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# Accepted Manuscript

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Nadine Thomas, Ruth Emond

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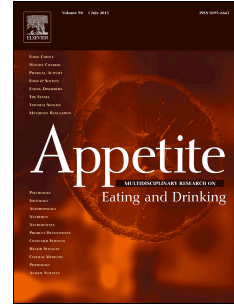
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**Living alone but eating together: exploring lunch clubs as a dining out experience**

Nadine Thomas & Dr Ruth Emond

Faculty of Applied Social Science, University of Stirling, Scotland, FK9 4LA

Correspondence to [nadine.thomas@stir.ac.uk](mailto:nadine.thomas@stir.ac.uk)

ACCEPTED MANUSCRIPT

1 **Living alone but eating together: exploring lunch clubs as a dining out experience** □

2 Nadine Thomas & Ruth Emond □

3 University of Stirling, Scotland, UK □

4 *Key messages*

- 5 • Lunch clubs can be sources of dining out experiences
- 6 • Dining in alone is not necessarily experienced as lonely by older people; rather  
7 associated with a sense of control over menu and food practices
- 8 • However, choice and control is limited by the availability of community care

9 *Abstract* □

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

26

27 **Introduction** □

28 Mealtimes are not natural, inevitable or universal events and may therefore be highly  
29 indicative of social order (Murcott, 1997; Germov & Williams, 2004). What we eat,  
30 when we eat and where we eat are not determined at birth but are socially constructed and  
31 therefore fluid (Lane et al., 2014). Activities involving food are often marked by  
32 elements of ritual and routine (Logan et al., 2013). When such activities are observed and  
33 analysed, they can highlight important mechanisms by which we relate to ourselves, and  
34 to other people (Warde & Hetherington 1994). □

35 Yet research into the patterning of mealtimes has so far focused on the archetypal  
36 'family' of a heterosexual couple and children (Charles & Kerr, 1988; Ochs & Shohet,  
37 2006; Philpin et al., 2014), and cohabitating couples (Burke et al., 1999; Marshall &  
38 Anderson 2002), despite a rapid expansion of one-person households in the UK since  
39 2004 (Knipe, 2015). Given such socio-demographic shifts, developing an understanding  
40 of domestic mealtime routines and dining out experiences of people living in one-person  
41 households can be considered of increasing importance. □

42 Relatively little is known about the domestic organisation and mealtime experiences of  
43 older people living alone in the community. Living alone in older age is linked with a  
44 reduced motivation to cook and to eat regular meals (Davis, 1985). Older men living  
45 alone consume fewer fruit and vegetables compared with older women (Hughes et al.  
46 2004). Those who live alone over the age of 60 who report feelings of loneliness are also  
47 more likely to forget to eat, and experience a lack of appetite (Wylie, 2000). Older age  
48 represents an important stage of the life course from which to analyse processes of  
49 change, including food practices (Hockey & James, 2002). Widowhood in older age may  
50 prompt changes in domestic habits as individuals' employ social resources to cope with  
51 the psychological challenges of food tasks (Vesnaver et al., 2012). Arguably, the attitudes of  
52 older people represent a much needed contribution to the development of theories of food  
53 consumption and dining out. □

54 The purpose of this study was to explore the food practices of one-person households of  
55 older people, living alone in their own homes. Moreover, the project aimed to

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

67

## 68 **Background** □

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

83 A range of initiatives exist across Scotland with the objective of improving the nutritional  
84 status of older people living at home, including lunch clubs, food cooperatives, transport

85 provision, meal delivery services and cooking classes (Community Food and Health  
86 Scotland, 2014). Community initiatives have been shown to be in a unique position to  
87 provide a personalised, health-promoting service to older people living at home (Dwyer  
88 & Irene, 2011). Keller et al. (2007) demonstrate the benefits of grocery shopping and  
89 home-delivery services such as ‘meals-on-wheels’, and argue that adequate funding,  
90 appropriate eligibility criteria, and proper co-ordination of these services are critical to  
91 ensuring the food security of older people. Without such measures, food security may  
92 actually be undermined by policies enabling people to live independently for longer  
93 (Mattsson Sydner & Fjellström, 2007). Similarly, Wilson (2009) describes how many  
94 older people living in the community rely on services to ensure an appropriate quantity  
95 and variety of foodstuffs. In light of this critical contribution, it appears that local  
96 authorities are expected to identify need in the community and respond by funding the  
97 community initiative that best meets that need in Scotland. □

98 Longitudinal data indicates that loneliness increases in older age due to reduced  
99 friendship networks, bereavement and declining health (Collins, 2014). It is difficult to  
100 precisely identify the number of older people who are lonely but estimates suggest that  
101 around 10% of those over 65 describe themselves as feeling mostly or always lonely  
102 (Victor et al., 2008; Luanaigh & Lawlow, 2008). In Scotland, this equates to 83,000  
103 adults, with many more fitting into the category of ‘at risk’ of loneliness. If the  
104 prevalence of loneliness amongst older adults persists, this figure will increase to a  
105 population of 100,000 by 2031 (Scottish Executive, 2007). Lunch clubs for older people  
106 offer a platform for social interaction with other diners, cooks and those providing service  
107 or transport (Dwyer and Hardill, 2011). The Community Food and Health Scotland  
108 defines lunch clubs as ‘the opportunity to have a meal, often an affordably priced, outside  
109 of the home and ... to meet with others in a social setting’ (2011: 02). Lunch clubs for  
110 older people may be an important aspect of combating loneliness in the community, yet  
111 data on effectiveness of day care interventions is patchy (Jones et al., 2009).

112 Research suggests that ageing prompts positive and negative consequences on health and  
113 wellbeing through changes in food habits. A loss of control over food activities is  
114 hypothesised to threaten identity and cause anxious self-reflection and reduced self-

115 esteem (Locher et al., 2005; Rose & Howard, 2014). Having to take up new food  
116 related activities, as well as having to discontinue former activities, may prompt  
117 instability in a sense of self (Gustafsson & Sidenvall, 2002; Atta-Konadu et al., 2011). On  
118 the other hand, others have highlighted the capacity of older people to adapt and enjoy  
119 new forms of food practices: for example, spending time on other leisure activities than  
120 meal preparation (Lane et al., 2014) being cooked for (Wilson, 1997) and dining together  
121 (Keller et al., 2007). This contradictory relationship between altered food practices and  
122 wellbeing reinstates that there is no singular trajectory of how older people adapt to  
123 changes over the life course. □

124 Given its symbolic nature, anthropologists have long been intrigued by the distribution of  
125 and practices around food. Mealtimes have been interpreted as an indication of social  
126 affinity (Douglas and Nicod, 1974), gender roles (Douglas, 2014), and the reproduction  
127 of family (DeVault, 1991). An understanding of what constitutes a ‘proper’ meal Murcott  
128 (1982), whilst often stereotyped, nonetheless has useful currency for comparison  
129 (Warde and Martens, 2000). Charles and Kerr (1988) delineate between the sociability of  
130 mealtimes in comparison with snacking, which is an individual activity. This raises the  
131 issue that an individual’s involvement with food extends beyond prototypical household  
132 routine (Murcott, 1997). ‘Food practices’ is a term used to categorize *any* task, action or  
133 life experience involving food (Plastow et al., 2015). Such a term encompasses the  
134 acquisition, preparation, serving, consuming and disposal of food (Jastran et al., 2009). □

135 Dining out or eating out is a contested term, most often pitted against ideals of family and  
136 household food provision (Wood, 1995). A shared understanding of dining out draws on  
137 concepts of non-domestic space, freedom from food work, commerciality, relative rarity  
138 and the purposiveness to consume a meal (Warde and Martens, 2000). Theoretical  
139 modelling of dining out separates commercial and communal modes of provision. The  
140 former characterised by financial transactions (e.g. restaurants and other catering settings)  
141 and the latter by more informal system of reciprocity, (e.g. dinner parties and other  
142 entertaining events). Survey data suggests that approximately one third of the average  
143 weekly food and drink budgets is spent on dining out per British household (DEFRA,  
144 2015). The frequency of dining out appears to vary significantly with age, with older



145 women eating out less often than younger women (Lyon et al., 2011). Dining out  
146 therefore represents a small, but nonetheless important, component of everyday food  
147 practices of older people in the UK. Previous analyses of dining out have relied on a  
148 commercial: communal dichotomy (Bourdieu, 1984; Bell & Valentine, 1997; Warde,  
149 1997; Warde and Martens, 2000). Whilst these provide interesting insights into the  
150 patterning and social significance of dining out, they fail to capture the growing number  
151 of alternative spaces, in which meals are shared between non-family members involving  
152 less formal economic transactions. Part commercial, part communal, lunch clubs are  
153 arguably a burgeoning mode of dining out which have hitherto received little attention. □

154

#### 155 *Methods* □

156 A qualitative approach was selected as the most appropriate design to interpret  
157 individuals' understanding of the world. A range of methods were chosen to collect data,  
158 including interviews and documentary evidence, to capture meanings mediated through  
159 language and action. This approach was intended to provide a number of data sources  
160 from which variation within and between data sources could be used to identify emerging  
161 patterns in the data (Boyatzis, 1998). □

#### 162 *Sample* □

163 Several lunch clubs specifically for older people were identified using an online third-  
164 sector database, the first of whom contacted consented to participate. Ethical protocols  
165 were devised in accordance with the University of Stirling Ethics committee and  
166 consenting organisation. Research participants were recruited in-person following a short  
167 presentation about the project by the researcher. Information leaflets were given out in  
168 order that members could consider their involvement in the project, and notes of interest  
169 were gathered a week later. Prior to interview, a consent form was used to agree  
170 principles of confidentiality, anonymity and to withdraw their involvement between  
171 researcher and participant. □

172 Selection criteria were used to implement a sampling frame, guided by the research

173 questions and conceptual framework (Blaikie, 2009). The term ‘older people’ was  
174 acknowledged as a socially constructed category within a constructivist epistemological  
175 paradigm; nevertheless, individuals over the age of 65 were classified as older adults in  
176 keeping the National Records of Scotland (2016). The criteria for participants in this  
177 study were being over the age of 65, attending a lunch club and living alone.  
178 Opportunistic sampling of 20 lunch club members resulted in a final sample of ten: five  
179 men and five women. All but one interested participant met the criteria for inclusion. This  
180 latter case of an individual of the age of 60 was included since disconfirming and  
181 ‘exceptional’ cases can enrich samples by locating extremes and contingencies (Miles et  
182 al., 2013). Participants ranged between 60 and 88 years old, and had been referred to the  
183 lunch club by social workers, family or friends or had self-referred. □

#### 184 *Data collection* □

185 Three methods were used to collect data: food diaries, a semi-structured interview and a  
186 card sort exercise. Two members of the lunch club reviewed the participant materials and  
187 interview guide prior to use. Thereafter the researcher visited the lunch club weekly to  
188 conduct face-to-face semi-structured interviews to enable issues arising from the diary  
189 data to be explored in greater depth. In the week leading up to interview, participants  
190 were also asked to complete a 5-day food diary, analogous to Marshall and Anderson  
191 (2002) study of the food practices of younger adults. Food diaries were structured for  
192 participants’ to record what was eaten, where it was eaten, at what time, with whom and  
193 whether anyone else was involved with preparation. □

194 Interviews were active, conversational and followed a loose three-part topic guide,  
195 informed by Plastow et al. (2015). Specifically they consisted of:

196

- 197 a) Introductory questions about the interviewees’ family life, living circumstances  
198 and engagement with the lunch club.
- 199 b) Participant reflections on the food diary. Participants responded to the open  
200 questions of “Tell me about your food diary” and, “Is there anything that  
201 surprised you?”

202 c) Interviewer reflections on diary and interview content. The interviewer drew on  
 203 issues raised by the interviewee and food diary to probe specific food behaviours,  
 204 their typicality and meanings associated with these behaviours.

205 Verbal prompts were used to locate conversations about food in the home and provide a  
 206 sensory background for recalling mealtime experiences at home (Taylor, 2005). At the  
 207 end of the interview, participants were asked to rank □ statements based on Social Care  
 208 Institute for Excellence guidance on food and eating in reference to the question, ‘how  
 209 important are these to you as part of an everyday meal?’ (see Table □1).

210 Table 1: SCIE statements based on ‘Dignity in Care’ guidelines (SCIE 2013) □

My dietary needs are met	The food is local and seasonable
A carer, family member or friend is present	The food is freshly cooked
I am involved in food preparation	I have time – I am not rushed
I am asked what my preference is	The food is accessible
The food looks appetising	I have privacy

211

212 Interviews lasted between 40 and 60 minutes and were audio recorded with participants’  
 213 permission. Consent was considered an ongoing process (Corrigan, 2003); as such  
 214 participants were reminded of the aims of the project and provided the opportunity for  
 215 questions and feedback throughout their involvement. □

216 *Analysis* □

217 Symbolic interactionism was employed as theoretical perspective with which to interpret  
 218 meanings from interview transcripts, specifically the meanings individuals attached to  
 219 mealtimes. This approach assumes that social life is symbolic, and is reproduced through  
 220 social interaction (Blumer, 1980). Data from food diaries and interviews were transcribed  
 221 following data collection, with clear delineations between categories developed by the

222 participant and those developed by the researcher. Interview transcripts were initially  
223 reviewed to identify data-driven codes, that is, recognisable moments in the data  
224 (Boyatzis, 1998). This inductive process led to the creation of a code-book. Thematic  
225 analysis was subsequently used to search for important categories and relationships that  
226 could group codes together on Microsoft Excel. Analysis took place concurrently with  
227 data collection, allowing for the applicability of codes to be appraised as an integral part  
228 of the research process.

229 Food diaries and card sort exercises were used primarily as a stimulus for discussion.  
230 Food diaries were used to build a picture of mealtimes in the households of participants,  
231 as with Marshall & Anderson (2002). Data on the number of eating occasions in the  
232 house, with or without company, and who prepared the meal available in the diary, was  
233 counted. In addition, priority rankings of participants were tabulated and used analysed  
234 alongside interview data using the constant comparison method to identify similarity or  
235 difference. The tabulated outcomes of food diaries and ranking exercises represent a  
236 basic form of content analysis (Joffe & Yardley, 2004). These numerical descriptors were  
237 considered of analytical value only in context of the thematic analysis.

238

### 239 *Findings and discussion*

240 Mealtimes are at once pragmatic and symbolic. Examining the everyday food practices of  
241 older people highlights important processes surrounding social interaction and identity  
242 construction (Caplan, 1997; McIntosh et al., 2010; Plastow et al., 2015). This study,  
243 which aimed to document the food practices of older people living at home alone,  
244 identified a number of themes relating to these issues. For the purposes of this paper,  
245 focus is given to the meanings attributed by participants to the food practices around  
246 domestic eating and eating out. □

247 Table 2 summarises the differences between experiences of dining in and dining out  
248 articulated by participants. Dining in was characterized by most as everyday meals, eaten  
249 at home. These meals were described as requiring food related work, and were

250 predominantly eaten alone. Participants considered food preference and eating time as  
 251 key priorities for enjoyable dining in experiences. By contrast, food preference was not  
 252 considered an important aspect of dining out. Instead, sociability, freedom from food  
 253 labour and the rarity of eating events outside the home were stated as key sources of  
 254 enjoyment when dining out. The lunch club was perceived as one of the few places  
 255 participants could go in order to eat out due to limited mobility and transport options.  
 256 These distinctions are explained with reference to interview data and discussed under  
 257 four themes: *the norm of dining in, eating alone as a positive experience, dining out as a*  
 258 *'treat', and what makes a good meal.* □

259 Table 2: Conceptual differences between dining in and dining out according to  
 260 participants

	<b>Dining in</b>	<b>Dining out</b>
1	Everyday	Rare
2	Solitude enjoyed	Company enjoyed
3	Requiring food work	Freedom from food work
4	Food preference important	Food preference not important

261

262 *1. The norm of dining in* □

263 Food diary and interview data highlighted that most food consumption amongst  
 264 participants occurred at home. Some participants demonstrated idiosyncratic, ritualised  
 265 domestic food practices, for example, eating the same things at the same time each day.  
 266 One participant described eating a cheesecake slice at 3.30pm every day; another, two  
 267 digestive biscuits at 7.30pm daily, and another prepared cooked a breakfast of potato  
 268 scone, egg, beef sausage, hash brown, spaghetti and a half cup of milk each day.  
 269 Routinized food practices were especially evident amongst those whose mealtime  
 270 schedules were not maintained by professional carers. □

271 Often such domestic food practices held particular meanings to participants as they  
272 related to notions of family, including childhood and marriage: □

273           Researcher: I notice that you have Wensleydale cheese and biscuits every day  
274 before □bed, can you tell me a little bit about that? □

275           Ellen: My father was always going around farms and places; he always came  
276 back with □Wensleydale cheese that he picked up from some farm or other.  
277 With the result I have □a taste for Wensleydale cheese. □

278 However, the meaning of domestic mealtimes to participants varied with other factors,  
279 including the day of the week or the social context. Many noted specific, alternative  
280 ‘dining in’ routines for weekends, such as having a pint of beer, a late breakfast or a  
281 ‘Sunday’ roast. In addition, having visitors at mealtimes created a more formal dining  
282 experience at home both in□terms of the menu as well as the practices surrounding the  
283 consumption of the meal: □

284           I’m very proper when I have visitors. You know, but when I’ve got visitors  
285 I’ve got □everything right on the table (Gina) □

286 The incidence of dining out, outwith the lunch club, reported by participants ranged from  
287 rarely to not at all. Most participants explained their infrequent dining out habits in  
288 reference to restricted mobility or chronic illness. In light of these, access to commercial  
289 dining venues was considered limited: □

290           When you have a disability, it makes it difficult to get out. [The lunch club] is  
291 about □the only place you can come (Humphrey) □

292 Therefore, dining in, specifically, dining in alone, constituted the majority of mealtime  
293 experiences for participants; yet the meaning of meals eaten at home varied according to  
294 particular temporal or social factors. This suggests that, whilst the extent of eating out  
295 and irregular eating amongst young people is increasing in the UK (Tyrrell et al., 2016),  
296 thistrend□does not have uniform application across age groups. Instead participant  
297 accounts of domestic eating habits closely resemble a ‘proper meal’ indigenous to

298 Britain, as conceptualised by Murcott (1997). That is, domestic meals, of which those  
299 eaten in the evening are variations on the theme of ‘meat and two veg’. Routine  
300 appeared to mark the passage of time in a way that was predictable and reflected  
301 participants’ life course. Experiences of leisure at weekends often involved the use food  
302 as a way of keeping Sunday special (Hardyment, 1995). This norm appears to persist in  
303 spite of changes to labour engagement and family composition within the participant  
304 group. Characterised by fewer rules and greater flexibility, the food practices associated  
305 with weekends were similar to those reported by individuals on holiday (Williams,  
306 1997). □

## 307 *2. Eating alone as a positive experience* □

308 Whilst the content and practices of domestic meals varied between participants, all  
309 reported that meals were normally eaten alone. Individuals receiving paid care at home  
310 expressed that it was unusual for carers to stay with them at mealtimes. Often to stay  
311 would mean that carers’ exceeded their 30-minute allocated time slot, as has been  
312 documented previously by Watkinson-Powell et al. (2014). Despite acknowledging the  
313 support of family members with food practices (food shopping and preparation),  
314 participants described the physical presence of family members at mealtimes as less  
315 frequent. □

316 Interestingly, participants largely valued the solitude of dining in alone. In food diaries  
317 dining in alone was linked with feelings of ‘contentment’ ‘content tiredness’,  
318 ‘happiness’, ‘thoughtfulness’ and ‘peacefulness’. Watching TV and reading the  
319 newspaper were the two most common activities taking place at mealtimes. One  
320 individual recorded stamp collecting regularly over breakfast. Participants explained  
321 these diversions as a form of company or way to relax. In some ways, this suggested  
322 autonomy over the eating environment: □

323 I love it because I can do what I like (laughs) and I can watch TV, I can  
324 watch whatever programme I like. Except when my wee grandbairns come.  
325 Except when they’re up and they say ‘I want to watch this and that’ and I  
326 have to let them (Gina) □

327 The freshness and variety of foods was generally regarded as a higher priority than  
328 having a family, friend or carer present at mealtimes at home. In this way, eating alone  
329 was a practical challenge rather than an emotional one: □

330 We are in the habit of eating on our own. It's irrelevant whether someone is  
331 present or not. We would never eat if we had to have someone present!  
332 (Helen)

333 Therefore, whilst dining in was, for the main part, experienced alone it was not described  
334 by participants as a lonely event. By contrast, dining in alone was perceived in practical  
335 terms and, at times, symbolic of independence, competence and control. Food practices  
336 reveal elements of ritual whereby patterns, identities and values are reinforced or resisted  
337 through food choices (Guptill et al., 2013). Previous analyses of eating alone emphasise  
338 the symbolic meaning of loss associated with eating alone (Andersson and Sidenvall,  
339 2001; Lane et al., 2013). On the contrary, this study finds that participants were mindful  
340 of their personal food preferences, and likely to eat according to these in a one-person  
341 household, as with Vesnaver et al (2015). However, whether there are any gender-  
342 specific responses to social and psychological changes due to ageing in food practices is  
343 an area that requires more research (Plastow et al., 2015).

### 344 3. Dining out as a 'treat'

345 An emergent theme from interview transcripts was the effort required in everyday food  
346 work. For some female participants their engagement in food work had recently reduced:

347 This is how cooking sort of changed because once the husband died, I did use  
348 to make meals for him. At least there were two of us eating and I would try  
349 cooking. I wasn't too bad at it. But once he died, I just couldn't be bothered  
350 preparing a whole load of vegetables and things for myself (Ellen)

351 For some male participants, food-related tasks presented a novel workload:

352 [My wife] did most of the work. This is all new to me – cooking, housework,  
353 shopping (David)



354 There was a widespread belief that cooking was synonymous with ‘bothering’. Only one  
355 participant stated that she missed being involved with food preparation. Research  
356 indicates that men and women living alone often perceive preparation of food as a need  
357 rather than a pleasure (Turrini et al., 2010). An attitude that ‘domestic work is  
358 oppressive’ is prevalent in the UK survey data, particularly amongst female respondents  
359 (Warde and Martens, 2000). ‘Not bothering’ might be interpreted as a rational and  
360 acceptable response to challenges encountered in food preparation. Mattsson Sydner et al.  
361 (2007) view simplified cooking as an adaptive strategy used in older age when  
362 individuals have more time to eat but less motivation. However in this study it was  
363 difficult to discern whether ‘not bothering’ emerged from financial, emotional or  
364 practical concerns. One way to theorize ‘not bothering’ is to look at issues of complex  
365 morality, norms and values that could underpin impressions of practicality in food-related  
366 work (Bugge & Almas, 2006). □

367 On the other hand, dining out was regarded as an activity free from labour and as having  
368 a luxurious quality. Four participants stressed that an attractive feature of the lunch club  
369 was having a meal put down in front of them. In one case, the opportunity to dine out  
370 was an expression of love between one participant and their family members: □

371 It was my birthday here on Wednesday so [my daughters] are taking me to a  
372 carvery on Saturday for my lunch. So that’s my treat. I’m going on Saturday  
373 (Madeline) □

374 Therefore, dining out in the lunch club and other locations were perceived with  
375 ‘specialness’, arguably in part due to their break from everyday food labour. □

#### 376 *4. What makes a good meal*

377 Participants viewed food choice as the highest priority for eliciting satisfaction at  
378 mealtimes. All ten participants ranked ‘I am asked what my preference is’ as the most  
379 important SCIE guideline conducive to pleasurable mealtimes. However, during  
380 interviews, participants did not elaborate on the content of meals eaten out. No  
381 participant stated that the quality of the meal or particular foodstuffs was a motivating

382 factor for, or valued aspect of, dining out at the lunch club. Instead, the sociability of  
383 dining out was prioritized over and above the material content of meals: □

384           The main thing as far as I'm concerned is the company. That's the reason I  
385           come□basically (Daniel) □

386 Although having preferred food choice was considered critical to enjoyable everyday  
387 meals, this material aspect appeared to matter little when dining out. Indeed, the actual  
388 food consumed□at mealtimes was valued less in the context of a more gratifying, social  
389 context at the lunch club. This suggests that the modes of gratification from dining in and  
390 dining out differ. Warde and Martens (2000) show that dining out is often associated with  
391 pleasure and gratification, by offering economic exchange, experimentation and relaxed  
392 interaction. A sense of accomplishment, derived from performing roles in a dining out  
393 experience, is posited to□overshadow all other sources of gratification. □Findings from  
394 this study would appear to support Warde and Marten's hypothesis, by evidencing that  
395 social interaction often confers dining out with special characteristics. Thus, even in the  
396 absence of food choice (for example, at the lunch club), the experience remains a  
397 gratifying one.

398

### 399 ***Conclusion***

400 The aim of this small-scale study was to explore the mealtime experiences of older  
401 people living alone, who attend at lunch club in South East Scotland. In so doing it  
402 uncovers that the meaning of mealtimes, according to older people living alone, appears  
403 to shift when eaten□alone and eaten in company. Amongst this group, gratification from  
404 dining out is more closely□associated with the social context than the material (food)  
405 context of mealtimes. On the other□hand, gratification from dining in is more closely  
406 associated with the material (food) context,□for example, meeting preferences for food  
407 choice and eating times. These conclusions chime with Warde and Martens (2000)  
408 hypothesis that dining out is a 'social accomplishment'. It is worth noting that, in this  
409 study, pleasurable experiences from dining out at the lunch club were heightened due to

410 their rarity i.e. the lunch club was perceived one of the few places participants could go.  
411 Lunch clubs therefore offer older people a dining out experience; one that is part  
412 commercial, part communal in character. This specific mode of dining out, its socio-  
413 spatial nature and the variation it encompasses, has received little attention until this  
414 point. Population- ageing raises the research agenda for further investigating the  
415 situational factors at work in this form of food consumption outside the home by  
416 community-dwelling individuals. □

417 Furthermore, this study highlights that dining in alone is often a means of realising  
418 individuality and independence in older age. Mealtimes here symbolised living alone and  
419 the practicalities of this, rather than lonely living to participants in one-person  
420 households. For policy-makers this implies action to ensure that choice and control over  
421 food practices at home is achievable. Current policy favours care provision in the  
422 community for as long as possible. However, this study suggests that in practice there  
423 may be insufficient resources for individuals to realise their perceived mealtime  
424 preferences at home. More research is needed in other local authorities in Scotland to  
425 understand how widespread this disparity is. For carers, family members, health  
426 practitioners and older people role it implies initiating conversations about food to  
427 uncover the personal biography of food preference and everyday practices. Such  
428 conversations have been shown to provide a deeper understanding of food choice, which  
429 may subsequently be drawn upon to improve mealtimes experiences in and outside the  
430 home. □

#### 431 *Strengths*

432 This study offers novel insights into the food practices of older people living alone. As  
433 the number of older people living at home alone is projected to increase over the next 20  
434 years to an unprecedented level (National Records of Scotland, 2016), research  
435 investigating the priorities of, and potential problems faced by, individuals in this  
436 population regarding their food practices is of considerable importance. It further  
437 advances the use of food diaries as a research tool, to collect data on the rituals and  
438 routines surrounding food. Developing the contribution of Andersson and Marshall

439 (2000), the use of food diaries as a stimulus for discussion here allowed for the social and  
440 emotional aspect of mealtimes to be captured. Moreover this study contextualises food  
441 practices literature within a policy setting in Scotland, to raise discussion on the  
442 consequences of shifts to community care models on the everyday food and eating.

#### 443 *Limitations*

444 Whilst not seeking generalizability, the sample size and geographical focus of this study  
445 reduce the diversity of viewpoints and everyday practices at large in the wider population  
446 of older people living alone at home in Scotland. Participants involved in the study were  
447 all connected with the lunch club, whose members often demonstrate a propensity to join  
448 in with other social events or activities (Wilson, 2009). Variability in personal  
449 disposition, types of social networks, level of disability, income, and other factors may  
450 therefore have been limited. Consequently, the applicability of findings across older  
451 people living at home in different locations in Scotland, with differential access to social  
452 and other resources, is constrained. However, the study sample varied regarding gender,  
453 age, health status, and type and level of support received at home. Moreover, the findings  
454 may extend to people of other ages living alone.

455 Diary and interview data here were sensitive to bias. Specifically data collected was  
456 subject to the constraints of self-report, thus potentially mediated based on what  
457 participants believe the researcher wanted to hear (Rapley, 2007). Furthermore, as a  
458 result of the interview schedule design, most data available concerned food consumption.  
459 Food practices conceptually covers the acquisition, preparation, serving, consuming and  
460 disposal of food (Jastran et al., 2009). Future research should broaden the focus to  
461 include food disposal, in order to provide a more detailed illustration of the prioritization  
462 and preparation of food in the homes of older people who live alone.

463

464 Finally, due to the theoretical perspective employed in the study of symbolic  
465 interactionism, it is challenging to measure the extent to which individuals had control  
466 over circumstances, particularly, how control, or lack thereof, interacted with  
467 preferences. Symbolic interpretivism is one way of making sense of food practices.

468 Therefore, this study points to avenues for other theoretical perspectives, including  
469 critical analysis to use the same, or similar data, to interpret power imbalances at work.

470

471 *References*

472 Andersson, J. C., Gustafsson, K., Fjellström, C., Sidenvall, B., Nydahl, M. 2001. Meals  
473 and energy intake among elderly women—an analysis of qualitative and quantitative  
474 dietary assessment methods. *Journal of Human Nutrition and Dietetics* 14 (6) pp 467-  
475 476.

476 Atta-Konadu, E., Keller, H.H. & Daly, K., 2011. The food-related role shift experiences  
477 of spousal male care partners and their wives with dementia. *Journal of Aging Studies*,  
478 25(3), pp.305 – 315.

479 Bell, D. and Valentine, G. 1997. *Consuming Geographies: We are where we eat*.  
480 Psychology Press.

481 Blaikie, N., 2009. *Designing Social Research*, Polity Press.

482 Blumer, H., 1980. Mead and Blumer: The convergent methodological perspectives of  
483 social behaviorism and symbolic interactionism. *American Sociological Review*, 45(3),  
484 pp . 409-419.

485

486 Bourdieu, P., 1984. *Distinction: A social critique of the judgement of taste*, Harvard  
487 University Press.

488 Boyatzis, R., 1998. *Transforming Qualitative Information*, SAGE Publications.

489 Bryman, A. & Burgess, R., 1994. *Analyzing Qualitative Data: first edition*, Routledge.

490 Bugge, A.B. & Almas, R., 2006. Domestic dinner: Representations and practices of a  
491 proper meal among young suburban mothers. *Journal of Consumer Culture*, 6(2), pp.203  
492 – 228.

- 493 Burke, V., Giangiulio, N., Gillam, H. F., Beilin, L. J., Houghton, S. & Milligan, R. A.,  
494 1999. Health promotion in couples adapting to a shared lifestyle. *Health Education*  
495 *Research*, 14(2), pp.269–288.
- 496 Caplan, P., 1997. Approaches to the study of food, health and identity in Caplan, P (eds),  
497 *Food, Health and Identity*. Taylor & Francis, pp. 1 – 32.
- 498 Charles, N. & Kerr, M., 1988. *Women, Food, and Families*, Manchester University Press.
- 499 Collins, E., 2014. Preventing loneliness and social isolation in older people. *IRISS*  
500 *insights*, Insight 25.
- 501 Community Food and Health Scotland, C., 2014. *Older People Eat Well - Literature*  
502 *Review*, Available at: [https://www.communityfoodandhealth.org.uk/wp-](https://www.communityfoodandhealth.org.uk/wp-content/uploads/2014/08/Older-people-eat-well.pdf)  
503 [content/uploads/2014/08/Older-people-eat-well.pdf](https://www.communityfoodandhealth.org.uk/wp-content/uploads/2014/08/Older-people-eat-well.pdf)
- 504 Corrigan, O., 2003. Empty ethics: the problem with informed consent. *Sociology of*  
505 *Health and Illness*, 25(3), pp.768–792.
- 506 Davis, M. A., Randall, E., Forthofer, R. N., Lee, E. S., & Margen, S. (1985). Living  
507 arrangements and dietary patterns of older adults in the United States. *Journal of*  
508 *Gerontology*, 40(4), 434–442.
- 509 DEFRA (Department for Environment, Food and Rural Affairs). 2015. Family Food  
510 2014. Available at <https://www.gov.uk/government/statistics/family-food-2014>
- 511 DeVault, M., 1991. Family discourse and everyday practice: gender and class at the  
512 dinner table. *Syracuse Scholar*, 11(2), p.1 – 12.
- 513 Douglas, M., 2014. *Food in the Social Order*. Routledge. □
- 514 Douglas, M. & Nicod, M., 1974. Taking the biscuit: the structure of British meals. *New*  
515 *Society*, 30(637), pp.744 – 747.
- 516 Dwyer, P. & Irene, H., 2011. Promoting social inclusion? The impact of village services  
517 on the lives of older people living in rural England. *Ageing and Society*, 31(2), pp.243 –

- 518 264.
- 519 Germov, J. & Williams, L., 2004. Introducing the social appetite: towards sociology of  
520 food and nutrition in Germov, J. & Williams, L. (eds) *A Sociology of Food & Nutrition:  
521 the Social Appetite*, pp.3–26.
- 522 Guptill, A.E., Copelton, D.A. & Lucal, B., 2013. *Food and Society: principles and  
523 paradoxes: second edition*, Polity Press
- 524 Gustafsson, K. & Sidenvall, B., 2002. Food-related health perceptions and food habits  
525 among older women. *Journal of Advanced Nursing*, 39(2), pp.164 – 173.
- 526 Hardyment, C., 1995. *Slice of Life: the British way of eating since 1945*, BBC Books.
- 527 Hockey, J. & James, A., 2002. *Social Identities Across the Lifecourse*, Palgrave  
528 Macmillan UK.
- 529 Hughes, G. Bennett, J. M. & Hetherington, M., 2004. Old and alone: barriers to healthy  
530 eating in older men living on their own. *Appetite*, 43(3), pp. 269 - 276.
- 531 Jastran, M., Bisogni, C. A., Sobal, J., Blake, C. & Devine, C. M., 2009. Eating routines:  
532 Embedded, value based, modifiable, and reflective. *Appetite*, 52(1), pp.127 – 136.
- 533 Joffe, H. & Yardley, L. 2004. Content and Thematic Analysis in Marks D. F and Yardley.  
534 L (eds.) *Research Methods for Clinical and Health Psychology*. SAGE Research  
535 Methods, pp.56 - 68
- 536 Jones, J., Duffy, M., Coull., Y and Wilkinson, H., 2009. *Older People Living in the  
537 Community: nutritional needs, barriers and interventions - a literature review*, Available  
538 at: <http://www.gov.scot/Publications/2009/12/07102032/0>.
- 539 Keller, H. H., Dwyer, J. J., Edwards, V., Senson, C., Gayle Edward, H., 2007. Food  
540 security in older adults: community service provider perceptions of their roles. *Canadian  
541 Journal on Ageing/ La Revue canadienne du Vieilissement*, 26(4), pp.317 – 328.
- 542 Knipe, E., 2015. Families and Households 2015. *Office for National Statistics: Statistical*

- 543 *Bulletin*, pp.1 – 18.
- 544 Lane, K., Poland, F., Fleming, S. & Lambert, N., 2014. Older women's reduced contact  
545 with food in the Changes Around Food Experience (CAFE) study: choices, adaptations  
546 and dynamism. *Ageing and Society*, 34(4), pp.645 – 669.
- 547 Locher, J.L., Yoels, W. C., Maurer, D., van Ells, J., 2005. Comfort foods: an exploratory  
548 journey into the social and emotional significance of food. *Food & Foodways*, 13(4),  
549 pp.273 – 297.
- 550 Logan, V., McDowall, M., Booth, J., Heron, K., McIntyre, P., Baylis, M., 2014. Food for  
551 Thought: enhancing dietary preferences for the person with advanced dementia. *The*  
552 *Queen's Nursing Institute Scotland*. Available at: [https://www.qnis.org.uk/wp-](https://www.qnis.org.uk/wp-content/uploads/2016/11/Food-for-Thought-Report.pdf)  
553 [content/uploads/2016/11/Food-for-Thought-Report.pdf](https://www.qnis.org.uk/wp-content/uploads/2016/11/Food-for-Thought-Report.pdf)
- 554 Luanaigh, C. & Lawlow, B., 2008. Loneliness and the health of older people.  
555 *International Journal of Geriatric Medicine*, 23(12), pp.1213 – 1221.
- 556 Lyon, P., Mattsson Sydner, Y., Fjellström, C., Janhonen-Abuquah, H., Schröder, M. &  
557 Colquhoun, A. 2011. Continuity in the kitchen: How younger and older women compare  
558 in their food practices and use of cooking skills. *International Journal of Consumer*  
559 *Studies*, 35(5), pp. 529-537
- 560
- 561 Marshall, D.W. & Anderson, a S., 2002. Proper meals in transition: young married  
562 couples on the nature of eating together. *Appetite*, 39(3), pp.193–206.
- 563 Mattson Sydner, Y. & Fjellström, C., 2007. Illuminating the (non-)meaning of food:  
564 organization, power and responsibilities in public elderly care – a Swedish perspective.  
565 *Journal of Foodservice*, 18(3), pp.119-129.
- 566
- 567 Mattsson Sydner, Y.M., Fjellström, C., Lumbers, M., Sidenvall, B. & Raats, M., 2007.  
568 Food Habits and Foodwork. *Food, Culture & Society*, 10(3), pp.367 – 387.
- 569 McIntosh, I. Punch, S., Dorrer, N. & Emond, R., 2010. “You don't have to be watched to



- 570 make your toast”: surveillance and food practices within residential care for young  
571 people. *Surveillance and Society*, 3(4), pp.287 – 300.
- 572 Miles, M.B., Huberman, A.M. & Saldana, J., 2013. *Qualitative Data Analysis: a Methods*  
573 *Sourcebook*, SAGE Publications.
- 574 Murcott, A., 1982. On the social significance of the “cooked dinner” in South Wales.  
575 *Social Science Information*, 21(4), pp.677 – 698.
- 576 Murcott, A., 1997. “The nation’s diet”: an overview of early results. *British Food*  
577 *Journal*, 99(3), pp.89 – 96.
- 578 National Records of Scotland., 2016. Key Glossary of Terms. Available at:  
579 <https://www.nrscotland.gov.uk/glossary-of-terms>
- 580 Ochs, E. & Shoet, M., 2006. The cultural structuring of mealtime socialization. *New*  
581 *Directions for Child and Adolescent Development*, 111, pp.35 – 49.
- 582 Philpin, S., Merrell, J., Warring, J., & Hobby, D., 2014. Memories, identity and  
583 homeliness: the social construction of mealtimes in residential care homes in South  
584 Wales. *Ageing and Society*, 34(5), pp.752– 789.
- 585 Plastow, N., Atwal, A. & Gilhooly, M., 2015. Food Activities and Identity Maintenance  
586 Among Community-Living Older Adults: A Grounded Theory Study. *American Journal*  
587 *Occupational Therapy*, 69(6), pp. 1 - 10
- 588 Rapley, T. 2007. *Doing Conversation, Discourse and Document Analysis*. SAGE:  
589 Research Publications
- 590 Rose, C. & Howard, R., 2014. Living with coeliac disease: a grounded theory study.  
591 *Journal of Human Nutrition and Dietetics*, 27(1), pp.30 – 40.
- 592 SCIE (Social Care Institute for Excellence). 2013. *Dignity in Care*, Available at:  
593 <http://www.scie.org.uk/publications/guides/guide15/>.
- 594 Scottish Executive, 2007. *All Our Futures: Planning for a Scotland with an ageing*

- 595 population - the evidence base. Available at:  
596 <http://www.gov.scot/Topics/People/Equality/18501/Experience>
- 597 Taylor, M. C., 2005. Interviewing in Holloway, I. (eds) *Qualitative Research in*  
598 *Healthcare*, Maidenhead: Open University Press, pp.37 – 55.
- 599 Turrini, A., D’Addezio, L., Maccati, F., Davy, B. M., Arber, S., Davidson, K., Grunert,  
600 K., Schuhmacher, B., Pfau, C., Kozłowska, K., Szczecińska., Medeiros de Morais, C.,  
601 Afonso, C., Bofill, S., Lacasta, Y., Nydahl, M., Ekblad, J., Raats, M. M., Lumbers, M.  
602 2010. The informal networks in food procurement by older people—a cross European  
603 comparison. *Ageing International*, 35(4), pp 253-275.  
604
- 605 Tyrrell, R., Townshend, T. G., Adamson, A. J. & Lake, A. A. 2016. ‘I’m not trusted in the  
606 kitchen’: food environments and food behaviours of young people attending school and  
607 college. *Journal of Public Health* 38(2), pp 289 - 299.
- 608 Vesnaver, E., Keller, H. H., Sutherland, O., Maitland, S. B., Locher, J. L., 2016. Alone at  
609 the Table: Food Behavior and the Loss of Commensality in Widowhood. *The Journals of*  
610 *Gerontology Series B: Psychological Sciences and Social Sciences*, 71(6), pp.1056 –  
611 1069.
- 612 Vesnaver, E., Keller, H. H., Payette, H., Shatenstein, B., 2012. Dietary resilience as  
613 described by older community-dwelling adults from the NuAge study ‘If there is a will –  
614 there is a way!’ *Appetite*, 58(2), pp.730– 738.
- 615 Victor, C., Scambler, S. & Bond, J., 2008. *The Social World of Older People:*  
616 *Understanding Loneliness and Social Isolation in Later Life*, McGraw-Hill International.
- 617 Warde, A. & Hetherington, K., 1994. English households and routine food practices: a  
618 research note. *Sociological Review*, 42(4), pp.758 – 778.
- 619 Warde, A. 1997. *Consumption, Food and Taste*, SAGE.
- 620 Warde, A. & Martens, L., 2000. *Eating Out: Social differentiation, Consumption and*  
621 *Pleasure*, Cambridge University Press.

- 622 Watkinson-Powell, A., Barnes, S. & Lovatt, M., 2014. Food provision for older people  
623 receiving home care from the perspectives of home-care workers. *Health & Social Care*  
624 *in the Community*, 22(5), pp.553 – 560.
- 625 Williams, J., 1997. Food on holiday. In Caplan, P. (eds) *Food, health and identity*.  
626 Routledge: London, pp. 151 – 171.
- 627 Wilson, D.L., 2009. Preventing malnutrition in later life: the role of community food  
628 projects. *Age Concern, Help the Aged*, pp.1 – 36.
- 629 Wood, R., 1995. *The Sociology of the Meal*, Edinburgh University Press.
- 630 World Health Organisation., 1996. *Food Security*, Available at:  
631 <http://www.who.int/trade/glossary/story028/en/>.
- 632 Wylie, C., 2000. Health and social factors affecting the food choices and nutritional  
633 intake of elderly people with restricted mobility. *Journal of Human Nutrition and*  
634 *Dietetics* 13 (5) pp 363 - 371.