



Living alone but eating together: Exploring lunch clubs as a dining out experience



Nadine Thomas*, Ruth Emond

Faculty of Social Sciences, University of Stirling, Scotland, UK

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ABSTRACT

Dining out is most often associated with pleasure and gratification, principally since it presents opportunities for sociability. However, access to dining out experiences is influenced by multiple factors, including age. Little is known about the dining out habits of older people. In particular, the food practices of those living alone in the community is under-researched compared to those in hospital or residential care. This study explores the perceptions and preferences of ten older people towards domestic and communal meals in South East Scotland. Qualitative data were generated from 5-day food diaries and in-depth interviews with individuals who lived alone and attended a community-based senior citizen's lunch club. Data were coded and thematically analysed using a symbolic interactionist perspective. A number of key themes were identified, including the meaning of mealtimes. It was found that most participants ate the majority of their meals at home alone. Despite this, dining alone was not necessarily experienced as 'lonely'. Participants reported that dining out at the lunch club was a pleasurable experience given the social interaction and the separation of consumption from food work. Moreover, due to restricted mobility and limited access to transport, the lunch club was viewed by participants as one of the few places that they could go to dine out.

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1. Introduction

Mealtimes are not natural, inevitable or universal events and may therefore be highly indicative of social order (Germov & Williams, 2004; Murcott, 1997). What we eat, when we eat and where we eat are not determined at birth but are socially constructed and therefore fluid (Lane, Poland, Fleming, & Lambert, 2014). Activities involving food are often marked by elements of ritual and routine (Logan et al., 2014). When such activities are observed and analysed, they can highlight important mechanisms by which we relate to ourselves, and to other people (Warde & Hetherington, 1994).

Yet research into the patterning of mealtimes has so far focused on the archetypal 'family' of a heterosexual couple and children (Charles & Kerr, 1988; Ochs & Shohet, 2006; Philpin, Merrell, Warring, & Hobby, 2014), and cohabitating couples (Burke et al., 1999; Marshall & Anderson, 2002), despite a rapid expansion of one-person households in the UK since 2004 (Knipe, 2015). Given

such socio-demographic shifts, developing an understanding of domestic mealtime routines and dining out experiences of people living in one-person households can be considered of increasing importance.

Relatively little is known about the domestic organisation and mealtime experiences of older people living alone in the community. Living alone in older age is linked with a reduced motivation to cook and to eat regular meals (Davis, Randall, Forthofer, Lee, & Margen, 1985). Older men living alone consume fewer fruit and vegetables compared with older women (Hughes, Bennett, & Hetherington, 2004). Those who live alone over the age of 60 who report feelings of loneliness are also more likely to forget to eat, and experience a lack of appetite (Wylie, 2000). Older age represents an important stage of the life course from which to analyse processes of change, including food practices (Hockey & James, 2002). Widowhood in older age may prompt changes in domestic habits as individuals' employ social resources to cope with the psychical challenges of food tasks (Vesnaver, Keller, Payette, & Shatenstein, 2012). Arguably, the attitudes of older people represent a much needed contribution to the development of theories of food consumption and dining out.

The purpose of this study was to explore the food practices of

* Corresponding author.

E-mail address: nadine.thomas@stir.ac.uk (N. Thomas).

one-person households of older people, living alone in their own homes. Moreover, the project aimed to investigate the ways such practices were meaningful; in particular how they related to community care at a conceptual, as well as practical, level. The aims were articulated in the following questions: i) what are the everyday food practices of older people living alone in South East Scotland? (ii) What can their experiences of food practices tell us about identity, relationships with others and society? And (iii) how does the current system of community care in Scotland respond to the meanings of mealtimes held by older people? This paper begins with a synthesis of literature on food behaviours of older people and an overview of community food initiatives in Scotland. Following an outline of the research methods, the results are presented in parallel with a discussion, in order to contextualise findings. Implications for future research as well as policy and practice are identified in the conclusion.

2. Background

Growth in the number of households in Scotland is largely attributed to greater numbers of people, in particular, older people, living alone (National Records of Scotland, 2016). This trend is likely to continue, with a projected 85% increase in the size of the population aged 75 and above between 2016 and 2037 (National Records of Scotland, 2016). How food is obtained and prepared is critical to the food security of this population, defined as having access to sufficient, safe, nutritious food to maintain a healthy and active life at all times (World Health Organisation, 1996). However, at present the Scottish Government recognises that there is 'no collated data for food provision of older people living in their own homes in Scotland' (in Jones, Duffy, Coull, & Wilkinson, 2009, p. 38). A number of factors influence food availability for older people living at home. Although not all older people find it difficult to procure and prepare food, certain factors such as lacking cooking skills, difficulties in accessing shops, not owning a car, disability, and low household income are associated with an increased risk of malnutrition (Community Food and Health Scotland, 2014; Turrini et al., 2010; Wilson, 2009).

A range of initiatives exist across Scotland with the objective of improving the nutritional status of older people living at home, including lunch clubs, food cooperatives, transport provision, meal delivery services and cooking classes (Community Food and Health Scotland, 2014). Community initiatives have been shown to be in a unique position to provide a personalised, health-promoting service to older people living at home (Dwyer & Irene, 2011). Keller, Dwyer, Edwards, Senson, and Gayle Edward (2007) demonstrate the benefits of grocery shopping and home-delivery services such as 'meals-on-wheels', and argue that adequate funding, appropriate eligibility criteria, and proper co-ordination of these services are critical to ensuring the food security of older people. Without such measures, food security may actually be undermined by policies enabling people to live independently for longer (Mattsson Sydner & Fjellström, 2007). Similarly, Wilson (2009) describes how many older people living in the community rely on services to ensure an appropriate quantity and variety of foodstuffs. In light of this critical contribution, it appears that local authorities are expected to identify need in the community and respond by funding the community initiative that best meets that need in Scotland.

Longitudinal data indicates that loneliness increases in older age due to reduced friendship networks, bereavement and declining health (Collins, 2014). It is difficult to precisely identify the number of older people who are lonely but estimates suggest that around 10% of those over 65 describe themselves as feeling mostly or always lonely (Luanaigh & Lawlow, 2008; Victor, Scambler, & Bond, 2008). In Scotland, this equates to 83,000 adults, with many more

fitting into the category of 'at risk' of loneliness. If the prevalence of loneliness amongst older adults persists, this figure will increase to a population of 100,000 by 2031 (Scottish Executive, 2007). Lunch clubs for older people offer a platform for social interaction with other diners, cooks and those providing service or transport. The Community Food and Health Scotland defines lunch clubs as 'the opportunity to have a meal, often an affordably priced, outside of the home and ... to meet with others in a social setting' (2011: 02). Lunch clubs for older people may be an important aspect of combating loneliness in the community, yet data on effectiveness of day care interventions is patchy (Jones et al., 2009).

Research suggests that ageing prompts positive and negative consequences on health and wellbeing through changes in food habits. A loss of control over food activities is hypothesised to threaten identity and cause anxious self-reflection and reduced self-esteem (Locher, Yoels, Maurer, & van Ells, 2005; Rose & Howard, 2014). Having to take up new food related activities, as well as having to discontinue former activities, may prompt instability in a sense of self (Atta-Konadu, Keller, & Daly, 2011; Gustafsson & Sidenvall, 2002). On the other hand, others have highlighted the capacity of older people to adapt and enjoy new forms of food practices: for example, spending time on other leisure activities than meal preparation (Lane et al., 2014) being cooked for (Wilson, 2009) and dining together (Keller et al., 2007). This contradictory relationship between altered food practices and wellbeing reinstates that there is no singular trajectory of how older people adapt to changes over the life course.

Given its symbolic nature, anthropologists have long been intrigued by the distribution of and practices around food. Mealtimes have been interpreted as an indication of social affinity (Douglas & Nicod, 1974), gender roles (Douglas, 2014), and the reproduction of family (DeVault, 1991). An understanding of what constitutes a 'proper' meal (Murcott, 1982), whilst often stereotyped, nonetheless has useful currency for comparison (Warde & Martens, 2000). Charles and Kerr (1988) delineate between the sociability of mealtimes in comparison with snacking, which is an individual activity. This raises the issue that an individual's involvement with food extends beyond prototypical household routine (Murcott, 1997). 'Food practices' is a term used to categorize any task, action or life experience involving food (Plastow, Atwal, & Gilhooly, 2015). Such a term encompasses the acquisition, preparation, serving, consuming and disposal of food (Jastran, Bisogni, Sobal, Blake, & Devine, 2009).

Dining out or eating out is a contested term, most often pitted against ideals of family and household food provision (Wood, 1995). A shared understanding of dining out draws on concepts of non-domestic space, freedom from food work, commerciality, relative rarity and the purposiveness to consume a meal (Warde & Martens, 2000). Theoretical modelling of dining out separates commercial and communal modes of provision. The former characterised by financial transactions (e.g. restaurants and other catering settings) and the latter by more informal system of reciprocity, (e.g. dinner parties and other entertaining events). Survey data suggests that approximately one third of the average weekly food and drink budgets is spent on dining out per British household (DEFRA, 2015). The frequency of dining out appears to vary significantly with age, with older women eating out less often than younger women (Lyon et al., 2011). Dining out therefore represents a small, but nonetheless important, component of everyday food practices of older people in the UK. Previous analyses of dining out have relied on a commercial: communal dichotomy (Bourdieu, 1984; Bell & Valentine, 1997; Warde, 1997; Warde & Martens, 2000). Whilst these provide interesting insights into the patterning and social significance of dining out, they fail to capture the growing number of alternative spaces, in which meals are shared between non-

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