Behavioural and practice-based models and methods

Is practice theory (shorthand) a thoroughly different sort of model as compared to the sequence of behavioural models that Andrew Darnton showed? What questions do these psychological models address? They seek to pin down the determinants and predictors of behaviour. Representations of practice have typically different ambitions – they aim to characterise the conditions in which practices form, persist and disappear.

With the image of three linked elements, the implicit question is: what are the elements of practice? There are no determinants or predictors, but there are conditions for integration, e.g. all elements must be present. There are also implicit processes of linkage. Hence the three linked element picture is one in a series of three versions: no linkage, linkage, and broken linkage.



To go further into the life of elements, you would need the overlapping mapping of elements showing how they are distributed and where they co-exist – this is relevant for intervention and action, but it doesn't offer prescriptions.



With the recruitment, defection figure which simply shows carriers arriving and defecting there is no question: it merely illustrates processes of attraction and defection. The question could be, under what conditions are carriers attracted/defecting? This could be folded into the three element linking model in terms of the number and character of carriers (captured at one moment).



The relation between different practices (through elements, but not only that – see Schatzki on timespace and other cross practice connections) is harder to include, but for certain practices to persist/exist, others are required in the form of co- or pre-requisites.



For any one practice in any one location/setting- the question could be how to map and assess its health. Assuming it has been defined.

- 1. Do all three elements coexist in time-space: yes, no, which ones missing?
- 2. How many integrators/practitioners are there?: quantify number of practitioners is it rugged/robust?
- 3. Within how many other practices are requisite elements embedded?: identify related practices: if well embedded it is robust.

Second, what to do to 'improve' health or increase chances of increasing number of practitioners?

- Provide missing elements
- Promote defection from rival practices (remove elements that keep them in place)
- Promote persistence through fostering co- and pre-requisite practices (through promoting intersecting elements)



A different question could be how are relevant practices changing and why?: This requires analysis over time:

- 1. quantify changing number of practitioners; figure out what recruits and defectors were doing before/after; identify rival practices (see 3)
- 2. plot the existence and transformation of elements (and their circulation);
- 3. identify changing relations with other practices.

All this supposes the potential to characterise and measure each element, and each practice.

What would a randomised control trial to evaluate practice-based interventions look like?

(See Geoff's idea that 'we' could introduce image elements in advance of stuff elements so as to facilitate smooth uptake of intervention. In a way this idea misses the whole point about emergence, but it is a cut down version of the elements idea.)

Related issues:

Does an intervention presume a target audience? This came up in relation to Alexia's exchange. In terms of promoting practice, the answer is 'not necessarily' in that part of the issue is not knowing who the carriers of a practice might be.

Why bother with practice theory if it is so hard to convert into familiar terms of factors and measurement? Why not simply go along with existing forms of individualism? (The background argument is that behavioural stuff has failed and isn't in any case viable on the rate or scale potentially required – hence the appeal of switching systems and 'transitions' in practice.).