Using social practice theory to understand everyday life: Outcomes for health and wellbeing

Cecily Maller
School of Global, Urban and Social Studies & Centre for Design, RMIT University

Abstract

The importance of moving beyond methodological individualism and epidemiological foci on risk behaviours in health research is well recognised, particularly concerning health inequalities. In bringing social theory to the study of health, researchers have used Giddens’ and Bourdieu’s conceptualisations of ‘social practice’ to understand the dynamics between agency, structure and illhealth. However, social practice theory(ies) have more to offer than has currently been capitalised upon. This paper delves more deeply into the theory of social practice to provide alternative ways of understanding human action in relation to health and wellbeing, and to further reconcile structure and agency in the lived experience of everyday life.

Drawing on research studying everyday life in a master-planned estate, I use social practice theory to investigate aspects of daily routines not normally considered in ‘health behaviours’ research. In particular, the research focuses on housing, transport and employment as well as exercise and other traditional health ‘domains’. As such, health and wellbeing are instead considered the outcome of participation in a set of social practices. The working hypothesis is that better designed and managed neighbourhoods recruit residents into new practices, or reconfigure existing ones, resulting in observed increases in health and wellbeing. In concluding I argue the value of using contemporary social practice theory in health research is that not only does it consider key features of built and social environments as elements of social practices, it also cuts through the idea that individuals are solely responsible (and can therefore be blamed) for their own health status.

Keywords: Social practices, master-planned estate, neighbourhood design, structure and agency, sustainability

Introduction

The importance of incorporating structure and agency in health research to move beyond methodological individualism and epidemiological foci on risk behaviours has been well recognised, particularly in relation to understanding health inequalities (Williams 1995; Frohlich et al. 2001; Williams 2003; Bernard et al. 2007; Cummins et al. 2008; Maller and Strengers 2011). To further progress the incorporation of such ideas from mainstream social theory into the study of health, some researchers (e.g. Frohlich et al. 2001; Delormier et al. 2009) have used Giddens’ (1984) and Bourdieu’s (1990) conceptualisations of ‘social practice’ to understand the dynamics between agency, structure, context and illhealth and to move beyond the limitations of behavioural research. Social practices are variously defined by different authors (for useful
overviews see Reckwitz (2002) or Warde (2005)). Although the elements of which practices are comprised also vary according to particular theorists, most understand a practice to be a routinised behaviour which involves interconnected elements of bodily and mental activities, objects/materials and shared competencies, knowledge and skills (e.g. Reckwitz 2002; Horne et al. 2011). Further, practices are interconnected with other practices (e.g. practices of cooking and practices of shopping for food) and are in a mutually constitutive relationship within wider political, economic, legal, and cultural structures of varying formality (Røpke 2009). As Giddens (1984) argues, each practice is shaped by the wider realm of power relations, infrastructure, technologies and society, while each practice also acts to shape these wider aspects of social systems.

Frohlich and colleagues (2001) draw on both Giddens’ (1984) and Bourdieu’s (1980; 1992 in Frohlich et al. 2001) understandings of social practices to articulate the concept of ‘collective lifestyles’. In the context of rising obesity rates, Delormier et al. (2009) propose a theoretical framework for the examination of eating patterns as social phenomena, operationalising Giddens’ (1984) definition of social practices, understood as an interplay of ‘agency’ and ‘social structure’. However, aside from work such as the above, social practice theory(ies) have more to offer health research and the sociology of health than has currently been capitalised upon. This paper delves more deeply into recent developments in social practice theory to provide alternative ways of understanding human action in relation to health and wellbeing, and to further reconcile structure and agency in the lived experience of everyday life.

Drawing on a longitudinal research project studying everyday life in a master-planned housing estate (MPE), I present a post-humanist version of social practice theory, which I intend to use to investigate daily routines and their outcomes for health and wellbeing. Normally considered as external factors or context, post-humanist social practice theory elevates materials, objects and infrastructures to the status of active elements that co-constitute practices (Reckwitz 2002; Schatzki 2002; Shove et al. 2007; Shove et al. 2012). Further, social practice theory includes material and social elements not normally paid attention to in traditional ‘health behaviours’ research, which tends to focus on the attitudes, behaviours and choices (or ‘the ABC’) of individuals (Shove 2010). As Frohlich et al. (2001: 783-784) and others have observed, often in traditional health research ‘behaviours are studied independently of the social context, in isolation from other individuals, and as practices devoid of social meaning.’

Consistent with the theory, in this paper, health and wellbeing outcomes are considered the product of residents’ recruitment to, participation in, or performance of, a set of social practices which constitute their daily life. The working hypothesis is that better designed and managed neighbourhoods could recruit residents into new practices, or reconfigure existing ones, resulting in observed increases in health and wellbeing. In studying practices rather than individual behaviours and choices, the research therefore unites social structures, place, daily routines and health and wellbeing.

Theories of social practice in consumption and sustainability research

In other domains of sociology, particularly in relation to studies of consumption and sustainability, Shove (Shove 2003; Shove et al. 2007), Warde (2005) and others, have used social
practice theories as developed by Schatzki (2001; 2002) and Reckwitz (2002; 2002) to broaden and enrich understandings of why people do what they do, and to offer alternative explanations of human ‘action’ other than behavioural understandings. In these post-humanist extensions of the theory, social practices are clearly the entity of study rather than individuals or their choices. There are three main features of theories of social practice as advanced in this, and other sustainability research, broadly defined. Firstly, in post-humanist strains there is an emphasis on materiality whereby things, technologies and even infrastructures (Strengers and Maller 2012) are accounted for as active elements of practices with their own agency (Reckwitz 2002; Shove and Pantzar 2005).

Secondly, there is a clear distinction drawn between social practices as entities and social practices as performances, although the two are inherently bound together (Schatzki 1996; Warde 2005; Shove and Pantzar 2007). A practice as entity refers to the interrelated elements, or nexus, of a practice, as a recognisable ‘doing’ that is relatively stable (Schatzki 1996). Practice as performance describes the carrying out or performing of a practice, which ensures its continual reproduction (Schatzki 1996; Warde 2005; Shove and Pantzar 2007).

Thirdly, this distinction enables researchers to theorise about practice change, as it is through performance that practices evolve (Warde 2005; Shove and Pantzar 2007). In contrast, authors such as Frohlich et al. (2001) comment that practice theory, or more specifically, Giddens’ (1984) structuration theory, is said to struggle to account for change due to the mutually constitutive relationship between practices and wider social systems, which are difficult to separate and analyse independently. Using the distinction between entity and performance however, renders this theorisation possible. As Warde (2005: 141) explains, practices ‘contain the seeds of constant change… as people in myriad situations adapt, improvise and experiment’. In this way, practices can be said to have ‘trajectories’ which are made up of minor modifications in past performances and the particular combination of elements at any one point in time (Warde 2005).

There is much more to elaborate on than the scope of this paper permits, in particular more detail about what contemporary strains of social practice theories can offer health research and how they improve upon predominant behavioural understandings. However, the above features of contemporary social practice theory bring to the study of health and wellbeing a clear way of acknowledging the materiality of spaces, places and things in everyday life, and understandings of how through performance and the incorporation of new elements into practice, daily routines may change over time.

The next section provides a brief outline of the MPE and the longitudinal research project designed to study the health and wellbeing of residents, including how social practice theory is being applied.

**Studying ‘social practices’ instead of ‘health behaviours’ in a master-planned estate**

Selandra Rise is a 1200-1500 lot MPE in the south-east corridor of Melbourne, Australia built by a land developer with a number of other organisational partners including the local council, a state government statutory body and a national planning body. Typically, it is this type of MPE
that is being built and marketed by the high-end or large scale developers who seek to distinguish themselves from others in the marketplace by focusing on making ‘places’, or communities of place, rather than traditional ‘dormitory suburbs’ containing detached homes, roads and little else (Rosenblatt et al. 2009). As a demonstration project Selandra Rise aims to implement best practice planning for health and wellbeing and community creation. A number of different housing options are offered from detached homes on various lot sizes to apartments and town houses as well as an on-site ‘retirement living’ community. A snapshot of the local government area and key features of the estate are provided in Box 1.

Box 1. Key locality and design features of the Selandra Rise master-planned estate

<table>
<thead>
<tr>
<th>Selandra Rise locality and context (source City of Casey 2010)</th>
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<tbody>
<tr>
<td>▪ Located in the City of Casey, 40km southeast from Melbourne CBD</td>
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<tr>
<td>▪ Young population - 30% under 18 years of age, only 11% over 60 years</td>
</tr>
<tr>
<td>▪ High cultural diversity and language groups - 30% born overseas (e.g. UK, Sri Lanka, India, New Zealand, Asia, Eastern Europe)</td>
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<tr>
<td>▪ Employment largely in retail, manufacturing, construction and agriculture</td>
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<td>▪ High level of car-dependency</td>
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<table>
<thead>
<tr>
<th>Selandra Rise design features</th>
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<tr>
<td>▪ Named by the local community (developer sponsored competition)</td>
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<tr>
<td>▪ 3 village precincts including retirement living</td>
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<tr>
<td>▪ Onsite schools and a kindergarten</td>
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<tr>
<td>▪ Open space includes parklands, local creek, community garden, sports ovals and facilities</td>
</tr>
<tr>
<td>▪ A local ‘Selandra Community Place’ where residents can socialise and learn about sustainable living and participate in social programs</td>
</tr>
<tr>
<td>▪ Two local town centres – including a café, specialty stores, a supermarket and a home office hub</td>
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Aside from those in Box 1, a number of other initiatives are planned with the intent of creating a local community and supporting health and wellbeing, including:

- Encouragement of local businesses in the town centre
- Early delivery of shops, a school and transport
- Community gardens and a focus on local food access
- Emphases on walkability, cycling and multi-use parks

The research project is designed to study the effect of this planning on the health and wellbeing of residents, and runs over five years from 2010–2015. Instead of focusing on ‘health behaviours’, social practice theory is being used to investigate aspects of daily routines not normally considered part of the behavioural model, but often included in the social determinants of health. In particular, the research focuses on community engagement, housing, transport and local employment as well as diet, exercise and other traditional health ‘domains’. Further, a key aspect of the research is to use the concept of social practices to reveal the connection between, or
more importantly unite, spatial and social features of the estate and outcomes for health and wellbeing.

The particular elements comprising a practice are interpreted in a number of ways by different theorists. However, in this paper I define a practice as being constituted by a number of different elements, including material infrastructures (e.g. buildings, parks, technologies), common cultural understandings about how and why to do things, and practical knowledge (both tacit and explicit) and skills (Reckwitz 2002; Strengers 2009; Strengers and Maller 2011) (see Figure 1).

**Figure 1.** The (social) practice of eating to illustrate the elements of a social practice (adapted from Strengers 2009; Strengers & Maller 2011)

The benefit of using social practice theory is that it provides a way to bring design and spatial features of the built and natural environment (as material infrastructures) to the fore, and recognise their role in co-creating practice rather than being external ‘factors’ or ‘context’. I propose that a neighbourhood that provides different (better) material infrastructures relevant for health and wellbeing, and also tackles the other elements of practices, could recruit residents into new practices or reconstrue/reconfigure existing ones, resulting in observed increases in health and wellbeing.

The same cohorts of households are being studied longitudinally both before and after they move to the estate (i.e. pre and post design) to compare how practices might change over time. Conducting in-home interviews, households discuss their daily routines and how they interact with the materiality of their current neighbourhood as well as their aspirations for their move to Selandra Rise. The research is based on the notion that daily routines are created by residents performing a series of habitual social practices (Shove 2012).
Currently, myself and a colleague have conducted face-to-face, semi-structured interviews with 21 future residents (and often their spouse or partner, 32 people in total). Participants were primarily recruited using the developer’s customer databases and attending organised events. We conducted the majority of interviews in residents’ current home before they had moved to Selandra Rise and at the time of writing, these data are still in the process of being analysed. The residents interviewed were mainly young couples (under 35 years of age) who were buying their first home. They were culturally diverse with half claiming ‘Australian’ heritage and half reporting they were from other cultural backgrounds. There were a range of education levels but nearly all worked full-time across a range of professions. A survey, as well as visual and other methods, are planned to be delivered in the coming months.

Although it is too early in the research to present findings, the analysis will focus on gaining thick description of practices and how they change, or not, on moving to Selandra Rise. For example, the practice of riding a bike to work involves: common understandings about what to wear when riding a bike, ideas about sweat and cleanliness, and what is an acceptable time to arrive at work; practical knowledge includes how to get to work safely, way-finding and navigating a bike through traffic, and time management about when to leave, and; material infrastructures may include the bike, bike-paths, footpaths and roads, a backpack and signage. The aim is to construct a picture of practices before and after moving to the estate, looking for how practice elements have changed or not in relation to living in a new, ‘better’ neighbourhood and the outcomes for health and wellbeing.

In accordance with the aims of the estate’s developers, studying social practices rather than behaviours can be used to reveal the connection between, spatial and social features of the estate, what people do when they live there, and outcomes for health and wellbeing. In applying this line of thinking, and taking into consideration the features described previously, a number of practices can be detected as underlying the design focus of Selandra Rise. With the emphasis on walkability, and places and equipment for physical activity, exercise practices are perhaps the most obvious. Exercise practices supported by the physical (and social) infrastructure include walking, riding bikes, working out and gardening. Due to the focus on material changes to the estate as described above, as well as other programmatic features, social practice theory is ideal for evaluating how residents’ health changes on moving to the estate as it solves common problems associated with the duality of agency and structure, and the externalities of ‘context’. In addition, through distinctions made between practice-as-entity and practice-as-performance, it is possible to theorise about the trajectories of residents’ practices and how they might change over time. In summary I encourage others to look to social practice theory(ies) for new ways of understanding health and social phenomena, and seek to create interventions for social change that targets social practices and not the attitudes, behaviours and choices of individuals.

**Conclusion**

Social practice theory has much to contribute to current understandings of health and wellbeing, both in health sociology and public health more broadly. Viewed from the outside by other disciplines public health is often lauded as being highly successful in regard to changing individual behaviours to produce positive outcomes, namely reductions in rates of illness and
disease. However, there is too little critique of the narrow theoretical framing of human action, or ‘behaviour’, in these scenarios, which essentially is derived from rationalist choice models and reduces what people do to a series of conscious choices and largely ignores the complexities and intricacies of daily life.

In consumption and sustainability research, the work of more recent social practice theorists has been developed by a number of authors so that not only can it be applied empirically, but it can also bring new insights to health research, in particular in addressing questions of materiality and the role of things and technologies in everyday life, as well as the potential for practice change. The value of using such contemporary strains of social practice theory in health research is that not only do they consider key features of built and social environments (otherwise known as ‘context’ and often treated as external factors, or even ignored, in health behaviours research), as active components of social practices, they also further cut through the idea that individuals are solely responsible (and can therefore be blamed) for their own health status.

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