



Food habits and sharing by elders living in Normandy (France)

Sauvegrain SA*

PhD Anthropologist, Nutriset Group, University of Rouen Normandy, France

*Corresponding author: Sophie-Anne Sauvegrain, PhD, Anthropologist, Nutriset, Dysolab, University of Rouen, France; Email: sasauvegrain@nutriset.fr

Research Article

Volume 4 Issue 1

Received Date: March 29, 2021

Published Date: June 08, 2021

DOI: 10.23880/aeoj-16000146

Abstract

We present an anthropological study carried out in 2015 in Normandy, that explores how the elderly relate to their diet and what stimulates their appetite. The study was conducted by a multidisciplinary group led by an innovative approach within an agro- food company specialized in nutrition. We discuss the major criteria for appreciation of foods, how the notion of “eating well” equates to balance and well-being and finally the importance of sharing meals with others.

Keywords: Food; The Elderly; Eating Well; Normandy

Abbreviations: INSEE: National Institute of Statistics and Economical Studies; CCAS: Communal Center for Social Action; ASEPT: Association for Health, Education and Prevention in the Territories.

Introduction

In an era of profound and accelerating changes transforming our relation to time [1] and our fixation with youth, the aging process is at the heart of a societal paradox, that of “aging while remaining young” [2]. Among the “promises” of healthy longevity, food holds a special place. Important questions are: what do the elderly think about food beyond the various social norms? How do they talk about food? Do they enjoy eating?

Aging cannot be reduced to its biological or social dimensions: it is a complex physiological process experienced in an environmental and social context, involving biology, psychology and anthropology [3]. Thiel MJ [4] states that although these approaches provide insight into aging and its social construction, a deeper understanding of the elderly requires a more humanistic approach. According to Thiel MJ [4], if these different

approaches better explain the process of aging and its social features, many characteristics of the elderly remain unclear.

According to provisional data from INSEE¹, people aged 65 and over now represent 21.67% of the population in the region of Normandy- France. The importance of including seniors into society is addressed by the 2016 French law “Adapting society to aging”. Its very title expresses the desire for a better integration and the need to change the way we look at our elders... “We should not stare but envision” (cf. Aquino report²).

In French-speaking countries, dietary practices were studied -for people living at home [5]are considering factors such as gender, region of origin and social status, as markers of diets [5]. Other factors studied are the repercussion of changes in family life, loss of autonomy and culinary dependence i.e. the delegation of daily food preparation to

1 See calculations from the INSEE: National Institute of Statistics and Economic Studies. Source website www.insee.fr/fr/statistiques/3574506

2 Report of the Committee for Advancement in Age - Prevention and Quality of Life: Anticipating for a preserved autonomy: a social issue. Doctor Aquino. February 2013. 3. (quoting Jean Cocteau)

a third party such as a care giver, a food delivery service or a nursing home [6,7]. Involving such a third party highlighted the importance of traditional gender codes as shown by other studies [8,9].

Crenn C [10] described and analyzed how retirement and migration affect the food habits of people living between the food cultures of France and Senegal and how adaptations take place between the two cultures, for mealtime social interactions and the conveying nutritional messaging.

Corbeau JP, et al. [11] describe how the present generation adapted to the changes that occurred during the 20th century: family relationships, mealtime dynamics, daily food preparations, awareness of health issues. They show that the eater is torn between dietetics and gastronomy.

Our aim is to understand importance of food for the elderly in relationship with their health, with their social life, in relation to the passing of time. In a society where “aging well” [12] is increasingly important, it has been shown that “eating well” can correlate with “aging well” [7]. This is one of the many realities of which the elderly should be aware [13].

After describing the methodology of the study, I will present the main results along three axes: what “eating well” means for the elderly, how it implies a notion of balance, and the importance given to sharing meals with friends and family.

Study Objectives and Methodology

This study is part of a multidisciplinary project within a company whose core mission is the treatment and prevention of child malnutrition, especially in countries marked by high food insecurity and having the desire to be a part of a breakthrough innovation, by focusing on the prevention of undernutrition of the elderly in France.

The initial objective was to grab the dietary needs of the elderly, especially those experiencing undernutrition. Some subjects were very isolated and therefore ‘invisible’. Other subjects, being overweight, present an “invisible undernutrition with a deficiency of essential mineral elements” (Déchelotte, pers. Comm.). These factors reoriented the study towards the question of relationship to food and what induces appetite.

The anthropological approach studied how the elderly are attached to their diet, in various places of residence (cf. at home - in a retirement home or in a hospital), and more generally questioned the human environment, the intergenerational ties and the relationship to health and

the body. An interview framework was developed for this purpose with a semi-structured questionnaire, addressing the following topics:

- The family and social environment of the subject
- Cooking, eating and caring for one’s health
- The subject’s relation to his body and health.
- The subject’s relation to life environment.
- The subject’s relation to time.

Setting up the study took time; doors did not open so easily. The first open door was Bernadette’s, a member of the village parish. Thanks to our participation in a conference organized by ASEPT (Association for Health, Education and Prevention in the Territories), on “aging well” we were able to reach out ‘by the Maison des Aines a communal structure that organizes many activities for seniors such as workshops, cultural outings, coffee and conversation, conferences. Other organizations such as the CCAS (Communal Center for Social Action) organize also health awareness events and meals for the elderly. Through these groups, I was able to meet elderly people on a regular basis through activities such as knitting and after a few weeks they agreed to participate in my study. However, there were several refusals and negative comments because some people did not understand the purpose of the study. Some were hesitant to have individual interviews and suggested organizing group interviews. For those, I adjusted the questionnaire and reduced the number of questions.

In total, twenty-eight elderly individuals (twenty-five women and three men) were interviewed, thirteen live at home, four are on short-term hospital stays, five live in a nursing home and six in retirement homes. We carried out thirteen individual interviews and four group interviews (with groups comprising between three and six people). Most of the women answered the questions. Among the people questioned, sixteen live in the Rouen city and twelve live in a commune of about 6,000 inhabitants amongst Maromme - Pissy-Pôville - Malaunay. Each interview lasted from a one hour to two hours and half. The interviews were recorded, with the consent of the subject, then fully transcribed and analyzed. They were carried out in the winter and spring of 2015 for people living at home or in assisted living facilities and in December 2015 for people living in a nursing home.

I also met with the staff from institutional programs dedicated to the elderly, at the Regional Health Agency, the Hôtel du Département, the University Hospital and the city council to understand the measures put in place to help the elderly, in their health care, in the management of their daily life (shopping – food preparation), within the framework of “home care” and to carry other daily tasks and procedures.

The Results of the Study

“Eat Well” to “Age Well”? What are the Criteria for “Eating Well”?

Most of the subjects were aware of the importance of seasonal, local produce when preparing meals. Some wait eagerly for the summer season with its beautifully displayed fruit in the market stalls. Two interviewees mentioned the importance of being given oranges for Christmas.

Overall, people declared having a good appetite and enjoying mealtimes. They preferred fresh products and home cooked dishes³, unlike the ready-made dishes often containing a list of additives and preservatives. *“I am sickened to see all these prepared products full of junk”* (Joséphine, septuagenarian). Most subjects referred to the simple, country -style, home cooked meals of their childhood. However, some justified using pre-packaged food because of its convenience. *“Cooking good food takes time, well; it is not my priority to spend my day at this. But I believe everyone has their own way of doing things”* (Béatrice, octogenarian). Subjects favor simplicity over elaborate or sophisticated dishes, *“Oh yes, of course, I like dishes like when I was a child, I don't like modern cuisine, decorated with little flowers. I don't like it, I find it tasteless, I don't like to see a lonely item on my plate because it is more of a decoration than food. For me, food is not decoration”* (Marianne, octogenarian).

Some dislike modern food trends and creative cooking and even are disgusted by vegan/vegetarian products: *“tofu is disgusting, I have the impression of eating grass”* (Mireille, 60 years old). Organic food did not trigger much enthusiasm either. The interviewees felt that even if the field is organic, the neighboring farm might not be. Organic food did not generate more enthusiasm among the respondents.

Eating well also involves sensory pleasure. *“When I face a dish, I look at it, I admire its colors, I smell it, I love its fragrance, tastes, and also, I touch it with my hands, so when I am presented with steamed potatoes, it does not work...”* (Mireille, 60 years). Among the five senses, visual pleasure “greatly contributes to the desire to eat and to be together at the table”; smells and flavors are also noted as being important.

As for the texture of the dishes, it is the melting and tenderness that were regularly mentioned along with the addition of crème fraîche (heavy cream) which makes for a

3 Among those mentioned: potatoes (in their skins), onion soup, soups, veal blanquette, chicken cutlet with cream (with morels), dandelion salad with eggs, pot au feu, Norman-style sole, Norman-style veal escalope, scallops, tea towel bowls, ratatouille, rabbit fricassee.

creamy and tasty sauce.

As some of the them have weak teeth, the toughness could be a real issue. One resident complained about the toughness of the chicken served at dinner at the nursing home. *“Did they take it off the church steeple?!”*

As one ages, there is preference for light dishes over heavy ones, especially in the evening. Some explain it is easier to digest, others saying it is heavy *“I prefer light dishes, otherwise if it's too heavy, it tires me more, and for the taste also”* (Raymonde, octogenarian). The quantity also affects the feeling of heaviness *“I don't like having eaten too much and being stuffed with food”* (Colette, octogenarian). According to Cardon P [14], older people's diet is varied but diversity decreases with age, as well as the consumption of certain basic foods.

Meals are described using the expressions creaminess and dryness (mostly in a hospital environment). If the dish is felt to be too thick or too dry (for example, a too thick sauce or an overcooked and hard meat) it will be less enjoyed. Could the dry aspect of the food remind people of the “drought” of existence at the end of life?

The appreciation of the above-mentioned criteria tenderness / hardness; lightness / heaviness; creaminess / dryness evolves with advancing age with less tolerance for heaviness, hardness, or even dryness.

The notions of openness and closure were also expressed in an interview: *“When you exert yourself, you are hungry. In the old days I would go for a walk every day and going outside whets the appetite. Now, well, we just took a little walk in the corridors, it may have whetted my appetite a bit but to have an appetite, you need to be motivated; here we do not go out much, so the appetite shrinks. The older you get, the less appetite you have”* (Colette, octogenarian).

Eat in a Balanced Way

The interviews indicate the search for a balance in various ways: a balance of three daily meals, a balance in the composition of the meals and a balance in one's weight. The notion of a balance between physical expenditure and food intake is also mentioned by some subjects.

Mealtime is a moment of restorative relaxation, a time of sharing or a time for oneself. It gives structure and routine to their lives, in the different living settings where I met them. Mealtime is particularly important in institutional settings and the variety of menus offered is appreciated.

The elderly has three meals daily, in addition to a snack

at teatime for some. While some subjects recognize how this structures their day (from shopping to mealtime), others are laxer in the absence of time constraints, especially women living alone, "I live upside down" (in terms of schedule and living space) (*Mireille*, sixty-year-old).

For many of the people we met, breakfast was an appreciated meal and a pleasant moment. *"Breakfast, I like to have it in my dining room, I look at the sky, when is it going to rain and all that, if it's gray, if it's pink"* (*Mireille*, sixty years old); *"In the morning as soon as my foot is on the floor I eat breakfast. Whole bread, a bowl of coffee, even if I'm not that hungry"* (*Germaine*, nonagenarian).

Being mindful of having balanced meals means eating a variety of foods including vegetables, meats, fish, dairy products and fruits or desserts. *"I have never eaten excessively, my wife always tries to make very balanced meals, always vegetables, more fish than meat, therefore animal protein and always a vegetable, it can be soup, fresh vegetables, it can be quiche and then fruit, we eat a lot, yogurt, cheese because I know there is calcium"* (*Gerald*, septuagenarian). This interview shows that the subject is aware of the nutritional recommendations. According to Corbeau JP, et al. [11], the eating habits of the elderly are entangled in contradictory logic associating "lightness, simplification, restriction" and "pleasure". According to Escalon and Beck [15], this age group is the one which most associates food to maintaining health (over taste and pleasure) and whose dietary diversity is particularly high.

Finally, balancing one's weight is also mentioned by some of the interviewees, particularly women, who do not want to be too fat or too thin. *"Well, I notice that when you get older you get a little fatter, have you noticed big women? Others are skinny too, some who are (using her hands to indicate a wide girth), I try to stay in between"* (*Beatrice*, octogenarian). The same woman continues in the interview: *"When I would garden all afternoon, I felt the need to eat more than I do now since I do less, for me it depends on our physical activity, the one who does not move too much and eats abundantly, he can put on pounds, eh!"* This expression could indicate a double recommendation to mind both physical activity and caloric intake as you age.

This search for a balance (in various realms) is deep within the conscience. Indeed, to lose balance is to fall⁴. This

4 Monique Ferry, et al (1993) describes the spiral of undernutrition in the elderly, and how food deficiencies, pathologies, weight loss, immune deficiency, mental disorders, are correlated leading a person towards increasing weakness, and finally becoming bedridden. To the changes in food intake (decrease in appetite, attenuation of the feeling of taste), are added changes in the metabolism that contribute to the weakening of the body.

could be the beginning of the tumble and can lead to exclusion. Also, the feeling of "general acceleration" mentioned in the introduction can cause this greater need for a balance.

The Benefits of Shared Mealtimes

In the home environment, the dinner table, either in the kitchen or in the dining room, is a convivial place. *"It is nice for many of us to eat together, it is very pleasant, it brings people together"* (*Catherine*, sixty). Many highlight the importance and benefits of eating together, with women enjoying cooking for their family and friends. Among the subjects interviewed, some mentioned that, having many brothers and sisters contributes to their enjoyment of the shared meal in memory of their childhood. Several mentioned that they always keep a portion or a dish to offer to an unexpected visitor. Others refer to preparing special dishes for their children, (or their husbands), at their request: *"My son orders beef tongue from me"* (*Brigitte*, sixty-year-old). Some subjects, when hosting their grandchildren, praise the quality of the meals they prepared: *"Here, they know it's not going to be SOS Pizza!"* (*Dominique*, septuagenarian).

A meal can also be a solitary moment. Some say they don't think about it, prizing the restorative meal followed by a small coffee and a nap. The practicality of preparing food for oneself is also emphasized: it does not need to be complicated, and the dish can be eaten over several days (then stored in the freezer: *"I cook for my boxes! We're a freezing generation, meaning we know Tupperware, we were young, and we would attend the meetings and the other events"* (*Jocelyne*, septuagenarian). For others, the table becomes a mirror of (harsh) loneliness, as expressed by *Germaine* (septuagenarian): *"For me, what depresses me is to sit alone at the end of my table, the more it happens, the less I can take it"*. People have a longer or shorter solitary journey... [16] emphasizes that the many changes in daily life (retirement, widowhood) are all moments of rupture acting on the lifestyles of the elderly. For *Cardon P* [14] *"Making food for oneself is not automatic, the couple's eating habits being constitutive of a "conjugal food nomos": a shared universe of food references and actions. However, the replacement can be done by "reviving" dietary habits one had prior to marriage"*.

Finally, meals in restaurants are reserved for special occasions and are for young retirees who go there more easily than older people. The latter are not used to it, find their appetite not to be at its best or cannot afford the expense. *Marianne*, in her seventies, goes to the restaurant primarily to discover new cuisines (Brazilian, South American). She particularly appreciates new settings and flavors. *Jocelyne*, on the other hand, goes from time to time to the kebab vendor to sit among young people. She appreciates this inter-generational contact and does not see why these places

should be exclusively reserved for them.

At the “Village des Aubépins”, an innovative state care home, efforts are made in such a way that the resident has a feeling that the town comes to him, an interior courtyard connects the inside and the outside; numerous windows let daylight in and give an open perspective on the surrounding and a gallery offers various services (catering, hairdressing, etc.) at the interface between the outside and the residence.

The small field work done there, showed that meals are important and expected moments of the day. Beyond the act of eating, they represent a daily distraction. We eat and chat, depending on the group at the table and what they have in common. Then, the variety of menus offered is particularly significant, especially for people who feel that every day is the same. The cleanliness of the premises and good food are factors often mentioned by residents. The expression heard about the food: it is fine or “it makes the time go by” indicates a mealtime experience is a way to pass the time for them. For many people, meals provide a rhythm to their day by motivating them to go to the dining room where they often arrive early.

Waiting for a meal is an experience and shows the importance mealtimes have in the daily lives of the residents. *“Let us not forget that eating keeps you busy, eh!” (Mr. K., octogenarian)* Meals are out of the ordinary, when they celebrate holidays or birthdays. The positive relationship between the residents and the staff encourages a virtuous circle of benevolence whereby one person receives attention and care and returns it to another one, especially around the dining table.

Conclusion

I showed the interest of elderly people in food, making it a source of pleasure, well-being, health and social interaction. They witnessed the evolution of the food model as they remembered it from their youth to the massive development of the agro-industry and its concomitant changes to their lifestyles, reshaping the notions of abundance and deprivation, of quality and quantity and of preservation and waste... Most subjects remain attached to simple home cooking, not too heavy yet tasty and tender.

We also showed the influence of the family and the social environment on meal enjoyment, and special attention to others in food preparation.

Inter-family ties give a dynamic to meals, parental and grandparental relationships reappearing in their complexity. Sharing meals fosters the appreciation of this moment while loneliness is accepted. I have seen a wide range of activities

offered to seniors, to prevent loneliness and isolation. However, this homogenous environment intra-age may be experienced as a form of isolation.

Acknowledgements

I am grateful to the elderly who agreed to answer my questions and with whom I shared pleasant moments and lessons. I thank Marie-Pascale Mongaux who welcomed me into her admirable establishment, Anne Bion-Robin for her stimulating and benevolent supervision, Patrice Cohen whose remarks allowed me to improve the structure of the article, Pascale de Saint Priest and Monique Chan Huot for their careful proofreading, and also Elaine Caputo for the translation of this article.

References

1. Rosa H (2013) Acceleration. A social critique of time, Critical Theory, Paris.
2. Trincaz J, Puijalon B, Humbert C (2011) Say old age and old people. *Gérontologie et Société* 34(138): 113-126.
3. Macia E (2013) Dans la peau d'une femme de plus de 65 ans. Armand Colin, pp: 157.
4. Thiel MJ (2013) Faites que je meure vivant. Baillard, pp: 234.
5. Cardon P (2010) Regard sociologique sur les pratiques alimentaires des personnes âgées vivant à domicile. *Fondation Nationale de Gérontologie, Gérontologie et société* 33(134): 31-42.
6. Gojard S, Lhuissier A (2003) Monotonie ou diversité de l'alimentation: les effets du vieillissement. In *Recherches en économie et sociologie rurales, Inra Sciences Sociales* 5(2) : 1-4.
7. Cardon P (2015) C Kitchen and outbuilding-Women and men facing aging and disability. *Journal des anthropologues*, pp: 140-141.
8. Brousse C (1999) La répartition du travail domestique entre conjoints reste très largement spécialisée et inégale. In *INSEE France Portail social*, Paris, pp: 135-167.
9. Cardon P, Gojard S (2008) Les personnes âgées face à la dépendance culinaire : entre délégation et remplacement. *Retraite et société* 56: 169-193.
10. Crenn C (2011) “Aging” in two countries: a “combined” food situation for retired “Senegalese” migrants from Bordeaux. *Gérontologie et Société* 34(139): 99-115.

11. Corbeau JP (dir), Crenn C, Delavigne AE, Duboys de La-barre M, Montagne K, et al. (2007) Impact Des Discours Nutritionnels Sur Lescomportements Alimentaires: Une approche socio-anthropologique qualitative auprès de groupes « ciblés ». Rapport pour l'Institut National de Prévention et d'Education pour la Santé.
12. Martz D, Billé M, (2010) The tyranny of aging well. Mediapart.
13. Durocher M (2019) Le « bien se nourrir » ou le « bien vieillir » contemporain ? Une analyse des corps vieillissants produits aux croisements de l'alimentation « saine » et des injonctions au « bien vieillir ». Global Media Journal 11(1): 5-22.
14. Cardon P (2009) Is "eating" as you age a problem? Widowhood and dietary changes in the elderly. Social link and policies 62: 85-95.
15. Escalon H, Beck F (2010) Perceptions, connaissances et comportements en matière d'alimentation. Les spécificités des seniors. Gérontologie et Société 33(134): 13-29.
16. Caradec V (2001) Widowhood, an incomplete separation. Terrain 36: 69-84.

