moment of ‘release’ (Crawford 1984), especially for middle class respondents, it was narrated less as a treat than as a social duty. Yet most of the practices described in the interviews were about everyday eating, and related to households. Here we might have expected people to eat similar meals to partners whether that meant participating in dietary change or sharing less healthy options (Henson et al 1998). Accounts of compromises within the household were strongly gendered. Women are still often delegated or take on the role of providing or preparing food to meet the tastes or needs of household members (Murcott 1983; Caplan, 1997; Henson et al, 1998; Beagan et al 2008). This may mean they temper their health-related consumption. So for example one woman said she had recently swapped from a low fat margarine to Anchor butter for the sake of her young children and another woman explained that she bought plant sterol margarines for herself, but would use a different spread when cooking for the whole family:

> Phyt9: If I have toast or I have to butter bread or something, then I will use it for myself and I’m the only one who uses it […] when I do cooking it’s for everyone

so I would just use something low fat for everyone. (female, 'in her 40s', professional gardener)

Other interviewees, mostly men, talked of accepting vitamins, supplements or plant sterol foods bought by partners specifically on their behalf, yet such 'gifts' might not be accepted, leading to complicated practices of eating different things at a single mealtimes:

I: And did that [wife's attempts to lose weight] mean that your diet changed because you eat the same as your wife?

Stat9: Probably yeah, sometimes though er she'd give me my mine separate. For instance if I was having chips she wouldn't have chips she'd have a jacket potato or whatever. And she'd say why don't you have a potato and I'd say what chips do we have? You know just being…

I: Yeah okay, are there other things that you do or things that you buy or that you eat that are specifically connected to keeping a healthy heart?

Stat9: Er yeah she gets that margarine what's, for instance the margarine with what is it less polyunsaturates or something, that is supposed to be better for your heart. Now she buys the bread with seeds in it all the time, we have that. (male, 63, deputy building superintendent)

Here it is notable that the wife is reported to have encouraged the interviewee to have the lower fat food (baked potato) but would ultimately provide her husband with his preferred food (chips). Furthermore, a question concerning what things the interviewee might do for a healthy heart elicits a response about products that his wife buys, the details of which he is not completely aware. As in both Stat18 and Stat9, men commonly emphasised their delegation of much work with food, and thus of the pursuit of health. For example respondents might not remember the name of particular foods or suggest a degree of uncertainty about the nature of the supposed benefits.

As found by other authors, accounts of eating practices in our data were thus full of references to the social context of meals, and particularly the household. However these relationships shaped diet in quite different ways for different respondents or food items. In one version of the sociality repertoire, social obligations meant that people ate things to please partners or others, which might be 'unhealthy' or high fat foods, or the more healthy food or supplement. This applied to both men and women. In a second version, people talked of foods being bought or prepared specifically for the sake of partners or others, for example plant sterols or vitamins. The people doing

the purchasing or preparing were often, though not always, women. Third, the accounts of some interviewees, mostly men, worked to distance themselves from provisioning and preparation. It is clearly very difficult to talk of health behaviours in relation to these men, regarding practices for which they are only vaguely aware of the rationale.

The importance of practical considerations

These and other examples of talk about the practicalities of diet and exercise were of particular interest to us. Some aspects of this such as 'convenience' and 'thrift' have been mentioned in previous work (e.g. Green et al 2003) however in our object-focussed interviews this also included a lot of talk about using up fresh or perishable products, and responding to other physical characteristics of particular items – which could be thought of as a pragmatic repertoire. In one case, a woman who lives alone explains that she eats plant sterol margarines when she has sandwiches, which is sporadically depending on whether she has bought bread. Another talked of the need to finish an open packet of bacon.

> I: And how often might you have sandwiches?
>
> Phyt17: Well it varies whether I buy bread […] if I get a loaf and I'm going to have to consume it within four days then I might have a bread patch so I might have sandwiches two or three times during the loaf period and then once I've got rid of the loaf I won't buy a loaf immediately after that because it's going to be hanging about getting mouldy (female, 65 retired health promotion professional)
>
> Stat12: I've had bacon this week because I've got a pack of bacon… and I'm broke because it's nearly payday. (female, 58, university administrator)

In other interviews, people avoided buying 'unhealthy' foods so that they were not in the house and could not be consumed. Talk in this vein did not present the respondent as self-denying or in control, but rather taking simple practical steps to reduce temptation.

In the pragmatic repertoire, the temporal patterning of eating practices was related to different routines at weekends, rather than the concept of the 'treat'. Weekends could see both less and more 'healthy' practices. For example one man had more of the

cholesterol-lowering spread at the weekends because he typically had 'a few more slices of toast when I've got a bit more time' (Phyt38). References were also made to the availability of particular foods and different activities as distractions.

I: I was interested in you saying about your eating habits, how you graze, is that different at the weekends or when you're on holiday?

Phyt1: I probably eat less at the weekend because I am in an office with other people who eat all the time, and crisps and biscuits and cakes and there's always stuff in the kitchen at work and of course you get up earlier, so probably at the weekends and in the summer I'm outside a lot, I'm in the garden a lot, so I only eat when I think about it. (female, 56, administrator)

In this quote the distribution of more and less healthy consumption was as much spatial as temporal: about avoiding an office full of snacks in the week, and spending time in the garden at weekends. Within the pragmatic repertoire, we noted an absence of references to health and pleasure, and their relations to such practicalities. In contrast to the constant interaction between repertoires of health and pleasure, this repertoire stood alone.

Discussion and conclusions

Talk about cholesterol reduction was interwoven with talk about all the environmental, social and practical factors that shaped both eating and exercise. Our interviews may have elicited a kind of summary of people's overall behaviour. Yet for most there was no clear hierarchy between these factors. Behaviour was rarely described as purely health motivated, but nor was it governed by pleasure, sociality or pragmatic considerations alone. Yet despite several decades of health promotion messages (Crawford 1984; 2006), health was perhaps a more occasional and peripheral topic than others, especially as time elapsed since the clinical consultation that had usually first raised the problem of cholesterol. While respondents tended to rehearse, at least to some extent, narratives of healthy eating, it was not apparently necessary to present as wholly or even partly health focussed. Most identified only limited instances of dietary change, and created some distance in their talk from the health-focused consumer imagined in health policy.

Though we had relatively few instances of the actual concept of 'balance,' talk about moderation and mixing repertoires allowed people to present themselves as avoiding

the risk of taking themselves and their health too seriously: not being faddish continued to appear important alongside claims to health-seeking behaviour. This chimed with the instincts that Backett (1992) identified in her respondents to deny any kind of fanaticism and locate themselves at a mid-point on a 'spectrum' of behaviour. In other cases, a potential contradiction was invoked only to be denied in a kind of layering of the benefits, in which health and pleasure were aligned: healthy food was also pleasurable food, unhealthy food was disliked, exercise was pursued for enjoyment. At the level of discourse, this has also been observed more briefly by Backett (1992). who talked about people's desire to describe gratification from healthy behaviour, e.g. enjoyment in running, and recently by Halkier and Jensen (2011) who noted that some of their Danish Pakistani respondents talked about the greater convenience and economies of oven-cooking rather than frying.

Building on this work in a more theoretical vein, we suggest that the concept of moderation and the discursive alignment of health and pleasure act as reconciliation devices that facilitate moves between repertoires (after Gilbert and Mulkay 1984). Talk of reluctantly prioritising the social occasion over a desire for healthy eating had the same effect. Such devices both highlight interactional difficulties in talking about apparently contradictory concerns and allow people to move between different kinds of talk relatively smoothly while acknowledging the 'health moralities' (Backett 1992) that influence talk about food.

In our data, a further pragmatic repertoire, encompassing talk about food provisioning, storage and cooking, and about the physical realities of exercise, provided another means of managing the moral components of the issues. This repertoire did not appear to require self-conscious reconciliation with health concerns. Instead it appeared as a valuable means of presenting oneself as ordinary – an alternative moral position (Eborall and Will 2011).

This observation allows us to make some further more tentative suggestions about the use of the different repertoires of lifestyle or health behaviour. It appeared in our data that the repertoires of health, pleasure and to some extent sociality, interacted in people's narratives and required reconciliation, whereas the pragmatic repertoire did not appear to elicit the same efforts at justification against a competing desire to pursue health: one might say it was relatively inert. We therefore propose that there may be some repertoires that can be mixed together and some that remain separate, and that this concept of interactive and inert repertoires may prove useful in other research.

So much for discourse. What, if anything, can be said about the practices of eating and exercise that were narrated in these interviews? While we noted interactional difficulties in talk with us, we are not convinced that people have the same problems in reconciling the different repertoires in practice. Green et al (2003) have argued that different 'rules of thumb' act as 'rhetorical devices' in focus group talk about dietary practice, but leave it unclear how this might translate into what they call 'decision making'. As noted in our introduction we started from a desire to avoid any assumptions about calculative behaviour by avoiding the language of the 'trade off' or 'decision'. It is true that some participants narrated efforts at some form of 'calibration' (Mol 2002) between different objectives e.g. priority-setting, however we have observed that others went out of their way to deny significant calculation in their everyday eating in particular. Instead, our interviews illustrated the significance of temporal, spatial and social 'distribution' (another central concept in Mol's account) in allowing people to pursue different priorities, logics or repertoires through everyday practices.

In analysing the detailed accounts of foods and meals consumed, or activities undertaken, we noted several different forms of distribution between more or less health-motivated activities. For example, moderation might be learned over quite long periods as well as enacted across a single week in the familiar talk about weekend treats (Murcott 2000, Short 2003). 'Healthy' and 'unhealthy' eating or activities might be associated with particular spaces like offices and the parental home as well as the restaurants identified by Warde et al (1998). Often then, like Mol (2002), we saw little emphasis on 'coherence' in the practices described. Rather than calculated trade offs, we found instead sustained multiplicity, as people tried out different foods or routines, incorporated products into everyday life, and made messy compromises in the space of the household and beyond.

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[i] As well as other behaviours like smoking (Graham 1984, Gabe and Thorogood 1986)

[ii] We also gathered information about much longer time periods than covered in some similar studies (e.g. Farrimond et al 2010), which have interviewed people at specific times after clinical encounters.

[iii] ‘Chippa’ colloquial term for takeaway chip shop.