



Published in final edited form as:
Generations. 2011 ; 35(3): 41–46.

The Dining Room as Locus of Ritual in Assisted Living

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The Broader Context for Ritual

Ethnographer: What makes a good day for you?

Ms. St. John: Well, when I feel good... Here I have my nice warm shower, get dressed in the morning, go down to have a breakfast sitting right there, served right there to have with friends, and then I read my newspaper. And then I ... conduct the exercise [class] and maybe do a bit of puttering around ... like yesterday I planted some forget-me-nots for a garden, or I'd pick a bouquet for somebody ... And then having my Bose sound. I'd listen to my music and just relax. No pressure or - nothing like that.

Ms. Martha St. John¹ has been a resident at Boxwood Gardens Assisted Living for eight years. Now age 81, after a stroke, she moved into assisted living to ease the conscience of her niece, her closest relative, and to reap the benefits of cooked meals and housekeeping. Moving from her home into assisted living, Ms. St. John soon learned the importance of ritual in helping her adjust to the daily routine in a group living situation and maintain what was important in her life—a passion for painting religious art. Originally, Ms. St. John retired from federal employment to have more time to pursue her painting. Now her room serves as her studio, natural light streaming on to her canvasses, and through contacts with church organizations, Ms. St. John shows her work in the surrounding communities. We begin to see how Ms. St. John's room is an important personal space that enables her to engage with her art as well as relax listening to music and reading her newspaper. Yet, for her and for many others, the dining room is another key space, one that is central for social interaction. In this article, we will explore the dining room as a locus of ritual in assisted living. The common experience of eating together with the give and take of conversation—parts of the dining ritual—serve a crucial role, especially in assisted living where strangers are brought together with the expectation of making this place their home.

Boxwood Gardens is one of more than 36,000 assisted living communities nationwide serving over one million people (Assisted Living Federation of America [ALFA] 2010). Assisted living is a form of long-term care that provides residential and functional assistance, mostly to older adults, through a person-centered and consumer-empowered environment, often called a social model of care (Carder and Hernandez 2004, Wilson 1996). These residential settings meet consumers' physical and social needs by emphasizing

¹All sites and participants are referred to by pseudonyms.

the values of privacy, dignity, and autonomy; providing home-like environments; and supporting the ideal of aging-in-place (ALFA 2010, Kane and Wilson 1993, Mollica 2001). Ms. St. John is a typical resident in senior housing in that assisted living serves primarily a white, female clientele in their 80's (National Center for Assisted Living 2008), and also as a typical resident, Ms. St. John's daily life is patterned. Situated within her day, as in most every assisted living resident's day, are the rituals localized in the dining room.

By viewing the dining room as a ritualized site, we hope to bring greater insight into the function and meaning this space holds for residents. We suggest three overarching themes that emerge from our research: (1) time and the way daily life within assisted living is ordered by mealtimes; (2) choice, one of assisted living's values and its expression and encouragement in the dining room; and (3) social interaction, an obvious consequence of gathering everyone in one place three times a day. The daily meals as rituals are meaningful because they provide order and purpose, and they function to communicate crucial information about social mores and setting-specific social expectations.

This article draws upon three qualitative studies funded by the National Institute on Aging. *Transitions in Assisted Living* was a 5-year ethnographic study of entry into, through, and out of assisted living settings; *Quality in Assisted Living*, a 3-year study, utilized a mixed methods approach to determine elements of quality important to residents, staff, and family; and *Stigma and the Cultural Context of Residential Settings for the Elderly* is a 5-year ethnographic study of multi-residential housing types (including assisted living) that is investigating social relations and the experience of stigma. Ethnographic studies, lasting six to eighteen months each, took place in fifteen assisted living settings. The homes in our sample are located in the mid-Atlantic region of the United States, and were selected for diversity in size, profit status, level of care, assisted living type, geography (rural, suburban, and urban), religion, ethnicity and race, and affiliation (independent or corporate chain).

Using ethnographic methods, the research team studied daily life in these settings, exploring interactions among residents, their family members, direct care staff, and administrators. Ethnography involves understanding individuals and groups within their own socio-cultural or physical environments, the place where they live or work. Information is collected primarily through participant observation and in-depth interviewing. By immersing themselves in the setting, researchers are able to both observe and participate in daily activities (hence the term *participant observation*) and, thereby, come to understand the nature and meaning of interactions and ideas through the eyes of those who live and work in a specific place. Ethnographers visited the research sites at various periods of the day and evening over a 7-day week, going to lounges and suites, patios and smoking alcoves, lobbies and dining rooms—in other words, wherever people in a particular home gathered.

In-depth interviews were conducted with residents, families, staff, and directors in each setting. Shorter, more informal, conversational interviews were also held with a larger proportion of people who live, visit, and work in each site. Over nine years of fieldwork in assisted living, eight project ethnographers conducted interviews with 236 residents, 167 staff, and 132 family members.

To explore resident experiences, attitudes, and behaviors related to ritual in the dining room, we looked at key aspects of our data relating to topics such as *culture, food, meals, eating, tablemates, and dining room interaction*. Presented subsequently are thematic findings related to dining room ritual among residents within our sample of assisted living settings.²

The Dining Room in Social Context

The dining room is the central space in the community life of an assisted living. Residents gather and converse; it is a place where they are nurtured and it is the public face which outwardly reflects the identity of the home. In some collective residences, the dining room has the aura of an upscale hotel restaurant with linen tablecloths, fresh flowers, and glass water goblets on every table. In other places, the dining area is an oversized extension of the kitchen, a large family room with paper napkins and bottles of ketchup and mustard on easy to clean laminate-surfaced tables. On an early visit to Boxwood Gardens, the ethnographer wrote:

I ventured into the dining room. Three staff members were changing tablecloths, green linen on top of white, and replacing artificial flowers and refilling holders with individual creamers. The dining room is quite large, with one wall facing the small back yard composed almost entirely of windows. There are about 14 round tables, seating 6-8 residents, and a few small tables for 2 and 4. The tables are comfortably spaced for wheelchairs, which helps explain the need to have two seatings for meals. Between the kitchen door and the dining room is a small pantry with soda and coffee machines.

The residents at Boxwood Gardens appreciated the view of evergreens and sunlight filtering into the dining room from the far glass wall. At another home, an industrial-grade linoleum square floor gave the dining room a clinical appearance; however, this was softened by a fireplace and large open windows, conferring, as a family member noted, an “air of welcoming and comfort.” Whatever its physical and ambient characteristics (which can be small-scale and homey or more institutional), the dining room is usually the hub of social life in assisted living.

At Boxwood Gardens, eating brings everyone together – residents, servers, and staff in one place three times daily. Residents who were accustomed to sharing meals with a partner or eating alone, after moving into assisted living find themselves in a busy, somewhat chaotic and noisy place. Residents are walking in or driving their scooters, calling out to one another, sometimes stopping to check in with a friend before sitting down. Servers are clanking plates and silverware, others taking dinner orders, some staff yelling across the room to each other in their native languages. Polite conversations, jovial banter, and arguments occur, with some residents opting to remain silent throughout the whole mealtime experience. Many residents, like Mr. Edwards, acknowledge and accept the social realities of the dining room.

²For a more detailed explanation of these ethnographic research methods and data analyses, see Eckert, Carder, Morgan, Frankowski, and Roth (2009)

In the dining room you can get all kinds of people: hearing impaired, dementia, people that don't like to talk, don't know what to talk about, you know. People talk too much, people that are critical. But I like just about everybody here. I really like them, even though some are quite different from my way of living but I like just about everybody.

People gradually adjust to residing with others, and in assisted living the dining room most typifies collective living. The dining ritual is a familiar, and yet somewhat ironically, a compulsory activity in many settings. We found overwhelmingly that residents, even those who report they don't like the food, enjoy going to the dining room. They meet up with tablemates, and for some residents, these are the only people they know at their residence. One resident confided that, "I stay to myself;" however, she admits, the dining room gives her an opportunity to socialize. We found that residents do not visit in each other's rooms, as a rule, but prefer instead to interact in public spaces. It may be custom or a cultural need for private space. Nevertheless, between activities, naps, and appointments, the dining room is the perfect venue to exchange ideas and gossip. Residents gripe about the food, hear the latest news on families, argue politics, play Monday morning quarterback to the weekend game, and discuss the weather, find out who has died and which aide is coming in to work. In other words, residents talk about what everyone else does – not just about the past or ailments or problems, but what Ms. Gent of Boxwood Gardens calls "chit chat."

Besides being a place of sociability, the dining room is governed by a bureaucratic structure, its rules reflecting management policies and philosophy of the setting. Rules encompass seating, scheduling, menu choice, even what food residents are permitted to take out of the dining room and back to their rooms – which does not preclude residents from hiding leftovers on their person or in their walkers! Collective living in many ways requires some basic rules to provide structure and order; for example, the setting that forbids food in residents' rooms was reacting to a growing rodent problem. These rules may in turn be subverted by residents sneaking food back to their room in spite of the rule. While this rule has a specific rationale, some rules may just be imposed by those who manage the setting.

The dining room, then, is an organized setting where care aides and staff attempt to oversee both the meals and the residents' behavior, and the residents can exercise some control over their lives. There is a semblance of fluidity which allows the assisted living – and residents - maneuverability around its more formalized structure. For instance, where people sit within the dining room is not necessarily dictated by staff; in some settings, the seating assignments are self-imposed by the residents themselves, a matter of habit and routine. Selecting between two entrées or a sandwich allows some level of choice; chefs in some settings solicit recipes and new menu ideas; and the topic of food is the one area residents are most willing to express criticism and perhaps feel the most empowered to effect change. Yet, in some ways, the dining room remains a somewhat medicalized environment, in many assisted livings. Residents are nourished and intake monitored, reports sent to families and wellness nurses. In some of these locations, medications are administered with little concern for privacy. But in other ways paradoxically, this place can be quite like a home or a senior center. Residents visit and keep up to date with each others' families and ailments and other local happenings. It is the quintessential communal experience (with its somewhat

contradictory qualities) where an assisted living's fundamental social philosophy is expressed daily.

The Dining Room as a Ritualized Setting

Inability to fully manage one's life with physical or cognitive problems is the main reason why people move into an assisted living. Residents do not typically relinquish their independence simply because the home's location or its amenities are so inviting. Instead they often move out of the home they have occupied for 30–50 years into this alternative form of housing with great resistance. This is a period of enormous uncertainty, as they fear increased dependence in a totally new environment. Dining room rituals help integrate reluctant residents into the daily life of the home acting in a way Myerhoff calls “transformational” (184:307). Their repetitive and predictive nature guides incoming residents enabling them to adjust successfully to their new living space, which in turn makes life in the assisted living more meaningful.

We highlight three themes relating to dining room rituals that emerged from our research in fifteen assisted living settings, including Boxwood Gardens,

Time

Throughout one's life, eating is a ritualized and temporal experience. Mealtimes, especially in assisted living, order the day, with the normative pattern of having three meals per day following residents into the home. However, they are scheduled at the convenience of the dietary staff, usually at 8, 12, and 5 o'clock. Late breakfasts are generally honored with cold cereal and an urn of hot beverage available, but requests for dinner later than 5:30 are usually denied. A chef recently told a group of residents at a council meeting that “I have to go home.” As designed “forced” social time, mealtimes acknowledge continuity and community; people enjoy coming, even if to complain with their neighbors. The ritual of lining up before the dining room opens is also patterned and predictive. Many residents regularly arrive early for their meals and wait in loose formation to gain admittance to their tables, preferring to wait in the company of others rather than in the quiet of their suites.

Choice

Dining room rituals can reinforce choice, a value important to elders. In the communities we researched, three times a day residents exert their independence by selecting their meal options from the menu planned by the setting's dietary director, just as they would in any restaurant. They are guided to choose what is best for their health, but they are also free to make decisions irrespective of prescribed medical diets. Choice also plays out in seating patterns. Whether or not assigned, once residents occupy a seat, that spot at that table is ritualized. Residents become comfortable and rarely move. These decisions help to maintain some modicum of balance in the power differential between residents and staff.

Social Interaction

Ritualized daily conversation in the dining room often keeps residents abreast of each other's lives. This dynamic can reinforce continuity in their private relationships and with the

assisted living, and helps to establish collegial relationships, if not friendships. However, our research also suggests that in the dining room there is a real potential for stigmatizing residents who decline in function. Being able to interact in socially acceptable ways and participate in these daily rituals gives residents control as these rituals become a powerful public test of cognitive and physical ability, determining who ages in place and who transitions to the dementia unit or nursing home.

The Dining Room as the Locus of Ritual

To return to where we first began, in answering what makes for a good day in assisted living, Ms. St. John hones into her daily rituals – showering, dressing, eating with friends, indulging in pleasures such as reading or listening to music, and tending to daily necessities. She addresses both public and private secular rituals, with the dining room nested within her ritualized core of action, and succinctly speaks to choice, time, and social interaction.

Dining room rituals are important because this location is frequently the only place in assisted living where everyone meets collectively. Rituals are patterned: a posted schedule, serving routine, same tablemates, rotating menu, recurrent staff. They are predictable and normative – in some senses a continuation of residents' former daily routines. These commonplace rituals serve to teach and guide ideas and values embedded in the assisted living philosophy in order to attain successful transitioning into a community of care. Dining room tables link participants three times a day in a continuous reinforcement of the collective spirit found among residents in the home, with the reiteration of rituals in one place over time. It is an experiential example of Myerhoff's observation that "In ritual, doing is believing" (1984:305).

The dining room, consequently, is the locus of ritual in assisted living. These rituals help individuals transition into the assisted living setting and assimilate into its established community. They empower residents to express autonomy in an environment that often engenders dependency. They teach the informal but necessary rules and reinforce order in a home composed of individuals with diverse backgrounds and needs. Importantly these dining rituals provide continuity by linking individual residents to the collective identity of the home. This can give meaning to their new life experience and offer a stable social environment. In offering advice to new residents, Ms. St. John brings the point "home."

"When we have new people come here ... set them at a table ... have somebody introduce them...And then ... for the first two weeks to go to all the activities, whether you want to or not ... that way you will meet people quickly and you get to know them and you'll get into the routine of what's going on."

Acknowledgments

This research was funded by three grants from the National Institute on Aging: R01AG019345 *Socio-Cultural Aspects of Transitions from Assisted Living* and R01 AG028469 *Stigma and the Cultural Context of Residential Settings for the Elderly*, principal investigator J. Kevin Eckert; and R01 AG022563 *Stakeholders' Models of Quality in Assisted Living*, principal investigator Leslie A. Morgan. We thank the residents, families, directors, and staff for their participation in the research, and Rosa Perez and Mary Nemeč for their valuable assistance and insight.

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