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Social ties and sustainability in neighborhood canteens: A care-based approach

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Introduction: This article proposes to study the mechanisms by which food, and particularly commensality, generates social ties.

Methods: It mobilizes the conceptual framework of care, and is based on a qualitative methodology inspired by ethnography, to study neighborhood canteens. Two non-profit organizations were investigated, both having in common the willing to generate social ties between people living or working in the same neighborhood through the sharing of meals. We conducted participant observations and two sets of semi-structured interviews with stakeholders of the structure, either managers, employees or members. The first series aimed at describing the experiences of the participants and their sociocultural background. The second series used the projective method of collages, in order to go deeper in the understanding of the relationships between the members and with the structures.

Results: The results show that there are different postures toward neighborhood canteens, between a desire to receive care and a desire to give care.

Discussion: We thus identify that the search for care is based on the need for recognition, valorization and reassurance and that the kind of social ties created and experienced by the stakeholders is highly dependent on the compatibility of their expectations regarding care.

KEYWORDS

social ties, care, neighborhood canteens, qualitative study, food, sustainability

1. Introduction

In its definition of a Sustainable Food System, the Food and Agriculture Organization (FAO) is insisting on the fact that it is supposed “to generate positive value along three dimensions simultaneously: economic, social and environmental” (Nguyen, 2018, p. 4). In the last years, one of the positive impacts of food, often related to sustainability, is its capacity of creating social ties and contributing to fight social isolation. Eating together, sometimes named “commensality,” is thus considered of having the quasi-magic property of automatically generating positive relationships and conviviality (Jönsson et al., 2021). Several studies investigated this question of the quality of the social ties created around food, for example in school canteens, and thus contribute to better understand this social dimension of sustainability. Some show that these shared meals tend to foster children’s social skills (Lalli, 2017), while others show that there can also be some feelings of exclusions (Morrison, 1996; Berggren et al., 2020). More broadly, the existing literature on commensality sometimes suggests a positive impact of shared meals on nutritional quality of meals and/or on the wellbeing of the participants, but there are no identified causal links and it mostly underlines the diversity and the complexity and of the social ties generated (Jönsson et al., 2021). Yet, various commercial and non-commercial settings are pretending to use commensality to foster social ties between different populations, and these settings are often valorized and promoted either by public institutions or by mainstream media and literature. Therefore, in a social sustainability perspective, there is a need for a better understanding of the mechanisms linking commensality and social ties. To do so, this study borrows the theoretical framework of care (Tronto, 1993), which can be

considered as a kind of social tie as we argue in the literature review section. We apply it to the study of neighborhood canteens, which are non-profit organizations aiming at creating social ties through commensality, offering people that lives or work in the same neighborhood to share meals and/or cooking times. They are quite recent in France, and do not constitute a common and clearly identified kind of place. They are different initiatives, which are part of the development of *third places* since these last 20 years (Oldenburg, 1999) and rely on the traditional model of French “associations,” which are non-profit charity organizations. From an ethnographic study based on participant observations and on 2 steps of semi-directive interviews, we show that various types of care co-exist in the canteens studied, and that food, and even more organic food, is a cement to practice several forms of care between members and/or employees. By mobilizing the concept of care, this paper contributes to the literature on social ties, by attempting to explain the mechanisms at work in its creation. Thanks to Tronto’s framework (Tronto, 2013), which offers a processual vision of care, the contribution of this study is to offer detailed levers to foster care (and thus social ties) through commensality. We discuss these recommendations in the end of the paper.

1.1. Commensality and social ties: An *eldorado*?

Food intake in humans tends to be particularly socially codified, taking place in specific spatiotemporal contexts. One of the major elements of these codifications is a preference, most of the time, for eating together in the same place at the same time—whether or not the food itself is shared (Jönsson et al., 2021). This tendency to eat together, also known as commensality, is nowadays socially valued in many countries through media and political discourses, which is particularly noticeable in relation to the family meal (Le Moal et al., 2021). In many programs promoting sustainable food, encouragement of commensality complements recommendations for improving the nutritional balance and limiting the environmental impact of the diet. This is notably the case in France with the Programme National Nutrition-Santé (PNNS), a public health program aimed at improving the diet of the French, which valorizes “the conviviality of a shared meal.” (Ministère des Solidarités et de la Santé, 2019, p. 16, translated by the authors).

However, when looking more closely at these recommendations, it is not always clear what specific benefits are expected from commensality. Similarly, while several scientific works suggest links between commensality and physical or psychological health benefits, none specifically demonstrate a causal link (Jönsson et al., 2021; Le Moal et al., 2021). One hypothesis for establishing a logical link between commensality and its benefits on wellbeing/health/eating quality is that commensality generates social ties, which would mediate these positive effects (Fournier, 2012). Yet, discourses warn against a trend toward the disappearance of commensality, perceived as an evidence of a progressive “individualization” of society (Fischler, 2011, 2015), which would in turn justify the need to recreate social bonding and fight against “social isolation” (Bouïma et al., 2019). From then on, it would be relevant to better know the diversity of forms of social ties in order to foster them, but this diversity is rarely taken into account in the discourses (Genestier, 2006). In

the literature, the “social tie” is considered in different ways. For some, it is seen as the mere presence of others (Sobal and Nelson, 2003). For others, it is sometimes inferred from the relationships that individuals have with each other. For example, Bachman et al. (2002) and Bellows-Riecken and Rhodes (2008) argue that social ties have an effect on consumption during pairing. The establishment of social ties can hardly be defined, but we suggest here to consider it as a benevolent relationship between individuals, including a form of interdependence of individuals for their respective wellbeing, for the accomplishment of their tasks and for their integration in society. It is within this framework that the present study questions the mechanisms by which commensality can generate social ties. We thus aim to fill the knowledge gap on the plurality of forms of social ties, and to characterize the way they are established in order to formulate recommendations to encourage social ties through commensality.

1.2. Neighborhood canteens as a transformative site

Institutions which, beyond selling food, have the objective of creating social links can be considered as services, in the sense that they offer non-material benefits to their users. According to Transformative Service Research, it is then relevant to look at how these services impact the lives of individuals (Sherry, 2000), and in particular how the interactions between service entities and consumer entities influence the wellbeing outcomes of both (Anderson et al., 2013). For example, Rosenbaum (2006) shows that older people can benefit from using a third place, relying on Oldenburg’s (1999) definition: “public places that host the regular, voluntary, informal, and happily anticipated gatherings of individuals beyond the realms of home and work” (Rosenbaum, 2006). In the advantages listed, Rosenbaum (2006) stresses in particular the importance of the social support at work in these structures, defined as a resource, formal or not, from which individuals can benefit in order to cope with events. Thus, the vision adopted is that of a form of coping strategy (Lazarus and Folkman, 1984): social support is a resource for dealing with a specific demand. By investigating the notion of social ties, we propose to understand the more diffuse interdependencies of the relationship, less targeted than a social support would be to face a delimited difficulty or problem.

To the authors’ knowledge, very few studies have focused on neighborhood canteens, despite the fact that they constitute third places (making them relevant research objects for Transformative Service Research), and that they have the specificity of putting food at the heart of both their market activity (selling meals) and their service activity (creating social links *via* commensality). Finally, an interest in neighborhood canteens offers interesting avenues both in terms of public health policy and the fight against isolation, since they constitute local food supply sites, anchored in a given territory.

1.3. The process of care as social ties

As evidenced in the previous section, social ties remain a quite fuzzy concept, and previous work tends to assert social ties from proxy. Here, and in order to address the dynamic construction of social ties, we suggest to consider social ties through the ethics

of care (Tronto, 1993). In what follows, we discuss this point, we introduce Tronto's conceptual framework of care (2013), and we review how this framework has been used previously in the literature. We conclude by asking how social ties, understood here as care, are enacted in neighborhood canteens throughout Tronto's model of care.

In her seminal work published in 1993, Tronto describes what the ethic of care should be, which she envisions as a societal project. Beyond this political ambition, we will return in this section to the way Tronto delineates care, and how this allows us to mobilize this framework to translate the establishment of social ties. Care is "a way of living one's life and resolving personal conflicts that is driven by feelings of responsibility for enhancing the wellbeing of others and a sensitivity to the interpersonal consequences of one's actions and choices" (Thompson, 1996, p. 401). More concretely, caring for someone or something means being involved in meeting their needs, and taking part in the burden they carry. In this, Tronto explains, care differs from the mere interest that one can have in things or people, since it goes beyond simple concern and supposes turning to action in an involved way. Tronto explains that care is both a disposition and a practice. Knowing this, what can be characterized as care and what is not? To answer this question and to facilitate the mobilization of the concept of care, Tronto suggests a 5-step framework for analysis (Tronto, 2013). The first step, entitled "care about," consists in a care giver identifying and recognizing the needs of one other. The second step, "care for," consists in the care giver recognizing that they can assume a part of the identified needs (i.e., endorse a part of the burden). The third step, called "care giving," consists in acting to meet the needs. In the fourth stage, called "care receiving," an evaluation of the care provided takes place, since this stage consists in a form of acceptance by the care receiver. Finally, the "care with," which can be considered as thinking about the effects of multiple care processes on trust and respect, translates the fact that a care action is anchored in a more global context, and that an action cannot be considered as care if it penalizes the respect of some while meeting the needs of others. In short, "care with" ensures that there is an overall coherence between the care performed and more general values of respect. As a conclusion, care as described in Tronto's model consists in identifying the needs of others, feeling concerned by these needs, and acting to meet the needs in a way that is not deleterious to anyone or anything. This 5-step model conceptually describes how care is constructed, but in practice the steps may be more intertwined and not follow such a rigorous chronology.

Based on these definitions, how can we say that care partly translates the establishment of social ties that we wish to study here? As seen above, the establishment of social ties can hardly be defined, but we suggest here to translate it as a benevolent relationship between individuals, including a form of interdependence of individuals for their respective wellbeing, for the accomplishment of their tasks and for their integration in society. In this, this article considers that taking care of the needs of others, without a relationship of dependence between a care giver and a care receiver, translates the idea of establishing social ties. Adopting Tronto's model of care thus allows to question the mechanisms of creation of social ties.

By studying how associative catering structures contribute to the establishment of social ties, our work is positioned in the literature of services. In this part of the literature, and although Tronto

emphasizes that everyone is a giver and a receiver of care, the notion of care has been mobilized to understand how providers of a service care for the populations to whom the service is directed [e.g., in solidarity institutions such as food banks (Surman et al., 2021)]. However, Transformative Service Research emphasizes that both service providers and recipients contribute to the relationship established in a service and, in this, that both could deliver care. Despite this, to the authors' knowledge, there is no work that has made it possible to identify what we would call "reciprocal care relationships" between the providers of a service and those who benefit from it. However, such an analysis of reciprocal care relationships within a service is essential, when we realize that a top-down relationship of care runs the risk of domination by the least needed toward the most needed. Using the case of people with disabilities, Tronto (2013) illustrates this point: "caring for disabled people often slips into a paternalistic discourse in which the views of the disabled people themselves are muted or muffled." Other research has been interested in reversing the unidirectional and linear conception of care, notably by questioning how consumers (and not always producers) exercise care in their consumption actions. Shaw et al. (2017) apply this reflection to ethical consumption, and Midgley (2018) shows that when vulnerable people recognize and are open to their own vulnerability, it enables them to engage in care relations and interactions within a community café.

However, what is now missing is a representation of how producers and consumers of a service jointly care for each other. This would be a translation of how social ties establish between various stakeholders using a service.

2. Methods

This study is using a mixed-methods ethnography based on participant observation and two waves of interviews with users and employees of two neighborhood canteens (see Figure 1 for an overview of the methodology). The structures were chosen according to a judgment sampling, in order to study (i) the care mechanisms between the beneficiaries and the providers of a service, (ii) the different forms of care according to the relationships between individuals, and (iii) the role of food in the implementation of care.

2.1. Characteristics of the neighborhood canteens studied

As a reminder, the objectives of the study are to characterize how commensality in neighborhood canteens allows for the generation of social bonds between all individuals who frequent these canteens (employees and users). To meet these objectives, we selected canteens with relevant organizational modes, namely: (i) criterion 1: to have the objective of creating social links, in particular with the ambition of bringing together people who would not necessarily meet otherwise, (ii) criterion 2: to have an operation that does not limit users to being beneficiaries of the service, and that offers them the possibility of taking part in the activities and investing in the operation of the structures, (iii) criterion 3: to put food at the heart of the activities. Table 1 presents the two structures studied, and specifies how they meet each of the selection criteria listed above.

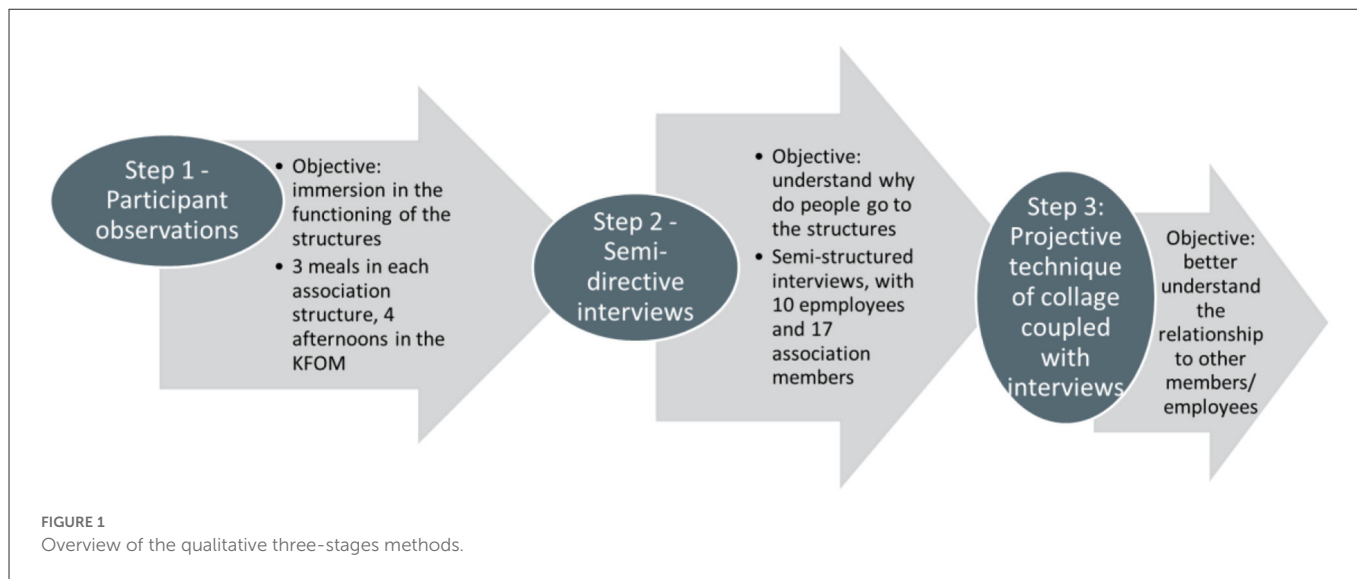


TABLE 1 Characterization of the canteens studied.

| Name of the neighborhood canteen ^a | General description | Objective of the canteen (criteria 1) | Role of users (criteria 2) | Activities around food (criteria 1) |
|---|--|---|--|---|
| My dear canteens (MDC) | A non-profit network of 6 neighborhood canteens. These canteens are located in different cities in France, in neighborhoods characterized as "mixed," i.e., that are frequented by individuals belonging to different social-economic and cultural backgrounds. The employees are in charge of coordinating the supply of food and managing meal registrations. | Through activities related to the meal, these canteens aim to bring together individuals who would not otherwise meet, and to generate mutual aid networks within a neighborhood. | Users can either help cooking before sharing the meal, or come just to eat. Diners welcome each other and meet. | The canteen offers to cook, set the table, share the meal, as well as tidy up and wash the dishes ("like at home"). The menus are decided collectively according to the food available and the preferences of the kitchen team. |
| The family coffee (FC) | A non-profit canteen, located in a district of a large French city. The neighborhood is gentrified, which implies that a historically modest population is now living side by side with a new, more affluent population. The canteen proposes activities around food as well as extracurricular activities, since its ambition is to offer a place to live that meets the needs of families. | To create a place for families to meet, live and share, offering convivial times around food. | The project was always built around strong values: "living together" and "doing together." During the meals in the coffee restaurant, the individuals are active since there is no service by employees, and they are solicited for the service tasks. They interact directly with the staff. In the school canteen, each parent is asked at least once a quarter to help the canteen staff. | Coffee-restaurant serving meals, an alternative school canteen that alternately hosts students from different schools in the neighborhood, mixing classes to blend the populations of the different schools. |

^aNames have been changed.

2.2. Participant observations—Step 1

Notes were taken during the participant observation phases. One of the researchers participated in several meals at each facility, in meal preparations, and acted as a parent volunteer at a children’s canteen. The observation grid met several objectives. As the researchers did not know the structures before conducting the research, the first objective was to become familiar with the structures and to understand their functioning. The second objective, which was more related to the study’s problem and less inductive, was to identify elements corresponding to Tronto’s model of care, in particular the needs/expectations of the individuals and the actions undertaken to take care of each other (care about, care giving).

2.3. Semi-directive interview—Step 2

The 27 respondents in the semi-structured interviews were members and employees. They were selected according to a judgmental sampling (Parsons et al., 2021) logic (see Appendix 1A for a description of the sample). Thanks to contacts among the employees of each structure, we have listed the desired profiles, described according to their seniority in the structure and their status (employees or users). These criteria were established according to the logic of illustrative sampling (Turrentine and Kurani, 2007), the principle of which is to vary the characteristics that have an influence on the phenomenon we wish to study. This is relevant in the context of a qualitative study, where we are looking for

analytical representativeness and therefore diversity of situations. In this case, the criteria of seniority in the structure were chosen to guarantee diversity in the relation of individuals with the canteens, in order to study the different forms of care according to the relationships between the individuals. We also took care to vary the age, gender, and type of employment. The interview guide was structured around four main themes: the reasons for attending the canteen, the evolution of the relationship with the canteen, and the pleasant and unpleasant moments experienced in the canteen. In each theme, we went into greater depth in relation to the stages of the care model. We opted for a non-directive interview guide and for a progressive focus in order not to induce answers on the social ties, as this is a theme with a strong symbolic impact that can generate a social desirability bias. The interviews lasted an average of 45.2 min ([min. 21min; max. 81min]).

2.4. Semi-directive interview—Step 3

The 12 respondents in the semi-structured interviews were members and employees of the organizations (different from those interviewed in phase 2). As before, they were selected on the basis of judgment sampling, following the same logic as in phase 2 (see [Appendix 1B](#) for a description of the sample). The purpose of the interviews conducted in this phase was to further explore the relationships between individuals in the organizations. One of the main challenge regarding this theme lies in making people talk about their potential negative judgment on others, especially in this context of participation to structures claiming a pacified and respectful relation between members. That's why a specific method using collages was used. Projective method of collage allows, "like any projective method, [...] to attenuate consumers' psychic defense mechanisms and to reveal the representations, the imaginary, the evocations associated with a concept" ([Cottet et al., 2008](#)). Thus, it is used because it is conducive to the expression of representations in a derivative way, which can reduce some cognitive barriers ([Valette-Florence and de Barnier, 2009](#)). Projective method of collage is used to be combined with interviewing ([Rook, 2006](#)). In our study, the interviews took place in two phases:

- Phase 1: individual interview with 6 people from each structure (including 2 employees for each structure), during which respondents were asked to make a collage representing the people they did not want to interact with in two conditions: to eat (PC and FC), for the 10-year party (FC) or to wash dishes (PC). Also, respondents were instructed to make a collage representing the structure if it was a person ([Figure 1](#)). At the end of this collage creation moment, respondents were interviewed to describe their collage. The interviews lasted an average of 30 min [min.16–max.61].
- Phase 2: Individual interviews with the same 6 people for each structure, during which the collages of the other 5 people were presented to them. The aim was to generate new opportunities for exchange around relations to others, by asking respondents to react to the collages of others. The interviews lasted an average of 40 min [min.14–max.54].

2.5. Data analysis

We integrally transcribed the interviews of phase 2. The phase 3 interviews were recorded but not transcribed. However, they were replayed with synchronous note-taking on the elements relevant to the study. Four pages of notes emerged. These textual data from phase 2 and 3 have been analyzed thematically using meaning unit-based categorization ([Spiggle, 1994](#); [Miles et al., 2020](#)) with a grid designed a priori based on Tronto's conceptual framework. Thus, the interviews from phase 2 and 3 were coded by identifying the needs and expectations to which the structures and/or their members meet (care about), who takes care of them (care for), and what actions are implemented to manage the identified needs (care giving). In addition, the analysis identified what kind of care individuals perceive they are receiving (care receiving), and in what value system care is anchored in the structures (care with). The observational data were used to triangulate the discursive data, and to enrich our interpretation with additional examples of situations reflecting the existence of care. On top of it, a particular focus was put on food dimensions, in order to identify to what extent they are contributing to actions of care (which can be translated as « care giving » in Tronto's model).

3. Findings

Tronto's framework has made it possible to characterize the different mechanisms by which care is implemented in the structures, particularly in relation to the people concerned, whether they take care or benefit from care (which is not exclusive one from another). The analyses also reveal the role of food and meals, which can be seen as a support for care actions. In order to account for these different care mechanisms in the canteens studied, the results are organized in four sub-sections. The section first describes the care that individuals come to seek for themselves within the structures; the second one characterizes the care that people seek to give to others through the structures; and the third one reveals the interpersonal conditions that limit care between individuals.

3.1. Care for oneself

Analysis of the data shows that some of the respondents go to a neighborhood canteen to benefit themselves, putting themselves in the position of beneficiaries of care in relation to needs that they manage to identify. One of these needs is the need to belong to a group, a project, or even a community of people who share the same values: "*It corresponded to the values I had, I thought it was great when I heard about it, I wanted to find out more, and then I liked it, I like what it has to offer.*" (Pascale, MDC)¹. This feeling of belonging can go as far as the feeling of existing thanks to the structures, which would give a sense: "*Because I was doing nothing and I had to find an activity. And this place gave me something. It is to do something, to exist, through work, through occupation.*" (Fabienne, MDC). We understand that the structures and the people who use them meet their needs in various ways, notably through

¹ All the quotations from the respondents are translated from French to English by the authors.

the participatory and inclusive dimension (especially in the case of MDC): *“the regulars also participate in this welcoming atmosphere. I’ve done it very often, going up to the others, talking to them, encouraging them to talk, explaining the concept to them so that it goes well. It’s already a good way to start, when someone doesn’t know, well we explain how the association works, and it’s a bit of an introduction, a way to break the ice that you don’t necessarily have in a traditional restaurant to meet people.”* (Arthur, MDC). Similarly, and especially in the case of FC, needs can be met through a form of reassuring homogeneity between the people who the canteens. In fact, at FC, the feeling of belonging seems to extend to the whole neighborhood, through the fact of rubbing shoulders with parents both at FC and in other places and activities. Thus, one of the specificities of FC is to offer the possibility of reinforcing already existing relationships: *“for example, some parents from the school whom I met through the school but through distant links, and the fact of seeing them, of being together during general assemblies at FC, etc., brought me closer to them, closer to parents that I might not otherwise have met or that I would have met less often”* (Sarah, FC). Moreover, FC seems to play a role of refuge, for some respondents who are looking for a different but complementary space to their daily lives. This was expressed in particular by young parents, for whom FC is a way of getting away from the daily and sometimes lonely routine. The need here is to seek company and a change of environment. In addition, FC offers a place adapted for young children, which meets the need for security and serenity, which one would not necessarily find in a classic café: *“My first memories are of going there with my very small children, with a baby, to have a coffee and see a few people during maternity leave when you don’t see many people.”* (Sarah, FC). At MDCs, the feeling of belonging seems to be more restricted to food-related activities, during which a real collective cohesion is encouraged, although this hardly extends beyond the canteen doors: *“They are acquaintances. I mean, they’re people I’m good with, but they’re just acquaintances, they’re not friends, I don’t see them outside the canteen”* (Brigitte, MDC). Beyond the feeling of belonging, some of the respondents expressed a need for recognition, particularly to demonstrate some of their skills: *“Well, at the beginning, we were each... we were both trying to set ourselves up, uh... all three of us, and then, when I was tired, they realized that I was getting tired, so they told me “you can go home, you don’t have to come all the time.” And it’s true that I felt good, so useful in this establishment, that I came... I didn’t come to eat, I came especially to contribute with my knowledge of catering, and the pleasure of being with other people.”* (Fabienne, MDC). This can be seen in both structures, which offer members and employees opportunities to contribute by exercising their skills at the service of the collective. The care consists here in creating a participative framework that allows employees and users of the canteens to highlight their skills, responding to this need for recognition. Such a mechanism can be understood as a form of (re)valorisation through action. This is particularly marked in MDC, where everyone is involved in cooking, preparing the table, washing up, serving and clearing away. During the observations, one respondent explained to us how her participation in the activities and organization of the canteens contributed to the fact that she had an important place in the canteen, a form of valorization.

Finally, some respondents seem to see the neighborhood canteens as a response to a need to challenge themselves. This involves confronting others in times of loss of confidence, or leaving one’s comfort zone to acquire new skills or abilities: *“Yeah, I think so,*

because I’m not naturally inclined to reach out to others. Here it’s because the opportunity leads me to it, but I wouldn’t dare to discuss with someone if I went for example to a restaurant... the person sitted next to me, no, I wouldn’t dare! Whereas here, it’s fine.” (Simon, MDC).

In summary of this section, we can say that the canteens meet various needs felt by the respondents, who approach the structures with different forms of quests in mind. However, a distinction can be made between the two canteens, in which the respondents do not seem to seek the same forms of care. MDC can be characterized as a refuge which allow to improve and/or valorize personal skills, while FC is more of a refuge consisting in a practical and comfortable place.

3.2. Giving care to others

In contrast to the results seen in the previous section, in which people come to the canteens to find care from members or employees, this section highlights that respondents also come to meet the needs of others, and therefore are more in the position of care giver: *“If at some point the person comes to me and I actually feel that they have expectations, needs, that they want to talk and that we are in a one-to-one moment, there for the time being I don’t have any difficulties in talking with people, and so, yeah, it would be more like if people come to me and I feel that they want to be listened to and that they need to talk, I will respond to them but I will not necessarily encourage them to do so.”* (Natacha, FC). This can be observed in interpersonal care relationships, by coming to someone’s aid, or by giving them their place when some respondents express the need to put others first: *“I found myself cooking with people who had been in prison, with blind people, with deaf people, I had a public that was really... And every time it went well.”* (Maxime, MDC). Moreover, beyond interpersonal relations, we observe care expressed as a more general attitude, as if the actions carried out in the canteens allowed a form of “fair reward,” a way of taking care of others by offering them the possibility of taking advantage of the place: *“I knew nothing at all about associations, social, all that . On the other hand, in terms of cooking, well, I sold myself like this: “what I can bring is more organization, more culinary workshops.”* (Maxime, MDC). *“The fact that I said yes when they asked me if I wanted to be on the board of directors, that’s a sign of investment, that I want to do something and not just consume.”* (Paul, FC) This can concern people in general, but also in a more specific and close way, especially for one’s own children. This was explained by a mother who saw FC as a way of offering her children an opening toward others, to get them out of the “self-segregation” in which they were involuntary immersed in their daily lives.

Here again, there are differences between the canteens. Since MDC has an even more pronounced social dimension than FC, the fact that people go to the canteens in search of care to give to others especially expressed: for many respondents, it is a question of opening up to the differences of others and respecting them, or even valorizing them. At FC, the search for care to give to others seems to respond to more specific needs (helping with a particular event, listening during a difficult period) whereas at MDC, the respondents feel that they are helping to meet more chronic needs, such as isolation, economic insecurity, and physical or mental disability.

TABLE 2 Criteria describing people to whom respondents do not engage in care.

| Criteria | Detailed description of the criterion |
|--|---|
| Personality (of the other) | Someone who lacks benevolence (Damien, MDC), Someone who show some duplicity (Damien, MDC; Vincent, FC; Nicolas, MDC), Someone who occupy all the physical and/or audio space or discussion (Damien, MDC; Hélène, MDC; Anne-Laure, MDC; Mathieu, FC; Laura, FC), Someone who is bossy (Hélène, MDC), Someone who shows virility (Hélène, MDC; Amandine, MDC; Damien, MDC), Someone who gives off a feeling of superiority (Damien, MDC; Cyril, FC; Anne-Laure, MDC; Vincent, FC) |
| Convictions, political ideas (nature, intensity and willingness to convince) | People with sexist/racist/homophobic comments (Anne-Laure, MDC; Hélène, MDC), Woman who strongly expresses her vegan/feminist/eco/alternative-education commitments (Suzanne, FC) |
| Respect for rules, good manners, task skills | People who talk a lot but do nothing and take advantage of the structure's display to enhance themselves without participating (Damien, MDC; Mathieu, FC; Hélène, MDC), Someone who will be in disrespect of the rules (Mathieu, FC; Cyril, FC), People who lack recognition for work done (Hélène, MDC; Amélie, MDC), Posture: slouching, occupying all the space or turns one's back (Cyril, FC; Laura, FC), People connected to the outside world with phone or computer (Mathieu, FC; Cyril, FC; Vincent, FC) |
| Mood | Someone who is anxious, shadowed by their problems (Suzanne, FC) |
| Physical appearance | Obese people (Hélène, MDC), Someone wearing a suit (Nicolas, MDC) |
| Sex | Men's table (Amandine, MDC, Hélène, MDC) |
| Age | Children (Amandine, MDC) |
| Wealth (€) | Someone who shows off signs of wealth (Cyril, FC, Vincent, FC) |

3.3. Avoiding care with certain people

Despite of the general benevolence expressed by all respondents, we managed to identify categories of criteria that explain why a *care* process may be difficult to initiate with certain people (Table 2). The gathering of this information was especially made possible thanks to the specific methods chosen for the third step of the study. The criteria mainly relate to the description of others, but most of the respondents underlined the link with personal experiences that justify an apprehension for the different profiles. For example, Mathieu (FC) explained that, due to his rejection of the bourgeoisie, he was afraid of being associated with people who can be characterized as "bobos." Similarly, Anne-Laure (MDC) expressed that her experiences with men created a total apprehension of the relationship of domination by "white male with higher social status." Suzanne (FC) described her dislike of the new generation of feminists, from whom she feels judged, even though she "also burned her bra in May '68." Damien (MDC) expressed apprehension about people who might judge him or seek to gain an advantage over him, linked to bad experiences in his previous job. Summing up this mechanism quite well, Anne-Laure (MDC) emphasized during the second interview that what we do not appreciate in others reveals aspects of ourselves, often link with past experiences. Moreover, other respondents explain that their apprehension to go toward some others comes not from experiences but from their own character. In this sense, Laura (FC) explains: "but that's not people's fault, I'm the one who is... you could say with a kind of shyness yeah." In terms of care, this can be translated as a reluctance from some respondent to perceive the needs of certain individuals, and therefore a blockage to engaging in the first stage of care. The detachment linked to bad experiences also hinders feeling responsible for the needs of these individuals and generates negative feelings.

In summary, the fear of domination seems to be the common feature of these obstacles to involvement in care. This domination is generally embodied by clothing attributes or by referring to socio-demographic categorizations ("bobos," "senior executive," "the surgeon," "the man in suit," etc.). These features represent witness the domination expressed by external signs of wealth, attitudes disrespectful regarding others (disrespect for rules, non-adherence to

the participatory process, attitude perceived as superior), or a desire to impose his ideas.

The arguments used, however, sometimes reflected the interviewees' own judgments and feelings of superiority. For example, Floriane (FC) denounced gender stereotyping, but agreed with the idea of not approaching a man wearing an expensive watch or a "Ralph Lauren shirt," which was depicted on another participant's collage. Faced with the same poster, Laura (FC) replied "I don't agree, tolerance works in all directions, otherwise it means we all have to be dressed as bobos with a linen shirt and flowers in our hair." This simple situation underlines a "direction" of care, suggesting that care would be more easily directed toward people like oneself or over whom one can potentially have a form of domination.

4. Conclusion and discussion

This paper intended to better understand the mechanisms linking commensality and social ties, in order to contribute to the social dimension of food sustainability. Using the conceptual framework of care, we show that there are different postures toward neighborhood canteens, between a desire to receive care and a desire to give care. We thus identify that the search for care is based on the need for recognition, value and reassurance. Such a result echoes the work of Shaw et al. (2017), which shows, among other things, that individuals need spaces to contribute to the world, despite of the feeling that there are too many needs that should be met to build a better world. Canteens thus seem to be a place to express this care toward some of the world's needs. At the same time, coming to the canteens to seek relations meeting one's own needs (need for companionship, reassurance) constitutes a form of self-care, which implies an acceptance of one's own vulnerability (Midgley, 2018). The study also reveals how engagement in care is still dependent on certain relational and value conditions: respondents express an aversion to social bonding with anyone they perceive as potentially seeking to dominate them. All of the processes described above have been understood using Tronto's model of care, which reflects the idea that care consists in identifying the needs of others, feeling

concerned by these needs, and acting to meet the needs in a way that is not deleterious to anyone or anything. One of the contributions of our study is to show the reciprocal and intertwined nature of care processes, which is translated here as the establishment of social ties. Indeed, our study shows that caring for others is also a need (for reassurance, self-esteem), hence the fact that we characterize the expressions of care as *intertwined*. For example, an individual in search of a feeling of usefulness can find it in taking care of someone who is isolated and who was himself in need of benevolent social relations: this constitutes a form of complementarity and intertwining of care systems. This enriches Tronto's model, which assumes a unidirectionality of care for a given action—although ethically and philosophically this model assumes that no one is a care giver or care receiver *per se*. We highlight that a care action can instead be two-in-one, when it meets complementary needs between two individuals.

Intentionally, the analysis did not distinguish between employees and members, in order to see if this trend emerged spontaneously. The results show that there is no difference between the two types of actors, which is a major result to reflect the fact that care, in this type of service, is carried out by and for any actor, regardless of their role in the structure. One perspective of this work could be to further explore this result, by questioning the role of otherness and similarity in establishing social ties.

Despite of the fact that the question of care is associated with gender dimensions (Bateman and Valentine, 2010), a limitation of this work could be that these dimensions were not addressed. The main reason is that they were almost not highlighted by either employees or users of the canteens. So, following the inductive method, we decided not to focus on it in the study—which do not prevent a particular focus for a complementary study. Another limitation lies in the fact that we were not able to dig deeper into the potential excluding effects of sustainable food as a common base of values. Indeed, if sustainable food is bearing altruistic, respectful and benevolent values, it can also contain for part of the population the idea of something not affordable and elitist, mainly because of the high prices of this type of food. Thus, the importance of sustainable food in these structures can exclude people who don't feel involved. Future research could interview people who do not, or no longer, frequent the structures because of a different perception of sustainable food.

In conclusion, at a broader point of view, this study brought an additional perspective on the question of the creation of social ties through commensality. It underlines that the experience of participants is highly dependent not only on their own expectations but also on those of the others. In other words, the quality of the social ties generated around meals is a resultant of the complementarity of participants' expectations and visions of care. This contributes to explain the difficulty to generalize the effect of commensality, as even one same particular setting can generate different experiences.

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Data availability statement

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

Ethics statement

Ethical review and approval was not required for the study on human participants in accordance with the local legislation and institutional requirements. Written informed consent for participation was not required for this study in accordance with the national legislation and the institutional requirements. Written informed consent was not obtained from the individual(s) for the publication of any potentially identifiable images or data included in this article.

Author contributions

MD: conceptualization, methodology, software, analysis, investigation, writing—original draft, writing—review and editing, visualization, and project administration. MM: conceptualization, methodology, writing—review and editing, supervision, project administration, and funding acquisition. All authors contributed to the article and approved the submitted version.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Supplementary material

The Supplementary Material for this article can be found online at: <https://www.frontiersin.org/articles/10.3389/frsus.2023.956830/full#supplementary-material>

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