Thinking about changing mobility practices: how a social practice approach can help
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Abstract
Policy efforts directed at encouraging physical activity have had minimal success to date. Drawing on Bourdieu’s theory of practice, we suggest that a social practice framing might provide useful ways of thinking about why and how some practices do and could change. This article takes three case studies of transformations in mobility practices to explore conditions of possibility for change, using a secondary analysis of qualitative data from studies on cycling in London and fell running in the English Lake District. Three modes of transformation: unthinkable, thwarted and resisted, are rooted in differential interrelationships of field, habitus and doxa in these contrasting cases. We suggest that the notion of tacit, practical knowledge is more useful to understanding why change is thinkable or unthinkable than participants’ reasoned accounts of their practice; that where new social fields are available that are congruent with habitus, change is possible and that where field and habitus are tightly aligned, the conditions of possibility for change are reduced. Efforts directed at changing practice might usefully focus not on behaviour or environments but on identifying the social fields in which mobility practices are likely to be malleable. The sociology of public health needs to focus less on health behaviour and more on social practice.

Keywords: social practice, health behaviour, running, cycling, public health

The problem: insufficient mobility

Our hyper-mobile world is, paradoxically, one in which many human actors are increasingly sedentary. A growing anxiety has arisen over the health implications of inactive lifestyles (Department of Health 2004), perhaps most evident in alarm about a threatened obesity epidemic (Gard, 2010). Policy and practice in the UK and many other countries has addressed this lack of active mobility (Department of Health 2011, Pate et al. 1995), with two main arenas as the focus: encouraging sports participation and, more recently, encouraging active transport, such as cycling and walking (de Nazelle et al. 2011).

The policy gains from these promotional efforts have been modest at best (Hillsdon et al. 2001, Killoran et al. 2006), reflecting to some extent limitations in the evidence base underpinning policy approaches and interventions. Much of this expanding research literature on the problem of how to encourage active mobility maps onto two theoretical approaches. Behaviouralist
perspectives address the existence of individual barriers to undertaking more exercise and structural approaches focus on the material and social environments that limit opportunities for taking up healthier habits. The literature has been disappointing on identifying which environments do foster more exercise, with findings being difficult to generalise and taking insufficient account of the cultural factors that mediate how far, for instance, access to green space or well-connected streets might impact on the amount of walking or cycling done (Steinbach et al. 2012: 917). A review by the National Institute for Health and Clinical Excellence (NICE) on interventions to increase physical activity found insufficient evidence to recommend popular individual level interventions, such as exercise referral or organised walking/cycling schemes (NICE 2006), and a systematic review found little evidence for population interventions to achieve changes to more active modes of transport (Ogilvie et al. 2004).

In this article we draw upon Bourdieu’s (1977) *Outline of a Theory of Practice*, which offers a route beyond this theoretical dualism and the potential for making a sociological contribution to public health debates. We begin with a sketch of Bourdieu’s theory of practice, paying particular attention to the epistemological and methodological implications for sociological analyses of changing health behaviour. As a case study, we then explore three modes of transformations in practice that we label: unthinkable, thwarted and resisted, which are drawn from secondary analysis of two empirical studies (on cycling and on running) to demonstrate the potential of a Bourdieusian approach to the analysis of mobility as social practice.

**Mobility as social practice**

Bourdieu (1977) opens his book, *Outline of a Theory of Practice*, with a critique of sociological theory. The problem, for him, is that sociologists align themselves to either objectivist or subjectivist approaches to the study of social life. The former seeks to identify the social structures (or social facts) that shape human action, while the latter focuses on the ways in which individuals’ interpretative actions collectively construct social realities. As an alternative, he proposes a dialectical approach that seeks to synthesise both social and mental structures. Perceptions and actions are not purely determined by social structures and, conversely, perceptions and actions do not create social realities; instead they might be more productively understood as mutually constituting. Thus a science of society must attend to the ‘dialectical relations’ (p. 3 emphasis in the original) between subjective and objective structures in order to:

> [C]onstruct the theory of practice, or, more precisely, the theory of the mode of generation of practices, which is the precondition for establishing an experimental science of the dialectic of the internalization of externality and the externalisation of internality, or, more simply, of incorporation and objectification. (Bourdieu 1977: 72 emphasis in the original).

Bourdieu offers a set of conceptual tools to facilitate this science of social practice including (among others): habitus, field and doxa. Habitus he defines as the ‘subjective but not individual system of internalized structures, schemes of perception, conception, and action common to all members of the same group or class’ (1977: 86). These schemes of perception are malleable and as people move through varying social spaces or fields their perceptions are likely to alter. These social fields are structured social spaces such as sport, leisure, art, science and academic settings, which mark out the parameters of the more or less implicit norms and regulations that individuals intuitively come to live by. Relations between habitus and field generate social practice with neither determining the other. Furthermore, and important to the
arguments we develop here, the degree of congruence between habitus and field determines doxa, that is, the taken-for-grantedness of the social world. As Bourdieu puts it:

The stabler the objective structures and the more fully they reproduce themselves in agents’ dispositions, the greater the extent of the field of doxa, of that which is taken for granted. (Bourdieu 1977: 165–6)

This has important consequences for understanding how and why practices may change, not least because how and why people act as they do is likely to be beyond their cognitive and rational understanding. In those circumstances where people are most at home in any given social space – where habitus meshes with field – their apprehension of their social environment is more practical than it is theoretical and more tacit than it is explicit. This practical comprehension (1977: 80) implies that how we act is pre-reflective; with social traditions, expectations, classifications and so on appearing to be so natural and self-evident that their arbitrariness is misrecognised. Thus, the most profound influences and constraints on our actions remain implicit. Consequently, sociologists should seek to look beyond informants’ accounts and examine the interplay between context, circumstance and practice in order to decipher the informants’ implicit assumptions, which may be hinted at or left unsaid. In other words, the social analyst should attempt to grasp practical knowledge, because practical (rather than cognitive or intellectual) reasoning underpins action. As Bourdieu (1977) points out, when:

[I]nvited by the anthropologist’s questioning to effect a reflexive and quasi-theoretical return on to his own practice, the best informed informant produces a discourse which compounds two opposing systems of lacunae. Insofar as it is a discourse of familiarity, it leaves unsaid all that goes without saying. (Bourdieu 1977: 18, italics in the original)

In essence: ‘It is because subjects do not, strictly speaking, know what they are doing, that what they do has more meaning than they know’ (p. 79). Of course, examining what remains unsaid and seeking to decipher meanings that remain beyond the ken of participants represents a challenge. We suggest, however, that the challenge is surmountable and a useful starting point when looking at physical mobility, for example, might be a shift in focus; to think of physical activity not as a form of health behaviour but as a mode of social practice.

**Researching changing social practice**

To explore how a focus on social practice might inform a sociology of health that can usefully address questions on the conditions of possibility for change, we reflect on data derived from empirical studies of two deliberately contrasting practices, namely, cycling and fell running, that are located (in our particular case studies) across the different fields of transport, leisure and sport. Our analysis focuses specifically on the data from these studies that relate to questions of transformation in practice. These data were generated from two studies: one designed to examine why women and some minority ethnic groups are underrepresented among those cycling for transport in London (Steinbach et al. 2011), which included a study of adults learning to cycle; and one which explored the experiences of accomplished veteran fell runners in the English Lake District. The data on learning to cycle were in the form of interviews and participant observation (Green et al. 2012, Steinbach, Green, and Edwards 2012). The data on fell running were generated from an ethnographic study comprising participant observation,
informal conversations and formal qualitative interviews with 14 men and five women; the youngest being 55-years old and the oldest 85. All were living in the Lake District and have been running on the fells for at least three to six decades. All are white British and at the time of the interview were still running. In all data reported in this article, names are pseudonyms and some place and other identifiers have been changed to maintain anonymity. In terms of transformations of practice these empirical data represent instances of change that we conceptualise here as unthinkable, thwarted and resisted.

Changing social practice: unthinkable
As a first illustration of a social practice approach, we turn to a study that sought to identify why women and those from minority ethnic groups are underrepresented among those cycling for transport in London (Steinbach et al. 2011). In a group discussion with Asian parents, the participants’ first response to a question about whether they cycle is to laugh, with one man saying, ‘What a ridiculous question’. Only once the laughter subsides can they contribute a number of reasons for the inappropriateness of cycling, given their particular circumstances:

Shila: So, if you’re using the bicycle, what about the children? How are you going to bring them to school? You have to ride the bicycle, and where are the kids? [All laugh] Where do you put them? So, that’s not a good idea!
Deepa: And another thing is that, because everyone lives in a flat, and there’s not enough space, so where would you put your bike?
Anjali: And it’s not useful for us because we, if we wear a jilbab, how are we going to ride a bike? (Steinbach et al. 2011)

There is a seductive reading of this as a list of barriers to cycling, suggesting their own mitigating solutions. Indeed, this is what a number of health promotion and other campaigns do explicitly in their advice to women on overcoming barriers, including technological adaptations (ever more complex carriers for children; a clothes peg for holding long clothes) and advice on building confidence. However, such a reading misses the ways in which the practice of riding a bicycle is not the result (or not only the result) of rational assessments of the possibilities and limitations of particular modes of transport in particular circumstances. As a practice, cycling is also both embodied and embedded social action, clearly articulated within particular social and material environments from which it derives its meaning. Here is a classic example of one type practical, tacit knowledge: the ways in which the dispositions of a particular group exclude a particular practice as ‘unthinkable’ (Bourdieu 1977: 77).

The conditions of possibility that make cycling inherently ridiculous, rather than merely inconvenient, are hinted at not in the content of individual contributions (‘I can’t carry the children’) but rather the context in which these are offered. That is, following uproarious and universal laughter, these participants finally take pity on the facilitator and attempt to answer the ridiculous question. It is the laughter, and the interaction, which provide the insight into the shared, taken-for-granted, tacit knowledge which frame the rationales offered later in response to the interviewer’s question. This laughter was echoed in many informal interviews in this same study. Asking whether people considered cycling to work was met by the frequent assumption that the question was a joke: clearly, respondents were obviously ‘not the sort’ to cycle. The absurdity of the question is derived from the way in which it articulates the implicit – what goes without saying – and is recognised through the humour that it generates. In formal interviews, however, where the framing was already one in which the respondent has
been primed to discuss, in an abstract and theoretical way, their choices about transport behaviour, rationales were offered thoughtfully: cycling is too much hassle; it is too dangerous; it is too difficult to do when wearing clothes appropriate for the working day.

*Changing social practice: thwarted*

While our first example focuses on those for whom cycling as a mode of transport was unimaginable, our second illustration offers an interpretation of a second mode of transformation: that which has been attempted but thwarted. This case is also taken from the study of cycling, but here it comes from the narratives of two women who intended a change in practice, in that they proactively attended an adult cycling course. For many, learning to cycle is an iconic milestone achievement of childhood. The physical skills required, once achieved, are proverbial examples of embodied tacit knowledge, in that you never forget how to ride a bike, yet the formal principles of balance and locomotion are (for most riders) not only difficult to articulate but also problematic in transmitting the ability to ride a bike to others. Indeed, theorists of tacit knowledge have taken bicycle-riding as illustrative of the irreducibility of human behaviour to a set of codified protocols or rules of social life (Collins 2010, Polanyi 1966). That learning has to be embodied is one essential element of its tacitness: skills, once habituated in the body, become taken-for-granted. This is not, of course, to say that the process of learning those physical skills is not amenable to exposition. Candy, a Black British woman in her late thirties living in inner London, and Rosalind, a White British woman in her late fifties living in outer London, interviewed just after they attended the training course, can articulates this process adeptly:

Candy: So [my friends used to ask me] ‘Can you ride a bike?’ No, I can’t do it, that’s just my handicap in sort of a way, do you know what I mean? … I just thought me and two wheels just don’t go … .

Interviewer: So what changed?

Candy: I think the sessions, I think his [trainer’s] approach to it … he would say, ‘Well, just the fact that you walked here or you ran is more complicated than a bike’, so I’m like, ‘Ah, huh!’ and just the way he, the analogies that he puts together and just how he breaks it down as well, made me see it more that I’m the one who’s stopping myself from doing it, and he’s like, ‘Yeah, you are going to be falling and you’re always constantly falling but it’s the way that you balance and counterbalance and the faster you go the more you’ll ride smoothly’ and just different things that have actually stuck with me from when he said them … I couldn’t believe I was cycling by the end of the session … I like being able to master something that I thought I could never do.

Rosalind: It’s the first time in my life that I’ve ever cycled, because I couldn’t cycle. Well, I’d convinced myself I couldn’t cycle … I was quite scared about starting the cycle classes … they just, within half an hour, because I, they just showed me how to stop …. They said well they can’t give you training wheels or that they can’t, push you and run behind you. But they didn’t need to do any of that, they’re just very, very good at showing me how to start, which was, to use the brakes and it just, I think it worked … It was brilliant … I felt incredibly proud.

These two accounts of learning to cycle have a similar redemptive narrative arc: psychological barriers overcome with the intervention of a skilled instructor; physical techniques acquired and resolution and the emotional and physical pleasure of achievement to come from accomplished
cycling. However, interviewed a few months later, the stories of Rosalind and Candy diverge radically. Clearly, the embodied knowledge both attest to in the first interview proves insufficient to enable the social practice of cycling. In contrast to the fluid account of the successes of the training scheme in an initial interview, Candy’s follow-up interview is punctuated throughout with hesitations, and talk about her frustrations in enacting her fledgling skills:

Candy: I’ve only done it once ... And a friend gave me a bike as well, she said I could have a bike, but I’ve just been seeing some horrible things with buses and bikes, and I’m just like, I think I’m really quite frightened to go on the road, so that’s probably what’s stopping me from doing it. I was finding it difficult to start off, once I start I hope I can pedal and get around ... Interviewer: Because when you were at cycle training you were learning actually how to ride, right? Candy: .. So it was like, actually you know, ‘You can ride, you just can’t ride well’, so I’m like, ‘OK’. So yeah, so we trained and everything, but I just found it difficult to start off, just to get the, get my head and my feet working together. Do you know what I mean? But a friend of mine gave me a bike, so we went out once, and again I found it difficult to, you know?

Rosalind’s follow-up interview, however, is an enthusiastic catalogue of successful cycle rides, including a 16-mile ride with her family while on holiday, regular leisure cycling around the park with friends and gaining the confidence to cycle on the roads to go to the shops and other local amenities. Her enthusiasm is such that others have been enrolled:

Rosalind: The friend who hadn’t cycled for 10 years, now she’s thinking of getting a bike … and my Yoga teacher … she said, ‘Oh, I will definitely sign up for it’.

So how and why does this transformation from the unthinkable (in this case because there is no physical capital in the field of cycling) to potential practice happen in one case, but get thwarted in another? The acquisition of the skill may be a necessary condition (one cannot be a cyclist if one cannot, literally, perform cycling), but this is not enough.

A comparison of individual motivations is not particularly enlightening. The initial interviews with Candy and Rosalind reveal rather similar themes in terms of potential motivators: both were keen to learn a new skill, had friends who cycled, explicitly mentioned health motivations and noted their environmental concerns. That these similar incentives led to different outcomes is not, at one level, surprising. The divergent trajectories of their cycling practice six months after we met them at cycling training reflect, of course, the complicated interrelationships of opportunity and constraint that any individual faces. It is not inevitable that a set of motivations in combination with a set of novice skills will lead to some behavioural change. However, beyond merely noting the contingencies of these interrelationships, it may be instructive to also consider how a different habitus within (crucially) rather different overlapping social fields, differentially constitute cycling as more or less possible for these two women.

To illustrate, if we take one environmental possible predictor of walking and cycling, access to green space, and one motivator, friends who cycle, both women had access to both. However, whereas Rosalind speaks with pleasure about a group of what she calls cycling ladies with whom she ‘cycled around Tiverton Park and over to Cleveleys and had a drink in a pub and cycled back’, Candy’s attempts to practice the new skill in her local park have a completely different valence:
Interviewer: It’s harder than you thought it was going to be?
Candy: A lot harder, because I just thought, ‘Well, gosh if they can do it, a kid can do it, I can do it’, and then getting there and realising, actually no I can’t … and just thinking, ‘Well, I need to get it to the park’, and you know? And then, ‘Well I haven’t got the time to go to the park, and if I get home it’ll be like six and stuff’. So it’s not too bad now, but I think also with the kids, round my area there’s a lot of kids who take over the park and I don’t want to be the adult trying to learn how to ride a bike, you know what I mean? It’s all these factors, no I’ll go on a bus instead, or go out instead.

For Rosalind, a social, material and environmental network has coalesced to enable cycling to happen: her physical ability; time and energy; a working bicycle; supportive husband, family and friends with time to encourage her fledgling skills; local places (park, quiet roads) where not only is cycling theoretically possible, but culturally appropriate for a female, middle-aged and less than fluidly competent practitioner to do it. For Candy, despite her best efforts to mobilise these elements, they do not quite coordinate in a way that enables a transformation from novice to accomplished practitioner. She has acquired a bike, a lock-up near her flat to keep her bike, somewhere to practice (the park) and friends who can accompany her, and she maintains a motivation to cycle (‘It would be nice to be on a bike and just whip through … it’s cheaper’) but in the context of a busy job, low energy at the end of the day, the visible dangers of inner-city roads and the less than welcoming environment of her local park, these are not possible to bring together in the process of embedding newly acquired embodied skills: that is, learning to ride on the road.

The different contingencies of Candy’s and Rosalind’s accounts are embedded in particular material environments that may both include what is described as green space but are socially and culturally very different: the suburban parks of Rosalind’s neighbourhood are indeed full of cycling ladies, where her fledgling efforts will be unremarkable. Candy’s local park, however, is one in which a novice, in the after-work dusk, will be visible and potentially uncomfortable (see Horton, 2007). Crucially, class and ethnic habitus may not be explicitly referenced in their accounts of practice, but they nonetheless constitute tacit underpinnings; the resonances of inclusion (the cycling ladies) or exclusion (kids who take over the park) that reflect these differing social circumstances. It is not that social class (or indeed ethnicity or other social categories) explains or in itself predicts their differing likelihood of cycling – but that these ethnic and social parameters constitute the conditions of what is possible and normal, on the one hand, or unusual and idiosyncratic, on the other.

One way to frame Candy’s particular challenge is to note that leisure cycling – which has been a way for Rosalind to accomplish a move from novice to practitioner – is less available as a field. Both Candy and Rosalind, at the point of the second interview, are acutely conscious of the additional embodied tacit skills that are needed to accomplish cycling. As Candy notes: ‘There’s quite a lot more to master with the cycling as well as the cycling, you know’. Both articulate what is needed: additional skills in balancing, placing oneself at an appropriate point on the road and so on. Again, what they do not explicitly articulate but hint at in their very different descriptions of both the local park as an environment for acquiring these skills and the local streets as an environment of potential risk to be managed, is the way that the conditions of possibility for achieving cycling, as practice, are shaped by both habitus (the specific constellations of class, gender, ethnicity and so on that frame each life), but also the field in which the practice is enacted.

Learning to cycle involves both embodied skills and a cultural and social fluency appropriate to a specific field. The lack of such skills, including such as how to maintain eye contact
with drivers, where on the road to place the bike, culturally appropriate styles of physical deportment, clothing and so on (Aldred and Jungnickel 2012, Green, Steinbach, and Datta 2012) – the hexis of the fluent cycling body – are an overwhelming signification of the dislocation between habitus and field for the novice. To cycle in a contemporary city requires considerable refinement of both somatic and social skills. A habitus in which the network of people, environments and technologies can be articulated to incorporate the role of novice is one in which these can be developed, as Rosalind notes:

My husband comes with me because I’m still not so steady doing hand signals and things… I can now go to the park on my own … we go shopping … I’ve got practice on lots of different terrains.

Significantly, these have been acquired within a field of leisure cycling, which seems unavailable for Candy. Where there are fewer resonances between the personal transformation and the cultural habitus, the conditions of possibility for changing practice may be reduced and the practice may be less easily transposed from one field (leisure) to another (transport). Conversely, where strong resonances between habitus and social field are in place then there is scope to consolidate social practice. Cycling, it seems, has become a practice which meshes easily with Rosalind’s various social fields, such that at one point in the second interview she says, ‘I consider myself a cyclist now’, whereas Candy, when asked if she considers herself a cyclist answers: ‘Not really, no’.

Changing social practice: resisted
The third mode of transformation we address is that of a change urged in the name of health and normatively appropriate ageing, but resisted. An ethnography of fell runners, which included interviews with men and women who have been running on the fells for at least three and up to six decades, found that the participants were able to describe the embodied skills required for negotiating mountainous terrains. They were eloquent on their proficiency of navigation, reading the ground, understanding changes in vegetation, knowing how to hold the body when running up hill, understanding techniques of relaxing the body when running downhill and so on. Albert’s account of the skills and pitfalls of running in response to questions about the expertise needed for fell is typical:

You study maps, and also you learn through experience. For example, once there was a checkpoint at Black Sale, at the head of Ennerdale, and the next one was on the far side of Scafell. Now, you could go up and over Scafell, which was a very steep climb, very difficult, but you might look at the map and think, ‘I could contour around the mountain’, which I tried to do, but I didn’t know that bit of the mountain, and it was a great disaster because it was head-high bracken and huge blocky boulders, so it was a disastrous mistake. Very depressing. Now, in theory, you know, a contour around would be the sensible thing, but I’d never been around there before I’d guessed that it would be safe and it wasn’t. That’s the sort of difficult challenge that comes in, and perhaps if I’d been in a better sort of frame on the day I might have realised what I was getting into and cut back on to another route, but I think you tend to get rather dispirited, you know, or switch off and follow somebody in front rather than make a decision yourself, and that can be, you know, a disaster. (Albert 80–85-years)

Albert’s theory of practice reveals an explicitly theorised knowledge of bodily expertise required in a particular physical environment and an understanding of the rules of running (it
is well established that following other runners is foolish). The fell runner’s body hexis, ‘a whole system of techniques involving the body and tools, and charged with a host of social meanings and values’ (Bourdieu 1977: 87) is sustained through prolonged participation in the field. The runners gain an existential enrichment, an embodied intoxication (Shilling and Mellor 2011) that, although beyond articulation, is hinted at by comments such as: ‘only a runner could understand’. The existential capital of experiential gains from running serve to cement the social relations within – what therefore becomes – a bounded, relatively autonomous social field (Nettleton 2013). These older runners then are embedded in a field that those outwith this social space might find difficult to comprehend, to the extent that only those unacquainted with the field of fell might be shortsighted enough to suggest that they should change their practice.

Throughout the fieldwork a puzzle emerged. When asked during interviews about times when they had not been able to run, the participants deftly avoided addressing the question. Across the data set, respondents were, it seems, unable to articulate the explanatory answers that were being called for. For example, when the interviewer asked Jack, who is in his seventies, ‘How do you feel when you can’t run?’ he replied:

Jack: It’s not nice. [Pause] But I just accept it, I know where the problem is, and that. Sometimes, after an hour or so I start to go better like, you know, start to climb better. But you haven’t got to look at the clock when you come back you know.

Interviewer: So when you say it’s not nice, you just accept it, but I get the feeling you’re still going out then?

Jack: Oh aye, I still go out.

Somehow, during this exchange the point of the question is lost. Jack sidesteps the issue and reformulates the conversation to talk about running with an injury. This is curious because it was apparent earlier in the interview that he has had invasive surgery and extended periods of hospitalisation. Ed (aged 65–70 years) too, was asked the same question, to which he replied:

I mean, I have days when I don’t run, I feel absolutely awful, I mean I go out for a walk or I go out on the bike, so I do something. (Ed, aged 65-70 years)

He then went into elaborate detail about technical aids (such as strapping his Achilles) that enabled him to run when injured. Deirdre (aged 65–70 years) when asked: ‘How do you feel when you can’t run?’ replied, ‘well it’s happened so little’. Rather floored by this response in the light of her medical history, the interviewer prompts: ‘I mean, presumably when you had the hip replacement you couldn’t run for a while?’ to which she responds:

No, but you know, you just sort of, you’ve just got to get through it, haven’t you, there’s lots of good reports of people running and orienteering, I did a lot of walking after that, and a bit of cycling; what you don’t want to do is fall. (Deirdre, aged 65-70 years)

Why, then, do the runners not speak about times when they can’t run? It seems that although the runners are able to offer explicit theorised accounts of their running, it was difficult, and at times virtually impossible, to elicit clear accounts of times when they were unable to run. In fact, descriptions of not being able to run (for example, after a hip replacement or having a pace-maker fitted) comprised accounts of physical activities that approximated to running. Or cautions, such as taking care ‘not to fall’ and ‘you mustn’t look at the clock’. Expectations
that running might be curtailed were resisted, perhaps because they risk ‘imposing different definitions of the impossible, the possible, and the probable’ Bourdieu (1977: 78).

Tussles about age, or generationally acceptable behaviour were also evident in the data, indicating the participants’ awareness that other social groups might find their activity to be age inappropriate. For example, they participants hinted that those outwith the field of fell running ‘don’t get it’, as Yvonne reveals:

[They] say, aren’t you getting a bit old for this, you know, and family sort of said, ‘Are you sure all of this is good for you? but it’s not done any harm, so far, so you know, non-runners and non-fell runners do perhaps think you should be slowing down, but people in fell running, no. (Yvonne, aged 60–65 years)

Exhortations to stop were more overt in formal healthcare settings. Recollections of exchanges with health professionals were accompanied by laughter, indicating that doctors did not understand the absurdity of their advice. For example, Albert laughs when recalling a visit to GP: ‘The doctor, he said “you’ll do your hips and do your knees no good, you want to pack that up”’ (Albert 80–85-years). Such explicit negative sanctions by those with no grasp of the running habitus simply reinforced their resolve. For example, Oscar is candid about his non-compliance in his mid-fiftiess, reflected:

In 1973 I had a serious illness and they said I had never to run again, and I ignored it. I used to run quietly without telling anybody. Well I was depressed really because I’d run all my life, and so that was why I ran without telling the doctor. (Oscar, aged 85–90 years)

We see then that, rather like the novice cyclists, these expert runners are able to articulate a theory of practice when describing their somatic skills but, unlike the novice cyclists, their running habitus is congruent with a relatively autonomous social field with which they are comfortable. Furthermore, the nature of the sport – the skills required, the hardships, the exhilaration and the intensity of the experience – in combination embeds a fundamentally embodied habitus. This visceral quality makes it all the more difficult to change. Running as a social practice was critical not only to identity but also to their body and soul (Wacquant 2004). This form of mobility, it seems, is not a behaviour undertaken in the pursuit of health but an embodied social practice not readily amenable to change.

Discussion

We have sought to illustrate that a fruitful approach to examining transformations of practice (such as to make more people undertake healthy mobility practices) needs to be attuned to the ways in which practical or tacit knowledge frames the conditions for possibility of transformation. This framing issue has methodological implications: if we want to further our understanding of social practices that have relevance for health, we cannot rely on naive readings of interview data that merely document articulated theories of practice and, crucially we must not take at face value insiders’ explicit rationales for their action. More fundamentally, if sociology is to make a contribution to understanding what is useful for public health, in outlining the most productive possibilities for changing practice or helping to identify what the conditions of possibility for change might be, we need to move beyond merely noting that practice is contingent and complex, and start building new more theoretical models of where, how, and when change is more or less likely to happen.
Bourdieu described a doxa of traditional societies in which ‘the social and natural world appears self-evident’ (1977: 164) and there can be no awareness of orthodoxy or heterodoxy: practice is the taken-for-granted way in which the habitus is reproduced in the physical and social body; only ever revealed when it comes up against what Bourdieu calls the field of opinion. Whether or not this is (or was ever) true of much practice in traditional society, one could argue that contemporary cosmopolitan societies are marked by a fragility of the boundary between doxa and the field of opinion. All practice is potentially contestable and it may be inappropriate to think of individuals inhabiting one habitus. Instead, practice is negotiated within multiple, overlapping fields, in which plural identities may be understood as relating to a number of sites of habitus. In researching practice, there is often then a sense of dislocation; for each practitioner is also an anthropologist, forced from time to time to confront different sites of habitus, at times overtly (as in the case of social researchers asking, ‘Why do you do this’?), but also routinely, in the minutiae of real or implied interactions, such as those between Candy and the ‘kids’ in the park, or the fell runners and their medical advisers. The doxa, apparently, has all but disappeared in cosmopolitan society, with all practice up for at least the implication of debate.

However, this disappearance is illusory and (methodologically) a dangerous chimera. In cosmopolitan societies where all are called to engage in health practices, all are obligated to account for their practices (or lack of them). But these accountings belong to the world of theories of practice, not the habitus, which remains only partly, at best, explicated. Given the overlapping sites of habitus, rationales may be offered in one field, but impossible in another, where tacit knowledge shapes dispositions. Thus, for the fell runners, the ageing habitus is one in which running may be contestable; yet within the field of practice of fell running itself, it is unquestionably necessary. For novice cyclists in London, the acquisition of somatic skills may be explicable, but accounting for a thwarted transformation to cyclist relies on a difficult to articulate dislocation of habitus and field.

This is what accounts for the contradictory accounts of practice that have been identified in recent ethnographic accounts of, for instance commuting as a social practice, which is explained in terms of the ‘messiness and multiplicity of everyday life’ (Guell et al. 2012: 233). While our case studies support this contingency, and the need to understand individual practices in the context of the quotidian, we also suggest that more attention to tacit knowledge of various kinds might make sense of what is apparently contradictory. Beneath the rationales that our methodological obsession with formal interviewing generates are the rather less easy to document tacit, somatic and collective forms of knowledge that shape what is done and why in rather more regular ways. Understanding practice as being shaped by habitus within particular fields provides some purchase on why, despite (for instance) similar accounts of learning to cycle, Candy and Rosalind have different experiences, or why (for instance) fell runners apparently have such difficulties in answering questions about when health problems stopped them running. Methodologically, the point is not that interviews per se, or any other form of data generation technique, is necessarily the problem. Rather, the issue relates to how we handle our data. We must avoid literal readings and analysis that simply reproduce actors’ accounts and instead we must pay attention to what is not said and be attuned to the interactional responses to questions or informal exchanges; and be aware of the more structural patterning of utterances and practices, which reflect habitus and doxa, and collective tacit knowledge.
Conclusion

Instead of accepting the premise inherent in much public health research that seeks to identify barriers to change, we need to first undertake a ‘rigorous science of practice … [asking] what are the conditions which make such knowledge possible’ (Bourdieu, 1977: 4). A key element of this, we argue, is to take various elements of practical, tacit knowledge more seriously as part of these conditions of possibility. Then, it may be possible to more fruitfully identify how and why such practices are transformed and, thus, what might be the conditions of possibility for change or resistance. Beginning with questions of behaviour, and taking accounts of barriers as unproblematic evidence for why people do (or don’t) do what they do, risks finding answers that relate only to more rationalised and cognitive theories of practice. It leaves under-examined the collective tacit knowledge or practical reasoning that make certain practices more or less likely. Interviews framed in terms of reasons for a particular kind of behaviour already, by the fact of inviting someone to be interviewed about it, frame it as thinkable, but as Bourdieu warns (Bourdieu 1977: 19), inviting insiders’ accounts of their behavioural choices sets up an inevitably theorised subjective account of practice, rendering invisible the conditions of possibility for cycling or stopping running. It is these practical kinds of knowledge – less easily rendered up as statements in interviews – that may provide more clues to why actions change or don’t change.

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References


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