

Original Article

Alone at the Table: Food Behavior and the Loss of Commensality in Widowhood

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Abstract

Objectives: Eating alone is a known risk factor for nutritional vulnerability in later life. Widowhood often entails loss of commensality (shared meals). This article explores this experience among older widowed women in relation to food behavior.

Method: Qualitative methods based on constructivist grounded theory were used. Interviews were conducted with 15 women living alone in the community, aged 71 to 86 years, and widowed 6 months to 15 years.

Results: Widowhood meant having significantly fewer opportunities for commensality. Participants attributed changes to their food behaviors to the loss of commensality, including food choice, fewer regular meals, and reduced work of meal preparation. These changes were attributed to the experienced difference between shared meals and meals eaten alone, no longer having the commitment of commensality, and having less interest in meal preparation in the absence of obligation or reward of commensality.

Discussion: Eating alone symbolized loss and was less enjoyable, yet the pleasure experienced with food was intact. Focusing on the pleasure of eating may help support women when they lose regular commensality late in life. Free from the commitment of commensality, some shifted away from regular meals and simplified their meal preparation strategies. This has implications for clinical and research endeavors.

Keywords: Commensality—Eating behavior—Food intake—Nutrition—Qualitative—Social influence—Widowhood

Eating alone is a widely accepted determinant for increased nutritional risk in older adulthood (Hays & Roberts, 2006). Sharing meals has been associated with improved intake among older adults (Locher, Robinson, Roth, Ritchie, & Burgio, 2005), potentially due to increased variety (Kimura et al., 2012), longer eating times (Pliner, Bell, Hirsch, & Kinchla, 2006), and interaction during mealtime (Paquet et al., 2008). Widowhood, an expected event for married women, usually results in a loss of regular

commensality. This article focuses on the experience of that loss in relation to food behavior.

Commensality, the act of eating with other people, has been of great sociological, psychological, and anthropological interest because although one's biological nutritional needs can be met by consuming food as an individual, across societies meals are often shared (Fischler, 2011). The sharing of meals defines members as a social unit and reinforces the social roles within that unit, thereby drawing

social boundaries between those who eat together and those who do not (Douglas, 1984; Simmel, 1998).

There has been an increasing interest in the nutritional outcomes of shared meals, as eating with others alters the quantity and quality of foods consumed. Eating alone has long been established as a risk factor for nutritional vulnerability among older adults (Posner, Jette, Smith, & Miller, 1993) and continues to be associated with increased nutritional risk in quantitative observational research (Shahar, Shai, Vardi, & Fraser, 2005). Several researchers have shown in experimental studies that consumption is higher in the presence of others (de Castro & Brewer, 1992; Hetherington, Anderson, Norton, & Newson 2006; Pliner et al., 2006). The relationship has also been found in an observational study among homebound older adults (Locher et al. 2005) and in an intervention study whereby a Meals-on-Wheels volunteer stayed with the meal recipient over mealtime (Suda, Marske, Flaherty, Zdrodowski, & Morley, 2001).

Simmel (1998) argued that the shared meal experience is part of the socialization process as it provides an opportunity for the learning and continual reinforcement of social norms including what, how, when, and with whom to eat. The shared meal thus encourages commensal partners to eat within dietary norms, which may impact the choices and quantity of food consumed. Locher, Burgio, Yoels, and Ritchie (1997) found that among homebound older adults, the regularity of meals depended on whether they shared meals with others. The researchers argued that without the commensal reminders of social dietary norms, lone eaters ate when they felt hungry and not when socially prescribed.

Widowhood may be considered an expected life stage for older married women due to differences in life expectancy and cultural norms around age differences at marriage (Carr & Bodnar-Deren, 2009). Losing a spouse is one of life's most stressful events, as it is marked by the loss of a key social and emotional relationship (Carr & Bodnar-Deren, 2009). Dietary practices are inextricably linked to this relationship through a lifetime of shared meals, a shared food environment, and an ongoing negotiated food choice (Sobal & Bisogni, 2009).

Widowhood has been linked with poorer dietary quality (Heuberger & Wong, 2014; Rosenbloom & Whittington, 1993). Widowed older adults are more likely to skip meals, experience reduced enjoyment of mealtimes, and have poor appetite compared to partnered peers, all of which may contribute to diet quality (Johnson, 2002; Quandt, McDonald, Arcury, Bell, & Vitolins, 2000; Rosenbloom & Whittington, 1993; Wells & Kendig, 1997). However, no studies to our knowledge have focused on the experience of the loss of regular commensality that is typical of widowhood. In a small Canadian study ($N = 22$, 77% women), recently bereaved older adults had significantly greater nutritional risk scores than married older adults of the same age (Johnson, 2002). Participants had expressed difficulty at mealtimes due to memories of shared mealtimes with their spouses (Johnson, 2002), suggesting a role for the loss of shared meals as a mechanism for altered food habits in widowhood. Understanding the experience of

losing regular commensality may shed light on how and why eating alone increases nutritional vulnerability and potential ways of supporting those who are bereaved.

This article reports on findings of a larger grounded theory study examining the shifts in food behavior in widowhood (Vesnaver, Keller, Sutherland, Maitland, & Locher, 2015). The focus of this article is on the experience of loss of commensality, which emerged as an important category in the analysis as the catalyst to changes in food behavior in widowhood. Specifically, the research questions addressed here are (a) what shifts, if any, in their food behavior do widows attribute to loss of commensality and (b) how did widows experience losing commensality?

Conceptual Framework

Understanding food behaviors is complex as such behaviors are the product of multiple individual, social, and environmental processes. "Food behaviors" include all behaviors related to the acquisition, preparation, serving, consuming, and disposing of food (Sobal & Bisogni, 2009). Among commensal units, there are established processes and roles regarding acquisition, preparation, and consumption of food (DeVault, 1991). Meals shared between the couple are the result of a complex negotiation about food choice (what and how much), choice of preparation, and timing of mealtimes (Ristovski-Slijepcevic & Chapman, 2005). Consequently, changes to the social context of meals can result in change to personal food behaviors (Sobal & Bisogni, 2009). Older women of this cohort would have likely been responsible for the provisioning of food in the household, which may have resulted in the loss of an important role for some women (Fürst, 1997). Food is both substance and symbol (Douglas, 1984). Murcott (1983) argued that the cooked dinner "symbolizes the home, a husband's relation to it, his wife's place in it and their relationship to one another" (p. 179). We take a symbolic interactionist view that understanding how these symbols are sustained or change through widowhood and loss of commensality is a way of understanding food behavior in this period of transition (Blumer, 1986). This research was guided by a critical realist worldview; the experiences and understandings of participants were viewed as constructed but founded in reality (Sayer, 2000).

Method

Sample

We recruited participants through advertisement and in-person at senior recreation centers and one senior apartment complex, and by word of mouth in a large Canadian city. Women aged 65 years or older, widowed within 5 years, living alone in the community, cognitively well, and English-speaking were invited to participate. We also included three participants widowed longer than 5 years because of their eagerness to share their experiences and their assessment that they could recall and reflect on their

experience (Kvale, 1996). Of the 15 widowed women who participated, all but two participants were White and of Canadian or European descent; half of the participants came to Canada as adults. Participants were aged 71 to 86 years (Table 1). All but two participants had children, most living in the same city. All but two declared that they had sufficient income to meet their needs. The women had a range of educational backgrounds (Table 1). All had worked outside the home at some point in their lives. Some left the workforce for family obligations ($n = 3$) and one remained active in nonpaid work outside the home at the time of the interview.

Data Collection and Analysis

Interested participants contacted the first author (E. Vesnaver) by phone. During this contact, we determined eligibility and collected the demographic variables, number of children, self-reported health, years of marriage, ethnicity, and subjective financial adequacy in order to describe the sample and help contextualize the findings. Variation was sought in years of widowhood.

In-person interviews took place mostly in participants' homes, with five conducted at senior recreation centers. Prior to the interview, participants were provided with a consent letter detailing the study. E. Vesnaver verbally reviewed the document and provided an opportunity for questions. Informed signed consent was then obtained; participants were reminded that they could withdraw from the study at any time. Interviews were active (Holstein & Gubrium, 1995), conversational in style, following a loose and flexible structure. We invited participants into the knowledge creation process as "partners" by making them aware of the research questions and emergent hypotheses as described by Charmaz (2003). E. Vesnaver emphasized participants' expertise in their own experience of widowhood and her role as learner. E. Vesnaver was transparent about her status as a nutrition student but emphasized to participants that she was not assessing their diets but was interested in how their behaviors and experience of food and food-related activities changed with widowhood. We specifically asked participants about the loss of commensality as we were interested in its potential role from the outset. Interviews ranged from 1 to 2 hours in length, were digitally recorded, and were transcribed verbatim. Field notes were written immediately after each interview. Data were organized using Atlas.Ti (version 7).

Data collection was concurrent with analysis, such that we began analysis of one interview in preparation for the next interview. We used the constant comparative analysis method, whereby each code, concept, and category is examined relative to the others and assessed for similarities and differences (Corbin & Strauss, 2008). Interviews became increasingly structured to explore emergent concepts and categories (Corbin & Strauss, 2008). However, we also sought to engage in a process of theorizing to

Table 1. Characteristics of Study Participants

| Characteristic | Participants (n) |
|-------------------------------|----------------------|
| Age (years) | |
| 70–74 | 7 |
| 75–79 | 4 |
| 80–84 | 2 |
| 85–89 | 2 |
| Years widowhood | |
| ≤1 | 5 |
| >1 to ≤3 | 3 |
| >3 to ≥5 | 4 |
| >5 | 3 |
| Years married | |
| 20–30 | 5 |
| 31–40 | 2 |
| >40 | 8 |
| Number of marriages | |
| 1 | 10 |
| 2 | 5 |
| Role in couple food behaviors | |
| Primarily responsible | 12 |
| Shared responsibility | 1 |
| Not responsible | 2 |
| Children | |
| Yes | 13 |
| No | 2 |
| Health | |
| Excellent | 4 |
| Very good | 4 |
| Good | 2 |
| Fair | 4 |
| Poor | 1 |
| Education | |
| Post-secondary ^a | 5 |
| High school ^a | 6 |
| Grade school ^a | 4 |

^aSome or completed.

propose explanations for changing food behaviors in widowhood because individuals are not necessarily aware of the structural influences on their behavior (Sayer, 2000). In an iterative process of abduction (Charmaz, 2006), E. Vesnaver engaged with the data and with the empirical and theoretical literature on widowhood, bereavement, food behavior in widowhood, social influences of food behavior among older adults to generate explanations of the data. These explanations were then checked with more data until the most plausible was found. E. Vesnaver regularly met with authors H. H. Keller and O. Sutherland to review the analysis and seek alternative understandings of the data. E. Vesnaver met regularly with all authors to review audit trail of data collection and analysis to enhance credibility, transferability, and confirmability (Patton, 2002). The Ethics committee of the University of Guelph approved all procedures in this study (Certificate 11MY004).

Results

Changes to Food Behaviors After Loss of Commensality

All participants in this study described having shared meals with their spouses on a regular basis (usually once per day minimum). This regular commensality with their spouse stopped when their spouses decreased their participation in meals and food behaviors due to illness, moved from the home to an institution, or died. After this loss, all participants described eating the majority of their meals alone. Although some described new commensal relationships that developed with friends and family members, these occurred much less frequently. After the loss of commensality, participants described changes to their food behaviors as a result of no longer sharing meals. While these new behaviors varied across the sample, generally, mealtimes were less regular, and foods were simpler in preparation, or consisted of more prepared or commercial food products than used previously. Both recent and longer-term widows described these changes. The changes in food behavior were understood through the changes to the meaning and experience of the meal, freedom from the commitment of commensality, and the changes to meal preparation in widowhood. These categories are explored in the following sections.

The Meaning and Experience of the Social Meal Versus Eating Alone

Shared Meals Remembered to be More Enjoyable than Eating Alone

When we asked participants about the differences between eating with their spouses and eating alone, most participants described shared meals to be more enjoyable than those eaten alone. The superiority of sharing meals over eating alone was expressed as a common experience, even when these participants could not specifically articulate why: "I don't know, it was better. At least you had companionship, you weren't eating alone" (81 years, widowed 2 years). Another said: "I've got used to it. There's no doubt about it; I would rather eat with somebody else" (73 years, widowed 4 years). Questions probing this understanding were often met with a look of bewilderment, indicating a strong cultural understanding of the negativity associated with eating alone.

What participants related about their shared meals varied from very pleasant sounding events with music, wine, conversation, and multicourse meals to simpler experiences of sitting together at the table occasionally commenting on the news. In almost all cases, the shared meal was experienced at least once daily, at a regular time and was prioritized over other activities.

The conversation and opportunity to connect were discussed as key qualities of shared meals. A widow who ran a business with her spouse felt strongly about the importance of connecting at meals as other times of the day were busy:

We'd discuss the day's goings on at work and everything else so there was always that communication. You don't see it so much these days but like you know when I was back home with my mom and my dad, and everybody else, we always sat down at the table and we ate together and we *communicated* together. (78 years, widowed 7 years)

One couple was increasingly separate in their activities due to the husband's illness; he stayed home while she continued their outside life. Mealtimes were an opportunity for her to include him in her experiences and for them to reconnect as a couple:

...he might not have talked much but we were together and we were eating together and I would tell him things you know what happened especially in the last year when he didn't go out as much and when I went out to do things and I would tell him about it. (77 years, widowed 1 years)

Simply having someone else there was viewed as positive, even in relationships that were not described as offering much companionship: "You miss the conversation, even if sometimes you felt like telling him like "Take a hike.". That's okay cause at least you're having a conversation with somebody!" (74 years, widowed 4 years). However, the negative quality of one woman's marital relationship predominated her memory of shared meals with her spouse; loss of this regular commensality was a relief. Furthermore, she grew to relish the freedom of eating alone and despite opportunities to eat with a boyfriend, she prioritized her personal nourishment over the activity of sharing meals:

I can choose to enjoy eating together so we sit at the table with wine and conversation, right? But if he eats his dinner when I don't want to, I say so. 'Sorry, I don't feel like having the dinner, you just go ahead and I'll eat later'" (71 years, widowed 5 years).

In her view, the activity of the shared meal was distinct from her personal food needs and practices.

Distinction between Mealtimes and Eating

While not as explicitly articulated, it seemed that most experienced the shared meal and eating as distinct activities. Meals were understood as regular, expected times of food consumption, usually discussed using the words breakfast, lunch/dinner, and supper/dinner. There were particular meals for each couple that were typically shared. Unless specified, participants usually meant the shared meal when talking about "mealtimes." It was generally these meals that became less enjoyable in widowhood. The enjoyment of meals that had been consumed alone (e.g., breakfast) was not affected by the loss of the spouse.

Despite less enjoyable "mealtimes" described by many, this was distinct from the pleasure derived from eating food

itself; enjoyment of consuming foods that participants liked did not appear to be affected. When asked about enjoyment of food, one participant responded: "I do! Whatever I make myself I usually make it so that I love it. Ya I enjoy eating" (83 years, widowed 1 year). Sometimes, focusing on the pleasure of certain foods offset the decreased enjoyment of mealtimes. When asked about the experience of eating alone, a recent widow shared:

Well it's not as joyful anymore but I still can still enjoy, like for instance in the morning I usually enjoy my breakfast because it is a comfort food, peanut butter and honey, that is really food I enjoy so you know I eat it alone, I read my paper with it and I enjoy that but then the rest of the day I couldn't care less. (77 years, widowed 1 year)

Even among participants who felt highly distressed about the loss of shared meals, they described that the taste of foods they liked and their ability to consume those foods was unaltered.

Eating Alone Symbolic of Loss

The shared meal had been a daily activity. In widowhood, the act of sitting alone at the table for the previously shared meal was a constant reminder of the loss of their spouse. One woman no longer sat at her dining table to eat. She said: "It's difficult to sit at the table now and just to eat alone. There's something missing. I'm missing a person" (78 years, widowed < 1 year). Instead, she changed the location of her meal that was previously shared and the meanings she associated with it calling it her "downtime" (78 years, widowed < 1 year). As she felt a meal at the table could only be consumed in company, constructing her mealtime differently enabled her to enjoy a simple evening meal in her sitting room without feeling deprived.

One widow had not only experienced the death of her husband but was profoundly affected by the death of her friends, cousins, nephew, and neighbors compounding her loneliness. This was reflected in her response to a question about her feelings toward no longer sharing daily meals: "Well sure I miss it. Now I feel alone. I feel like an old duck sitting here by myself" (86 years, widowed 1 year). Sitting at the table alone was a symbol of her increasing age and that of her contemporaries.

Even when shared meals were not a cornerstone of the relationship, mealtimes were a reminder of loss. One couple had different diets (she was vegetarian) and often ate separately, particularly when outside activities were prioritized over commensality. When asked about how eating her meals alone in widowhood differed from her marriage she shared:

...even if I was eating alone, there were days I would say to [my husband] 'I'm cooking my meal now, do you want me to get you anything?' You know just the finality of it now, I don't have a choice. (73 years, widowed 4 years)

In marriage, she ate alone if she and her husband were hungry at different times, or if one had an outside engagement during mealtimes. Despite often eating alone in marriage, in widowhood the act took on a different meaning. She no longer had the option to share her meal because her husband was dead and the meal taken alone was a constant reminder of this fact.

Activities related to the shared meal such as planning, grocery shopping, and cooking were also implicated:

Since we both retired we more or less always went shopping together and you know, kind of reminded each other what to get and things like that. Yes, so [shopping] changed ...I would feel a little bit sad when, when I pass something in the grocery store that I knew he liked. (73 years, widowed 4 years)

Often these activities shifted quite a bit in widowhood, these changes were reminders of loss and of their new status of widow. One recent widow was confronted with her new reality every time she shopped for herself:

It's discouraging. I go into the grocery and of course the produce department is where you go first and there are all of these people walking along throwing in big bunches of veggies you know all your salad ingredients, but I'm going through picking up what would be okay for *just* me. (71 years, widowed <1 year)

This widow saw herself as distinctly different from "all these people" among whom she used to count herself. In marriage, she needed no special foods or packaging, or services.

The way women experienced these symbols day-to-day seemed to be related to their current experience of grief and emotions related to their loss. Encountering these symbols evoked memories of their spouse, their loss and correspondingly all the emotionality of those memories, ranging from the acutely upsetting to the pleasant.

Free From the Commitment of Commensality

The regularity of commensal meals that had occurred among couples provided a structure of food behaviors that was counted on, determining the what, where, and with whom of food intake and supporting activities. Participants described well-established patterns of shared meals including which meals were shared (breakfast often being consumed alone), general characteristics of those meals (e.g., "our proper meal," 78 years, widowed < 1 year), and the specific times of shared meals. Participants also had felt committed to fully participate in commensal meals. All but one participant reported prioritizing commensality over other activities.

In widowhood, there was no longer the expectation of the shared meal at a particular hour, thus widows had the freedom to engage in activities (eating and otherwise) that previously would have interfered with the commensal meal. Widows did not need to plan time to prepare a meal, to be

home at a specific hour, or to be hungry for a specific hour. For example, one widow described having a small sandwich in the evening because she had had tea and cookies with friends in the afternoon, explaining, "when you live on your own you can eat what you want, when you want you know?" (78 years, widowed 4 years). When asked how this scenario would have been different in her marriage, she responded:

My husband was a meat and potatoes man, you couldn't give him a sandwich for supper ... So that's how it differs because you have to consider somebody else and what they would like. When you're by yourself, you've only got yourself to think of. (78 years, widowed 4 years)

When her husband was alive, she may have chosen not to have cookies with her friends, in order to have an appetite for the shared meal with her husband. Many participants explained that their snacking in the afternoons had increased in widowhood specifically because they felt free of the expectation of an evening meal.

Without the commitment of commensality, widowed women felt free to engage in food behaviors outside the established couple preferences (including food choice and eating patterns). One participant explained that with increasing age, she found digesting meat difficult and thus she stopped preparing meat after her husband died:

I don't have to make pork if I don't want it because those were meals that we ate together and he liked that. I can do whatever but he always had to have the meat. It wasn't a meal unless he had the meat. (74 years, widowed 4 years)

Without the expectation of a particular make-up of the meal, they could make spontaneous meal decisions based solely on their appetites and momentary desires: "you think mmm you know I'd like such and such. So yeah, you can be choosy, you can do what you want, when you want, how you want, eat what you want" (78 years, widowed 4 years).

Widowed women could also eat at times other than the preferred times established when they were part of a couple. One participant who had held regular mealtimes with her husband said:

Well I eat when I'm hungry that's it. I mean that could be any time, that could be around 11 o'clock when I really get hungry or it could be 3 o'clock and then I don't eat anything until maybe just before I go to bed. (77 years, widowed 1 year)

She explained her erratic eating: "you can eat when you want because nobody expects you to have something ready at a certain time right? So you only eat when you're hungry" (77 years, widowed 1 year).

Sometimes, being free from the commitment of commensality meant being free from the waning appetites and food desires of ill spouses. One participant who lost a substantial amount of weight during her husband's illness said:

I was eating a lot lighter foods because he didn't have the appetite for the heavier foods, like the potatoes and stuff. He just wanted soup and a salad or maybe a sandwich. I wasn't going to cook a meal for myself when he couldn't eat you know. (78 years, widowed 4 years)

In widowhood, she could eat to her appetite.

Finally, widowed women were also free of the roles established to produce the shared meal. For most, this meant that they were no longer expected or required to cook the shared meal. Without the expectation of cooking the shared meal, most women in this study drastically reduced their efforts in meal preparation.

Meal Preparation in Widowhood

Reduced Labors

The majority of participants had been responsible for meal preparation in their marriages. The work and time required for such preparations were described as considerable and often occupied a significant part of their days. Those who had not been responsible for meal preparation in their marriage had taken over these tasks during their husbands' illnesses. All participants reduced their food preparation labors in widowhood because they were no longer expected to produce a cooked meal, and they judged that the efforts of cooking a meal were not worth the end product of eating it alone.

Most participants described that the work of meal preparation had been more rewarding in their marriages than in widowhood. Meal preparation in their marriage had enabled the *shared meal*, during which they connected as a couple. The absence of the shared meal was a primary reason participants gave for no longer cooking: "when you have to eat alone, it [cooking] doesn't seem to be that appealing anymore" (81 years, widowed 2 years). For some, their efforts were recognized by their spouses as one woman explained: "no I don't like to [cook] anymore, for yourself you don't care that much, before the people were appreciating it" (77 years, widowed 1 year). This recognition was a strong motivator for some, particularly for those who took pride in their cooking skills: "my focus is not on eating, it's on serving and cooking and getting kudos!" (70 years, widowed 5 years). Furthermore, many did not feel that cooking for their individual consumption was an enjoyable activity. This notion was expressed to be understood as typical of the widowhood experience "I think most women will tell you it's no fun cooking for one" (78 years, widowed 4 years). A few participants still took great pleasure in preparing elaborate meals, but these were usually prepared for others such as friends or family. Those who enjoyed the activity but did not have sufficient opportunity to prepare meals for their networks suffered a loss of this pleasurable activity.

In widowhood, for the most part, meal preparation did not have any purpose beyond preparing food for personal

consumption, and thus the tasks related to cooking were deemed simply not “worth it” (81 years, widowed 2 years). When cooking was not considered worth it, simplification of foodwork occurred. Despite participants expressing that home-cooked meals were healthier and tastier, prepared meals and convenience products were often good enough as they did not require much effort and yet they satisfied hunger and nutritional requirements. Not all participants judged the prepared options to be a satisfactory alternative to cooking, and thus continued to cook, albeit simpler meals. Simpler meals were sometimes due to a preference for basic foods rather than a lack of motivation as one participant explained: “I don’t even enjoy a big meal anymore, I prefer to have just cereal and I’ll have my fruit maybe a couple hours later you know I might just do an open-faced sandwich” (73 years, widowed 8 years). Thus without the obligation of a more elaborate shared meal, she could prepare food as simply as she wished.

Negotiating the Meal-preparer Role in Widowhood

For most women in this study, cooking the shared meals in their marriages had been a marital obligation. Some enjoyed the role and derived feelings of accomplishment and purpose from it. Others felt ill-suited for the role but accepted it nonetheless. The two participants who were not responsible for meal preparation explained that it was an activity their spouses enjoyed and had voluntarily assumed the role; when their spouses became ill, these women resumed the meal-preparer role.

In widowhood, some were relieved to be free of the burden of responsibility to others that they eagerly focused on their own needs and preferences. For some this meant eating in restaurants and buying prepared foods as this participant related with laughter a conversation she had had with her neighbor, who was also widowed:

Neighbor: You don’t cook at all?!

Participant: No, I say, I’m going out, I order now, or I go to fish and chips! (83 years, widowed 1 year)

Yet some still seemed to feel guilty about not cooking regularly, saying they “should be cooking more” (81 years, widowed 2 years), that they were “getting lazy in the kitchen” (78 years, widowed 4 years), suggesting their holding values of meals prepared at home, by their own hands.

Some participants held strong identities related to the meal-preparer role. For example, a woman had spent most of her time in the kitchen in marriage, preparing three meals a day, and prided herself on “being the kind of person” that made everything from scratch “if I wanted a rotisserie chicken, I didn’t go buy one – I roasted it” (71 years, widowed < 1 year). In widowhood, she did not wish to cook elaborately for herself and she felt she did not have the same opportunity to cook for others. She explained:

I entertained at home and my friends were always delighted to be invited to my house for dinner, and

always praised the meals that I served them and that felt good. That’s missing ...I don’t know what’s happened to the friendships we’ve had, a lot of the friends were friends of my husband’s, and those friendships although they’re still there but we’re not socializing anymore together.

Shifts in social networks after widowhood were common and sometimes affected women’s opportunity to cook for others. This widow reinvested the time she previously spent in the kitchen in activities outside of the house, and despite feeling a loss of elaborate cooking activities, she seemed content engaging in activities outside of the kitchen “I spend most of my day out of the house [now]”. With the loss of their spouse, they no longer had anyone to prepare meals for beside themselves. For many, this loss combined with a declining interest in meal preparation resulted in much less time spent on food-related activities. Many shifted their focus and energy to other activities outside of food. Concurrently, many shifted their identities to include these other activities as well.

Strong identities related to meal preparation for a family or spouse were not always abandoned in widowhood. One widow had continued cooking regularly (although less frequently). She used her meal-preparer identity to explain why she continued cooking. “I don’t mind cooking really, cause when I was in my younger days you know, when my legs were better, I used to make my own bread and I used to have a big garden” (86 years, widowed 1 year). When asked whether she felt any relief in widowhood because she did not have to cook as often, she responded: “I used to like doing that. It didn’t bother me none. Cause that was my job.” Pride in her lifelong role and the skills she developed helped her to continue cooking for herself despite physical challenges.

Discussion

This is the first qualitative study to explore the experience of the loss of commensality in relation to food behavior. Older widowed women provided a unique perspective on this experience as widowhood almost always includes a drastic change in the frequency of commensal meals. In our study, women attributed changes in food behavior to the loss of commensality, including reduced regularity of mealtimes, greater use of prepared food products, and simpler food preparations. These changes were a result of the experienced difference between shared meals and meals eaten alone, no longer having the commitment of commensality and having less interest in meal preparation in the absence of obligation or reward of commensality. The findings contribute to our understanding of commensality and its role in food behaviors.

The Commitment of Commensality

Women’s retrospective accounts of their food behaviors during their marriage suggested a commitment to

commensality among most couples. Food was shared and roles were negotiated. This is consistent with research conducted among adults who are entering marriage. Sobal, Bove, and Rauschenbach (2002) found that commensality is one way that couples “do marriage”; commitment to eat together was part of one’s marital obligations and was prioritized over other activities. This commitment meant negotiating their eating patterns, including which meals would be commensal and what foods would be consumed at those meals.

In widowhood, what had been the commensal meal (and activities and objects related to it) served as a reminder of their spouse and their loss. Holding onto meanings of these activities or objects that included the deceased may have helped to sustain a continuing bond (Field, Gao, & Paderna, 2005). Commensality has been argued to be a defining aspect of family, drawing the boundaries of family units (Douglas, 1984). The act of eating alone may have also been a constant reminder of the change to their intimate social structure and their newfound social status of widow.

The commensal meal held a primacy in participants’ accounts. The terms “meals” and “mealtimes” evoked the commensal meal, which was thought superior and more enjoyable than a meal eaten alone. The finding that eating alone was experienced as less enjoyable than commensal eating is consistent with previous research among older adults (Rosenbloom & Whittington, 1993; Shahar et al., 2001). We learned that the pleasure derived from the commensal meal was understood as distinct from the pleasure derived from the actual consumption of food, which was unchanged in widowhood. When asked to describe how their meals differed in widowhood, widows focused on their loss of the social aspects of the meal. Previous research has identified the pleasure of food itself to be an important motivator to overcome obstacles to eating well in later life (Vesnaver, Keller, Payette, & Shatenstein, 2012). Focusing on the consumption or “eating” of food, rather than the meal proper, may help widows to experience their food behaviors more positively.

Commensality as a Mechanism of Social Influence

Widowhood may be thought of as the loss of a health-promoting social bond. The association between marriage and health outcomes is widely known (Waite, 2009); married adults are healthier both physically and mentally (Schoenborn, 2004). Our work suggests that commensality as a marital obligation is an important mechanism of social influence on diet (Berkman, Glass, Brissette, & Seeman, 2000). Regular commensality may provide encouragement of the couple’s dietary norms as well as norms from the larger social environment regarding mealtimes (frequency, timing, and content; Vesnaver & Keller, 2011). Widows in this study described very different intake patterns than those they kept while sharing meals with their spouses, suggesting a loss of this regulatory mechanism.

The commitment of commensality had ensured regular mealtimes for most in this study; without this regulatory mechanism, many described irregular intake patterns. Locher and colleagues (1997) have also found that older adults who do not eat with others report more irregular meal patterns. Similarly, young adults entering commensal relationships show an increase in regular meals (Sobal, et al., 2002). In addition to regularity, there were norms and expectations regarding the content of the commensal meal, thus participants regulated their personal choices about food consumption and other activities in consideration of the commensal meal. Finally, the opportunity for connection and conversation with one’s spouse and the belief that the shared meal is superior to eating alone may reinforce one’s commitment to commensality, thus ensuring its continued influence on diet.

Future work should examine commensal mealtime interactions in relation to exchanges of social support and social control. Given the importance of the commensal meal for conversation and connection with one’s spouse, the commensal meal may represent a key opportunity to give and receive emotional and informational social support. The relationship between emotional and informational social support and diet is not well understood (Vesnaver & Keller, 2011); however, we speculate that the opportunity to receive such support may strengthen the commitment to commensality. Finally, the commensal meal may also be a key location of social control. Spouses remind each other to make healthier choices (Franks, Wendorf, Gonzalez, & Ketterer, 2004), and the commensal meal is a likely location for food-related reminders. Previous research suggests that women initiate the bulk of the control attempts among spouses (Umberson, 1992). Thus, the loss of social control may be greater for widowers, possibly resulting in increased negative health behaviors if the control is not replaced by other members of their social network (Williams, 2004).

Meal Preparation and Commensality

Consistent with several qualitative studies of food behavior among older adults that have found reduced interest in cooking in widowhood (Johnson, 2002; Rosenbloom & Whittington, 1993; Shahar et al., 2001), the older women in this study significantly reduced their meal preparation activities. Without the obligation of preparing meals or the reward of commensality, widows generally did not wish to spend time preparing meals. In fact, decreasing the complexity of meals is not unique to widowhood but has been found with temporary shifts in commensality among married couples such as when one spouse is away for the commensal meal (Sobal, et al., 2002). Sidenvall, Nydahl, and Fjellström (2000) had found that older women viewed the meal preparations as efforts that were exclusively for others, a “gift” that women were not able to give to themselves. The primary reason women simplified cooking in widowhood was because there was no one with whom to

share the cooked meal. The experience of the shared meal, the conversation, and the recognition of their efforts all rewarded the work of meal preparation. When the work only resulted in sustenance, as when eating alone in widowhood, the work was viewed as not “worth it.” While many of the women expressed guilt over their lack of elaborate preparations, few were distressed about their new habits. The guilt may be suggestive of a social expectation and norm that cooked meals are superior to snacks, grazing, and preprepared meals. Their discomfort with not cooking may have also been suggestive of women’s continued performance of their gendered meal-preparer roles in widowhood (Fürst, 1997). A study of older women who had recently reduced their meal preparation activities found that they were redirecting their energies to other occupations; making choices about how they preferred to spend their time and energy (Lane et al., 2014). Thus widows may be actively prioritizing their activities, demoting meal preparation as they no longer realize the rewards of commensality.

In this study, when participants reduced their meal preparation, they largely relied upon meals prepared elsewhere (restaurants, grocery stores, commercially). Evidently, widows in this sample had access to these products as a result of service and/or product availability and sufficient physical and financial capacities with which to acquire such products. Older widows living in rural or remote areas, smaller urban centers with less variety of foodstuffs and food services, or with limited financial resources or poor health may have fewer alternatives to meal preparation.

Nutritional Implications of Loss of Commensality

It is not clear how the shift in eating patterns with widowhood affects overall nutritional health. Eating alone is associated with increased nutritional risk among older adults (Shahar et al., 2005). Irregular mealtimes and a reliance on hunger as an indicator to eat may leave older adults nutritionally vulnerable due to increased satiety and smaller appetites (Chapman, MacIntosh, Morley, & Horowitz, 2002). However, a decrease in complexity of meals and an altering of meal patterns or regularity do not necessitate a poor diet. Dietary measurement studies might examine the food choices and patterns of widows who have altered the patterns and types of meals in widowhood but are meeting their nutritional requirements, thus elucidating possible strategies for eating well within their new food behaviors.

Strengths and Limitations

This qualitative study enabled the in-depth exploration of the experience of the loss of commensality and food behavior among older widowed women and the identification of key changes in food behavior that were understood by participants as a direct result of their loss of regular shared meals. The findings suggest several hypotheses for further research. Like all exploratory work, these findings are tentative. The

number and selection of participants, while appropriate for this study, do not support generalization. Participants were recruited from senior apartment complexes and recreation centers and thus had knowledge of, interest in, and were accessing community resources and services. Participants described regular contact with friends and family. The role of the loss of commensality may be experienced differently from those more socially isolated. The sample in this study was predominantly White; members of other cultural or ethnic groups may experience loss of commensality differently. This research focused on the experience of women, widowers would have unique challenges in widowhood due to the cultural expectations regarding men and women’s roles in food-related activities. Previous research suggests that men of this cohort are largely unprepared for the food provisioning tasks they must assume in widowhood (McDonald, Quandt, Arcury, Bell, & Vitolins, 2000); they may be further limited by continued performance of gendered meal-preparer roles, thus remaining poorly skilled in food-related activities in an effort to maintain masculinity (Moss, Moss, Kilbride, & Rubinstein, 2007). The extent to which the gendered division of labor with respect to food and eating activities will be sustained in the future remains uncertain (Flagg, Sen, Kilgore, & Locher, 2014). Our understanding of commensality’s influence on diet was constructed through widowed women’s reflection on what shared meals had been like in contrast to eating alone in widowhood. This retrospection is useful as married couples who eat together may take the experience for granted and not recognize its effects (Sidenvall et al., 2000). Future research should study married women to explore the commitment to commensality as it is lived.

Conclusions

We reported a qualitative study of the experience of loss of commensality in relation to food behavior among older widowed women. The commensal meal symbolized the couple and was remembered to be more enjoyable than eating alone, yet the pleasure experienced with food was intact. Commensality was a commitment and participation regulated eating behaviors, without which, food behaviors for some shifted away from regular meals and toward simplified meal preparation strategies. Further research is needed to understand the nutritional implications of these shifts and how older widows can be supported in this transition. This research suggests that focusing on the pleasure of eating via taste and other sensory attributes, while downplaying the “proper meal,” may help support women when they lose regular commensality late in life.

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