



MACA20 | SPRING 2021

LITERATURE REVIEW

MACA & SFIN - NOLLVISION COLLABORATION

CONTENTS

PREFACE

pp. 3-4

A CULTURAL LEXICON

pp. 5-9

ANATOMY OF A MEAL

pp. 10-13

FEELING LIKE EATING

pp. 14-19

WHOLESOMENESS BETWEEN GENERATIONS

pp. 20-25

THE AGEING BODY

pp. 26-31

FOODWORK AND THE UNEVEN FRUITS OF LABOUR

pp. 32-36

editor:

Nemo Koning

contributors:

Elsa Mertala

Jessica Aros Castro

Kara Stein

Lee Dallas

Nemo Koning

PREFACE

Why would cultural analysts concern themselves with a literature review on a medical issue like elderly malnutrition? This is a question we had to ask ourselves more than once, as we familiarised ourselves with geriatric jargon like cholecystokinin hormones and the MNA (more on these later).

However, as our weekly research gatherings proceeded, we soon realised that malnourishment among ageing people cannot be completely grasped with the help of hormones, scales and correlations alone. There are so many social elements that surround the issue and tie into it in intriguing ways.

Cultural analysis is particularly equipped for outlining the cultural landscape in which a public issue takes shape. By looking closer at what it means to be older, as well as what it really means to eat in Sweden today, we slowly gained a better sense of what this landscape looks like and what are the possible hindrances for ageing people attempting to take proper care of themselves.

In other words, the added value of cultural analysis lies in understanding how an issue such as malnutrition among elderly people is connected to all kinds of societal and political developments, some of which go back many years. At times, this analysis requires a critical lens. Our hope is that such insight inspires to see the issue more holistically and encourages to tackle it more effectively, on different fronts.

As mentioned before, the literature review was organised in the form of weekly meetings to which each of us brought relevant insights from articles, reports and books that we gathered independently. These readings covered the disciplines of gerontology, medical sciences, medical humanities, sociology and cultural studies.

In the present report, we have attempted to summarise our findings thematically. The outcome is something of a narrative that guides the reader along an array of different perspectives on nourishment and ageing. Each section concludes with a 'Further Reading' list, containing the readings that have prompted the themes.

For the reader who is not so familiar with cultural analytical vocabulary, there is a 'Cultural Lexicon'. This includes all the terminology that we think is relevant to the concerned topics. Not only does the Lexicon give definitions for the terms that ground our analysis, but it will also more or less summarise our main findings.

The literature review is by no means supposed to be comprehensive. Instead, it is meant to motivate a human-centred approach by offering a view on elderly malnutrition that takes note of the many food-filled biographies that make people experience food so profoundly differently.

Your editor,

Nemo Koning

A CULTURAL LEXICON

active society

a cultural landscape in which activity and self-sufficiency is seen as essential to people's well-being and, so to speak, 'busy hands are healthy hands'. in this discourse, ageing healthily and being 'retirement fit' tends to become a game, involving winners and losers.

ageing individuals

people who are in the process of growing 'old'. note how this term does not have unambiguous, biological meaning. rather, 'old' is a social category, and has to do with socially generated status beliefs and work ethics. 'ageing' points to the fact that being old moves on a continuum.

ageism

defined by the World Health Organisation (WHO) as encompassing all 'negative attitudes towards older people and stereotypes', but also more institutionalised discrimination based on age. the WHO has emphasised the importance of countering ageism since the turn of the millennium. Swedish is among the few languages that offer a translation of this English term (*ålderism*).

age-friendly environments

supportive spaces that are conducive to the mobility, security, education and welfare of elderly people. a focus on the spatial dimensions of social inclusion also helps to see people's eating habits in their wider food environment, which includes grocery stores, cafeterias, restaurants and cafés.

commensality

eating and/or cooking in company. in other words, sharing the kitchen, table or the food. in most cultures, this is still the standard.

community dwellers

elderly people living at home, vis-à-vis people living in a nursing home.

double jeopardy

economic precarity as a result of retirement and, on top of that, one's socioeconomic background. especially relevant in a Swedish context, where not everyone has had equal resources to build up pension savings.

entitlement

the degree to which people feel they have a claim on all kinds of matters, for example a claim on helping hands, home delivery or on a decent meal. entitlement as such is apart from related to personal dispositions, mostly socially mediated, more specifically it is gendered. research has shown how men feel comparatively more entitled to help with cooking meals.

food security

overall physical, economic and social accessibility to healthy foods, as well as food-related knowledge

foodwork

points to the forms of gendered oppression that surround different tasks related to food and eating. traditionally, men have been food-receivers, while women are responsible as givers.

gender paradox

salient finding that women have lower mortality rates but, nonetheless, do suffer greater morbidity in later life, i.e. have higher rates of disease. explanations of this disparity have been found in the double burden of both paid and unpaid (household) work that women experience through life.

human-centred approach

terminology used in many policy documents to either make a case for tailor-made policy or for analysis that specifically focuses on how issues have an impact on the individual level. this approach also takes note of how generalisations hold true on the individual level and for example sees food-related issues through older eyes. (also known as people-centred)

infantilisation

concept that emerged from critical age studies and signifies the (sometime structural) mechanisms where someone speaking from a position of authority interacts with ageing individuals in a ridiculing, at times child-like manner while neglecting their self-determination and autonomy.

integrated perspective

analysis that sheds light on all the different facets of an issue, in a way that is practically interdisciplinary as well as multilevelled.

intersectoral perspective

approach that regards all different sectors, institutions and individuals as contributive to an issue and its outcomes

intersectional perspective

form of analysis that looks at the intersections of multiple inequalities and the ways in which these inequalities work and interact together. for instance, it shows how retired, working class men face different stressors in life than retired, working class women. but also how non-white retired, working class women meet different obstacles than these other two groups of people. (see also double and triple jeopardy)

learned eating skills

ways of feeling and behaving around food, eating and cooking that each person develops through life and cause people to nourish themselves so differently. in the sciences there is a near-universal consensus that our food preferences are learned.

myths of ageing

the various misconceptions and speculative imageries that are associated with ageing people. the WHO published a report listing 12 of these myths in 2008.

neoliberalism

discourse most prominent in politics and policymaking that insist on people's self-reliance when it comes to their welfare. also associated with individualism and holding people responsible for their misfortune.

(see also active society)

neophobia

predisposition to dislike 'new' foods or food that one is not familiar with. often suggested to be prevalent among elderly people, but this remains disputed in a Swedish context.

pleasure of eating

emotional satisfaction derived from the activity of eating food, apart from its function as the mere intake of nutrition.

the 'proper meal'

that which is personally perceived to constitute a healthy meal. this is essentially socially constructed and might include the (kinds of) ingredients that should make up the meal, as well as the context in which the meal should be eaten. studies suggest that ideas around proper meals are becoming increasingly less shared in Sweden and more subjective than before.

quality of life

assessment of experienced health, happiness and comfort by people themselves. this term helps to undo the misleading dichotomy between physical and mental health.

second retirement

a second stage of retirement in which people, after their 'first' retirement, experience a transition in diet, pleasure of eating and more general physical abilities. these people are also identified as the 'oldest old. thinking in these terms helps to overcome binary thinking in working vs.retired people, as well as young vs. old.

the 'silver tsunami'

imagery and language that arose in media and popular culture that frames the rising proportion of elderly people in the population as 'unstoppable' and a burden on society.

supportive others

people who help out elderly people in need of practical or mental assistance on a regular basis without getting paid.

triple jeopardy

economic precarity due to not only retirement and one's socioeconomic background, but, on top of that, also one's migration background.

ANATOMY OF A MEAL

Existing research on malnutrition among ageing people in the medical sciences has so far found explanations as well as solutions in the characteristics of the meal – in other words, its volume, ingredients, flavour, frequency, etc. These findings are based on the common premise that elderly malnutrition is not caused by hunger and scarcity of resources in a Western-European context. Since in most cases, the individuals do have sufficient access to food, the inadequate intake of nutrients is associated with shifts in the pleasure of eating and more general satiation taking place in later life.

The 'satiety cascade'

Before we anatomise the different facets of a food that, to a greater or lesser extent, enhance elderly people's willingness to eat, it is necessary to have a better understanding of satiation and what it actually involves.

The 'satiety cascade' is a term used in the medical sciences to describe the intricate interplay of the senses, digestion, nerves and (gut) hormones that motivates to eat. As to hormones that are associated with satiation, it is shown that people are increasingly sensitive to appetite-reducing cholecystokinin (CCK) hormone as they age.

In addition, sensorial stimulation becomes less forceful. For that reason, elderly people are suggested to be less sensitive to sensory-specific satiety (SSS), which means that they will be more satisfied with a basic, monotonous meal, but also less keen on eating more when there are plenty of different foods to try. However, these links are not entirely undisputed. In general, it is primarily anticipated pleasure and personal perception of specific foods that influence levels of appetite, both of which are learned.

Once people actually do sit down for food, there then is still a chance of them feeling fulfilled before they had an adequate intake. When looking at fulfilment, it is useful to differentiate between 'satiating' and 'satiety'. 'Satiating', here, means the state of feeling fulfilled, which generally leads people to stop eating, while 'satiety' points to the length of time that this feeling will carry on, which in turn controls the interval between meals. Striking the right balance between these two within a diet, contributes to people's motivation to eat sufficiently and regularly.

Balance is key

According to the literature, smaller portions become more favourable as people grow older. Not in the least because of the technical reason that bigger portions of food will soon cool down and are thus less appealing to elderly people, who perhaps appreciate warmth in a meal more. Also, sizable amounts of food may be discouraging to people who struggle with eating. Having smaller portions in front of them, on the other hand, enables people to control their intake more and may spark more pleasure of eating. Finally, smaller portions are conducive to shorter satiety.

Nonetheless, encouraging people to eat smaller portions may also prove counterproductive, as they run the risk of not having received enough nourishment at the end of the day. Therefore, frequency of meals is key to an adequate diet for people in later life – although this could possibly mean more of a burden for caretakers and supporting others.

Incorporating smaller, but more frequent meals in the everyday life of elderly people, calls for a focus on the in-between meals that already exist in Swedish culture. If you look closely enough, there are traces of a 'snack culture' present in the country's beloved (kvälls)fika, but also in the institution of the mellanmål. In fact, a study from 2005 has shown that 25% of Swedish elderly people's weekly food consumption consists of snacks. The question remains whether this holds true nowadays. Nevertheless, it is important not to overlook the meals that fall between the rigid categories of breakfast, lunch and dinner and realise their importance.

Incorporating smaller, but more frequent meals in the everyday life of elderly people, calls for a focus on the in-between meals that already exist in Swedish culture. If you look closely enough, there are traces of a 'snack culture' present in the country's beloved (kvälls)fika, but also in the institution of the mellanmål. In fact, a study from 2005 has shown that 25% of Swedish elderly people's weekly food consumption consists of snacks. The question remains whether this holds true nowadays. Nevertheless, it is important not to overlook the meals that fall between the rigid categories of breakfast, lunch and dinner and realise their importance.

Flavourful and Colourful Cooking

More or less related to changes in sensorial perception, people appear to value strong flavours in food more. Some studies indicate that taste is the decisive factor in elderly people's diets, as thresholds for particular flavours rise with age – the sense of sweet and umami become less intense, among others.

Loss of taste perception may lead elderly community dwellers to show less of an interest in gastronomic activities like cooking and grocery shopping and to consume higher amounts of flavour enhanced foods – which might include processed foods and sweets. Creative solutions that may help to overcome these tendencies are to be found in cooking with more distinctive tastes and seasoning. For instance, traditional ättika-infused foods such as pickled gherkin, herring and anchovy.

Next to working with flavour, working with visual components is also mentioned as a way of compensating for any changes in elderly people's senses. Bright colours and extensive palettes on a plate raise expectations of palatability and wholesomeness.

Besides sensory specific traits of the foods, locality, familiarity, freshness and especially health benefits are also shown to become more important in food among elderly Swedes. These more abstract notions gain significance once the taste buds become less prominent. Lastly, it could also be memories bound to specific foods that resurface. And so it may occur that foods enjoyed during childhood, are rediscovered.

Further Reading

Bailly, N., Maîtreb, I. & Van Wymelbeke, V. (2015). 'Relationships between nutritional status, depression and pleasure of eating in aging men and women'. *Archives of Gerontology and Geriatrics* 61.

Edfors, E. & Westergren, A. (2012). 'Home-Living Elderly People's View on Food and Meals'. *Journal of Aging Research* 2012.

Johansson, Y., Bachrach-Lindström, M., Carstensen, J. & Ek, A.C. (2008). 'Malnutrition in a home-living older population: prevalence, incidence and risk factors. A prospective study. *Journal of Clinical Nursing* 18.

Morais, C. de, Afonso, C. & Almeida, M.D.V. de (2010). 'Ageing and food consumption in Portugal: new or old paradigms?'. *British Food Journal* 112 (5).

Nieuwenhuizen, W. F., Weenen, H., Rigby, P. & Hetherington, M. M. (2010). 'Older adults and patients in need of nutritional support: Review of current treatment options and factors influencing nutritional intake'. *Clinical Nutrition* 29.

Nyberg, M., Olsson, V., Pajalic, Z., Örtman, G., Andersson, H. S., Blücher, A., Wendin, K. & Westergren, A. (2015). 'Eating Difficulties, Nutrition, Meal Preferences and Experiences Among Elderly: A Literature Overview From a Scandinavian Context'. *Journal of Food Research* 4 (1).

Skinnars Josefsson, M., Nydahl, M., Persson, I. & Mattsson Sydner, Y. (2019). 'Adherence to a regulation that aims to prevent and treat malnutrition – The case of Swedish elderly care'. *Health Policy* 123.

Wikby, K. & Fägerskiöld, A. (2004). 'The willingness to eat: An investigation of appetite among elderly people'. *Scand J Caring Sci* 18.

FEELING LIKE EATING

Eating does not stand alone. Each person has their personal evaluations when it comes to the meal's setting, whether or not to have company, the timing and the rituals that surround the eating. It is surprising to see how much research has taken into account elderly people's preferences with regard to these particulars.

Researchers have reported on what contributes to a safe and sound environment for elderly people to eat in, like having some flowers on the dinner table or pleasant acoustics in the room. Also, respecting mealtime decorum when having food in company is mentioned by some as gaining importance. Most of these things are more or less appreciated by anyone, regardless of their age, but matter more once people for example experience hearing impairments or when communal dinners become more of a rare occasion.

But more than anything else, the significance of the context of the meal for these people shows how much eating and appetite are bound up with general life experiences and wellbeing.

Coming to grips with later life

In an environment that is rapidly changing, technologically as well as culturally, and where life is medicalised to such an extent that there are many voices telling us what is right for us – especially when ageing – it is only natural that some elderly people lose their grip. These processes may be intensified by staying in a nursing home.

Being able to decide what, how and when to eat is perhaps the most essential to our sense of self-determination. Interestingly, there seems to be a reciprocal relation between autonomy and eating, as people have stated in reports that having 'influence over their own lives' relates positively to their pleasure of eating and appetite.

However, autonomy and independence do not necessarily imply individuality. In fact, social embeddedness is seen as an important aspect of elderly people's experiencing control over their lives. For many of them, having some form of regular social interaction, with family or others, contributes to their satisfaction with food-related life. The relevance of sociability is also apparent in the way the majority of Swedish ageing people define their ideal meal as one had in the company of others.

To many ageing people, eating connects to more general life goals. Harmony between ideal ways of living and the resources to actually achieve these goals are vital to their happiness. These goals could also be more food-related, like 'eating food in company', as well as 'having pleasurable foods' or 'maintaining a varied and healthy diet'. In the case of the first ideal, having the right social resources matters more than income, whereas income is more important in the case of the other two. The balances between goals and resources differ from person to person, but it is clear that any incongruence between the two influences the amount of pleasures that an elderly person is able to allow themselves.

With the medicalised lives that they live, elderly people may encounter a discrepancy between first and second order foods: namely foods that they want to eat (first) and foods they know they should be eating (second). Such a thing brings a split experience of food and eating, by which any inadequate food choice can seem like a failure and the pleasure of eating is at stake.

The tricky food challenges that people face once they grow older, add up to a post-retirement life in which there is a loss of extrinsic goals in the form of for instance a job or family life, and so a higher significance of intrinsic goals. Thus, controlled eating becomes part of an everyday that furthermore requires to keep oneself occupied and maintain social bonds. Higher expectations on the behalf of the elderly person may complicate their experience of eating and affect their appetite.

These experiences are only a precursor of, what literature calls, 'late retirement' that will take place from the age of 85, when people will experience more food-related problems and loss of appetite explained by changes in physical health.

Food Biographies

To gain greater insight into elderly people's food habits, it helps to see their relation to cooking and eating from the perspective of their course of life. Being a wife for many years, having worked in a demanding job and being a mother to five children, undoubtedly shape someone's perception of food as well as their overall identity.

These traits become especially relevant once their continuity is put to a halt by certain life events. Retirement is a good example here, an event that 'breaks' with the certainty that a job offers. Also, losing one's partner is such a 'breaking point'. These events may be, to a greater or a lesser extent, distressing and may cause moments of interruption in people's habitual eating. Sometimes this could be as simple as that workplace cafeteria lunches are no longer accessible. In other situations, dinners can become less joyful since an empty chair only reminds the person of the loss of a loved one.

Studies show that the impact of distressing life events varies from person to person and between genders. For instance, Swedish women are more at risk of poor nutrition intake as they give up on former, more nourishing food routines.

A special instance of the described breaking points is illness. People will have to come to terms with a 'new body' or at least will relate differently to their body.

Besides specific diet recommendations, illnesses will also come with changes in the emotional experience of eating. This could also mean that someone actually enjoys food more.

Food and eating can become inextricably interwoven with people's identities, as well as with their experiences of belonging and ways of communicating love. The relations around the table are often all about caring, parenting, giving or receiving. Food-related activities are thereby a source of empowerment and recognition for some.

For those at the receiving end, eating may become totally dependent on other people's cooking. Either way, severe changes in people's (later) lives, like widowhood or moving into a whole new environment, can cause identity crises, in which intuitional, engrained ways of relating to food and oneself are challenged.

The degree to which people are able to compensate for these identity crises and breaking points marking later life, depends on people's resources and resilience. Anyway, these processes can be sources of stress that are shown to be important factors in malnourishment among elderly people.

However, events taking place in the life of an elderly person should not be seen as having only a negative impact. For some, retirement is actually an opportunity to spend more time in the kitchen and eat the foods they take pleasure in. Besides, ageing is not only a narrative of loss.

Elderly people are still able to enjoy all sorts of knowledge authority, for instance in the kitchen, with shopping and planning food. Appealing to people's embodied knowledge can be a way of reaffirming their identity and self-esteem. It is a pity that much of such knowledge is not transmitted across generations, as the act of cooking has become more individualised due to the availability of cook books and clever kitchen tools.

Everyday appetite

Eating and cooking are just a part of the many activities of daily life that an elderly person is concerned with, such as shopping, planning, socialising and recreation. For that reason, food habits should not be isolated from the environment in which these activities take place.

When the nearest store is kilometres away and quality food is not so easily accessible, there is pressure on the individual to organise an adequate diet, especially if they are ageing. On the contrary, when good food is much more readily available and people can freely choose between various options, eating will be less of a burden. In addition, higher mobility will positively affect people's appetite and joy in eating.

For this reason, among others, the World Health Organisation (WHO) emphasised the importance of 'age friendly environments', spaces where ageing people are not marginalised and excluded because of spatial, technological or social hindrances, but where they can freely move around and maintain self-esteem. Supermarkets and cafes, for instance, could pay more attention to making their places accessible to ageing customers. A more mobile and unbounded everyday, hence, will contribute to more satisfaction in life and with that also more joy in eating.

Home Delivery

In later life, needing assistance in the form of home-delivered food may symbolise different things. The ways in which elderly people regard the services depend on their personal processes of receiving help in their everyday.

Firstly, some people consider making use of home delivery a loss of agency, where they lose control over their food choices and feel intruded in their privacy by having other people decide on their menu. Secondly, other people speak of the services in a way that reveals discomfort with their confinement to the home. To them, home delivery stands for loneliness and isolation. Lastly, others feel relieved by having the possibility and are reassured by the regularity of the service. To them, home delivery evokes gratitude.

Home delivery may contribute to the process of elderly people reconciling with dependency and (asking for) help. Some of them may have grown up condemning dependency on other people and do not want to be a burden on anyone. For this reason, home delivery should be considered to be just as much part of an age friendly environment. Entailing that home delivery service should also focus on promoting self-esteem, sense of agency, as well as the important skill of receiving help among elderly people.

Further Reading

Ebrahimi, Z. & Wijk, H. (2009). 'En hypotesgenererande studie av nattfastans längd, undernäring och hälsorelaterad livskvalitet hos äldre'. *Vård i Norden* 91 (29).

Fjellström, C. & Sydner, M. (2017). 'Social Significance of Older People's Meals – Balancing Adaptive Strategies Between Ideals and Structure'. In *Food for the Aging Population*. Amsterdam: Elsevier.

Giacalone, D., Wendin, K., Kremer, S., Bom Frøst, M., Bredie, W.L.P., Olsson, V., Otto, M.H., Skjoldberg, S., Lindberg, U. & Risvik, E. (2014). 'Health and quality of life in an aging population – Food and beyond'. *Food Quality and Preference* 47.

Johansson, Y., Bachrach-Lindström, M., Carstensen, J. & Ek, A.C. (2008). 'Malnutrition in a home-living older population: prevalence, incidence and risk factors. A prospective study'. *Journal of Clinical Nursing* 18.

Pajalic, Z., Person, L., Westergren, A., Vanja, B. & Skovdahl, K. (2011). 'The Experiences of Elderly People Living at Home Related to Their Receiving Meals Distributed by a Municipality in Sweden'. *Journal of Food Research* 1 (1).

Williams, R. (1984). 'The Salt of the Earth: Ideas Linking Diet, Exercise and Virtue among Elderly Aberdonians'. In *The Sociology of Food and Eating: Essays on the sociological significance of food*. Hants, UK: Gower Publishing Company.

WHOLESOMENESS BETWEEN GENERATIONS

In order to understand the roots of malnutrition among elderly people, it is imperative to go back in time with the mind of the individual and grasp the mores around food and health they grew up with. Ways of thinking and doing around eating and wholesomeness can become deeply ingrained and rigid over the years, which is why a historical focus is also relevant in the context of ageing and nourishment.

However, elderly people's food habits are in no way untouched by contemporary societal changes and shifts in (global) culture. For that matter, their identities are not merely a reflection of the past, but just as much embedded in the present. Hence, it is instructive to see food through older eyes, but without seeing everything that belongs to the elderly's past as essential to them.

Belly Knows Best

A majority of the research suggests that norms and values around eating and tradition develop earlier on in life and do not really change significantly over the course of life. Most of these norms and values are conceived around the family dinner table. Some intimate accounts of elderly people refer to memories from childhood, which indicates that emotions connected to food in early life sustain in later life. It makes elderly people, for example, want to eat whatever they were deprived of in their youth.

Some researchers outline a background of wartime, poverty and periods of food scarcity as still shaping the way ageing people relate to food. But the question is to what degree this history applies to today's Swedish people over 65. At least, we could say that most of them grew up with eating habits that were more restricted by traditional frameworks, food availability and the accessibility of knowledge.

Seen from a contemporary context, most elderly people in Sweden grew up with a rather monotonous diet, comprising regional ingredients and dishes. The crops and products that were cultivated locally would be the ones ending up on their plate. Growing up in this context, the now-elderly people did not have the privilege to be that picky about their food. On top of that, eating also used to be more hierarchical, so children had less of a say in their food choices anyway.

The culinary landscape has changed rather dramatically since, with the internet distributing worldwide cuisine and with supermarkets arraying many foreign and niche foods. Also, the prices have changed, in a way that products once considered luxurious, like meat products, are now relatively cheap. As a consequence, there is much more choice and accessibility to different ways of eating and health.

Nonetheless, the literature partly suggests tendencies of 'neophobia' among elderly people. A fear of the new that is expressed in their discomfort with foods that younger generations consider healthy, and a certain conservatism regarding newer ways of living. Their striving for normality and continuity makes it a substantial undertaking to adjust elderly people's eating habits, some authors claim.

In the most orthodox accounts of this 'continuity perspective', researchers refer to the period in utero as being formative for eating in later life. It has to be questioned whether this perspective is helpful when grappling with elderly malnutrition. Instead, contextualising ageing people's food habits in terms of 'learned eating skills' may prove much more productive.

Across all disciplines, there is a consensus in the sciences that our food preferences, for most part, are learned and developed in all stages of life. This does not mean that our learned ways of eating (skills) are entirely manipulable. In fact, some may become deeply ingrained over time and memories of our first bites weigh heavy.

Malnutrition, in these terms, can be understood as a lack or loss of valuable learned eating skills, like “taking time to feed ourselves” or “managing our appetite”. Through adaptive strategies of ‘relearning’, more adequate eating skills can be learned to elderly people. We only learn well if we become children again, some say, but with perspectives like these, one should be wary of elderly infantilisation.

What is Wholesome

A comparative study on cooking among elderly French and Swedes has shown how to many Swedes, cooking is much more functional than recreational. To them, food served a need for energy and nutrient intake, whereas the French in the study perceived food as vital to their daily rhythms. In other words, food is much more of a means to an end among ageing Swedes, namely physical health. Being fit and healthy, able to stand firm against the challenges of ageing, is the ultimate end, to which cooking and eating are secondary.

Another striking finding shows how elderly people in other countries, like France and Italy, value taste and familiarity with a product much more in their food choices than people in Sweden. To them, it is indeed the health benefits that matter most. Having said that, what actually constitutes a healthy meal is still subject to people’s personal perceptions.

Healthy eating is, to many of them, more or less synonymous with their notion of a “proper meal”. What actually is “proper” differs between elderly people, but is commonly conceptualised as consisting of meat or fish, potatoes and vegetables. What becomes apparent, is that what people consider wholesome food, may be quite unlike what is nowadays called ‘health food’.

Wholesomeness may be much more related to resonance with one’s environment, upbringing, traditions, morality and more general style of life. Fatty, hot smoked fish bought at a local fishmonger that is acquainted with their family, may be what people regard as truly ‘wholesome’. Locations such as open-air markets, might matter much more to the perceived quality of food than the nutrients it contains.

Elderly people may hold on to more embodied forms of knowledge and aged gut feeling, especially with the presence of confusing nutritional recommendations by the media.

People may also privilege kitchen wisdom over other sources of information, like doctor's advice. In some cases, these personal sources of knowledge stand in opposition to medical 'health food'. Yet, there are indications that elderly Swedes still put more trust in healthcare professionals than elderly people in other countries. Even so, it is relevant to consider what it means for appetite and pleasure of eating once healthcare workers detach food from their emotional context.

Milk of Sweden

The history of eating is also a history of commercialism and to some extent, the way we eat is a result of alliances between producers, scientists and state officials.

Take the case of milk. Once considered vital to physical health and growth, it is now often spoken of with contempt. Nowadays, it are milk alternatives that are claimed to make a healthy lifestyle. This transition was also accompanied by – and probably also boosted by – an expanding national industry around products such as oat milk.

'Regular' cow milk once symbolised Swedish prosperity and progress. Driven by technological improvements, the milk industry vastly expanded the production of milk in Sweden. With the help of the Milk Propaganda Association (MPA), cow milk became a national artifact of the welfare state, mostly praised for its health benefits, and so the consumption skyrocketed. Now brands like Oatly, which produce 'milk drinks' from oatmeal, have become collectively endeared in such a way.

This very brief summary of the Swedish history of milk, shows, among other things, how manufacturers, but also media and collective imagery, have a big say in our consumption habits and define 'healthy' lifestyles. This also implies that our present-day elderly probably have a different notion of healthy eating, one that may be at odds with contemporary lifestyles and ideas.

The Trendy Old

Before diving too deeply into the past, it is important to realise that ageing people are still susceptible to current food trends. A Swedish survey has shown that the elderly in Sweden have also increased their consumption of fruit and vegetables and have also been seasoning their food with more different spices. It is also interesting to see how once steady food institutions, like pancake Thursdays and Sunday roast partly lost their relevance among the elderly Swedes too. By the way, cow milk too is now drunk much less frequently here.

These statistics show how sociological processes of individualism, internationalism and consumerism should not be left out of any analysis of elderly people. Moreover, they challenge the continuity perspective as well as the alleged neophobia among people and give rise to different questions. For example, to what extent are present-day ageing people influenced by very recent food trends such as 'clean eating'?

Seeing elderly malnutrition as a connected to today's more general food challenges, opens up to see the issue as part of a cultural landscape in which most of us omnivores no longer eat what our parents would consider proper food, in which media and medicine confuse us with ever-shifting dietary recommendations and our gut feeling appears no longer to be trusted.

Further Reading

Bildtgård, T. (2010). 'What It Means to "Eat Well" in France and Sweden'. *Food and Foodways* 18 (4).

Burns, C. & Diet, D. (2009). 'Seeing food through older eyes: The cultural implications of dealing with nutritional issues in aged and ageing'. *Nutrition & Dietetics* 66.

Jönsson, H. (2017). 'One Hundred Years of Solitude and Commensality: A Study of Cooking and Meals in Swedish Households'. In *Places of Food Production: Origin, Identity, Imagination*. Frankfurt: Peter Lang Publishing Group.

Jönsson, H. (2019). 'Healthy Drinking? Milk, wine and popular nutrition in Sweden'. *Tradition and Nutritional Science in the Modern Food Chain*. Thessaloniki: University of Macedonia.

McIntosh, W.A. & Kubena, K.S. (2017). 'Food and Ageing'. In *A Sociology of Food & Nutrition*. Victoria, AU: Oxford University Press.

Wilson, B. (2015). *First Bite: How We Learn to Eat*. New York: Basic Books.

THE AGEING BODY

Historically, taking care of elderly people has been a shared responsibility of both the state and the family. Yet, with austerity politics pushing towards more self-sustainability, the responsibility comes to lay now more with the family and the individual themselves. Hence the emergence of the 'active society', in which there are many pushes toward exercise and healthy living.

More than anything else, "age" and "elderly" are social concepts. In other words, they are not fixed, biologically determinable categories. "65 plus" has become such a common categorisation because it corresponds with the age of retirement. It shows how ideas around ageing are inseparable from the political context, from society's work ethic and prevailing ideas of self-worth.

All policy that concerns ageing people, as well as dominant ways of thinking about them expressed in, for instance, the media, has an effect on these people's body image. Eating is inherently bodily and through the medicalisation of society, all we eat is now meant to have direct consequences for our body. A cultural analysis on elderly malnutrition should therefore also include a focus on the way the ageing body is conceptualised in society.

The Swedish Model

Swedish culture is said to be centred around the idea of the 'useful body'. With that, food and eating are then automatically understood in terms of nutritional intake. With greater emphasis on individual responsibility, caused by the rise of neoliberalism in policymaking, this body management responds to expectations of self-maintenance. Within a world that is every-changing and accelerating, the body appears as one of the last remaining malleable matters.

Sweden is among the countries with the most physically active elderly people in Europe, with 63% of people aged over 65 engaging in regular physical activity (although that number has been going down for almost two decades now). These statistics have to be seen in the light of directives to be 'retirement ready' and autonomous instead of dependent.

Another relevant notion here, is that of 'successful ageing'. Conceived mainly by medical scientists, this notion brings in all kinds of problems. Success becomes an outcome of individual endeavour, a game with winners and losers, with special notice of ageing people's 'victorious' lifestyles and personal volition.

Meanwhile, 'activity' or more specifically physical activity (also known as 'PA'), is a relatively recent concept in the geriatric field. The invention of the term coincided with welfare policies and functionalism and individualism gaining importance in the sciences. These developments brought a call on people's capacity to adjust and gerontology came to approach growing old as a creative and leisurely affair.

Although the medical scientific usage of PA suggests its objectivity, the discourse of activity has yet been criticised for its rigid and overly conservative definitions. Regular socialising, shopping and having sex are not considered to be part of physical activity. While these activities in all probability contribute to better well-being, they somehow do not match the medical doctrines of physical health.

The point that functional bodies are busy bodies, and that 'busy hands are happy hands', is above all discriminatory, since there is not something like a level playing field. Therefore, any empowerment to age healthily that remains insensitive to inequalities based on physical ability, income, gender, and on other grounds, may prove counterproductive. In addition, bodily impairments and limitations to mobility are not seen as 'unsuccessful' by all involved elderly people.

Mechanisms of infantilization oppose the facilitation of autonomy and freedom of choice that are propagated by self-determination theory. According to this theory, it is vital to the health and wellbeing of elderly people to have themselves decide what is best for them. There is an important role here for the social environment of ageing people to support and respect their personal decisions.

The Century of Ageism

During the twenty-first century, life expectancy is on the rise and with that, there is also an expanding group of ageing individuals. Nevertheless, imagery regarding old age has not changed that much. In fact, there is still little space for elderly people on the television, let alone digital media. While most elderly people remain backstage, it is the exceptionally fit, 'successfully' aged people that do get appearances.

The rather meagre presence of ageing people in popular culture, inevitably has an impact on elderly people's body image. The way the ageing body is perceived is best understood in relation to its counterpart, namely youth. As long as youthfulness is sacralised by contemporary culture, ageing is spoken about in terms of decay. To shift the focus away from what comes after youth, there is more acclaim for those who are able to reconcile age with fitness, the 'young old'.

On top of the limited influence elderly people have over the perception of ageing, there are also more explicitly negative accounts in the media. A glance at the newspapers' headlines will tell that the rise of life expectancy is mostly associated with problems, social costs and economic hazard. Images of the 'silver tsunami' and 'unstoppable' growth of the ageing population prevail. In popular youth culture, the 'boomer' is ridiculed. These tendencies act on the position of elderly people in public space. No wonder that the WHO has put ageism on the agenda with the turn of the millennium.

Disproportionately subject to the negative imagery are elderly women. Elderly men enjoy some privilege in the way wisdom is embodied in the 'nestor' (a grey man) and with Western society speculating that 'men age like wine and women age like milk'.

Ageism without a doubt is a factor in elderly malnutrition. Concerning teenage anorexia, it is common knowledge to link the issue to society's body image. Regarding 'anorexia of ageing' too, what we consider a body worthy of our attention matters, although perhaps more indirectly. The question emerges what the role of 'oldfluencers' is in this and to what extent they either promote or counteract the issue.

The Subtle Myths of Ageing

In 2008, the WHO published a report on 'the myths of ageing'. While summing up 10 misconceptions about elderly people that hold a grip on society, the report also debunks these one by one. The supposed 'burden of ageing' is mentioned, which according to the writers is the main source of developing and spreading myths. Thinking in terms of 'burden', neglects the contribution of elderly people to society and does not open up to future changes in their roles.

Relevant to this project, is, for example, the myth that elderly people 'should expect to deteriorate mentally and physically'. With imagery as such, ageing will always be connected to frailty, depression and loneliness. Quality food and quality living, as well as a purpose in life, are suggested to overcome the assumed inevitability of becoming frail. Also, people are actually shown to be significantly happier with their lives between 65 and 75. Lastly, most of the elderly Swedes (75%) are actually said to spend time with family at least once per week.

Another predominant myth is that 'older people have similar needs'. There are many differences based on sex, ethnicity, class, et cetera, that surely make for varying individual needs. Most important to this project, is the myth that elderly people are 'too old to learn'. Certainly, the aforementioned 'learned eating skills' picked up in earlier life, have a hand in people's food habits in later life. But this does not mean that it is too late for people to activate new lifestyles.

Further Reading

Albala, K. (2017). 'Longevity Diets in Historical Perspective'. In *Food Cults: How Fads, Dogma and Doctrine Influence Diet*. Lanham: Rowman & Littlefield.

Harnett, T. (2010). *The Trivial Matters: Everyday power in Swedish elder care* (dissertation). Jönköping University.

Högberg, B. (2018). 'Gender and health among older people: What is the role of social policies?'. *International Journal of Welfare* 27.

Katz, S. (2000). 'Busy Bodies: Activity, Aging, and the Management of Everyday Life'. In *Journal of Aging Studies* 14 (2).

Katz, S. & Calasanti, T. (2014). 'Critical Perspectives on Successful Aging: Does It "Appeal More Than It Illuminates"?'. *The Gerontologist* 55 (1).

Nilsson, G., Ekstam, L. & Andersson, J. (2016). "*Här händer nästan mirakel*": Äldrekollot som fenomen, görandet av ålder under vistelsen och kollots implikationer för äldres hälsa och livskvalitet. Lund University Libraries.

Nilsson, G., Ekstam, L. & Andersson, J. (2018). 'Pushing for miracles, pulling away from risk: An ethnographic analysis of the force dynamics at Senior Summer Camps in Sweden'. *Journal of Aging Studies* 47.

Nilsson, G., Ekstam, L., Axmon, A. & Andersson, J. (2021). 'Old Overnight: Experiences of Age-Based Recommendations in Response to the COVID-19 Pandemic in Sweden'. *Journal of Aging & Social Policy* (forthcoming).

Ritsatakis, A. (ed.) (2008). *Demystifying the myths of ageing*. Copenhagen: World Health Organization.

Sethi, D., Wood, S., Mitis, F., Bellis, M., Penhale, B., Iborra Marmolejo, I., Lowenstein, A., Manthrope, G. & Ulvestad Kärki, F. (2011). *European report on preventing elder maltreatment*. Copenhagen: World Health Organization.

World Health Organization (2011). *European report on preventing elder maltreatment*. WHO Regional Office for Europe.

Further Reading (continued)

World Health Organization (2012). Strategy and action plan for healthy ageing in Europe, 2012-2020. WHO Regional Office for Europe.

Whelehan, I. & Gwynne, J. (2014). 'Introduction: Popular Culture's "Silver Tsunami"'. In *Ageing, Popular Culture and Contemporary Feminism: Harleys and Hormones*. New York: Palgrave MacMillan.

FOODWORK AND THE UNEVEN FRUITS OF LABOUR

There are many factors that further complicate the experience of ageing, including one's geographical location, educational upbringing, cultural background and gender identity. In the geriatric sciences, it is common practice to record gender, but the datasets do not appear to explain differences between men and women in the nature and extent of malnourishment. To this end, it is fruitful to look at society's power dynamics around food and eating and to see how these are centred around gender.

Other factors, such as class, ethnicity and location are rarely taken into account in quantitative geriatric research on malnutrition in Sweden. The section on the influence of these factors will therefore be of a more speculative nature. Nonetheless, cultural analysis can offer a set of tools to grasp how society's inequities may also mark later life, although bold generalisations seem inevitable here.

Kitchen Roles

According to the research, elderly women are more inclined to perceive food as central to their identity, while men consider it more of a nutrient, and eating a practical affair. At the same time, women appear to enjoy spending time in the kitchen less than men. This has all to do with historical ways of doing around the dinner table and how these have been centred around gender.

Most of the now-elderly in Sweden grew up in patriarchal households, where cooking was the mother's responsibility and the father was traditionally the receiver of care. 'Foodwork' is the term used in the social sciences to point to the – mostly gendered – mechanisms of oppression that underlie cooking and eating. These mechanisms are sometimes so deeply ingrained that women will scream 'get out!' once men enter the kitchen to offer help.

It has to be questioned to what extent 'old school' foodwork still has a hand in the (heterosexual) relationships of elderly people today. One could also argue that the described power mechanisms are not as clear cut as they appear: by cooking the food, women actually had quite some power. However, there are still quite severe differences between men and women when it comes to their entitlement.

In a survey among Swedes, significantly more (elderly) men called themselves 'food-lovers' than women. Although seeing that more men enter the kitchen nowadays suggests optimism, this detail reveals how men, food and cooking are still more leisurely and hedonistic phenomena. More women identify themselves as vegetarians, which also shows how women feel more responsible with regard to food restrictions. The disparity of responsibility is also exemplified by the way eating a lot of food is more encouraged in men than in women.

Wellbeing and the Gender Impact

In research on wellbeing among elderly people, authors speak of a 'gender paradox'. Although women have higher life expectancy, they also suffer significantly more from illnesses and mental health issues. This discrepancy is partly explained by the double burden that women bear by having to combine taking care of their loved ones with taking care of themselves.

Studies in France have shown that elderly women suffer more from mental health issues such as depression. In addition, loneliness and isolation are shown to be more directly related to their pleasure of eating than is the case with men. With men, pleasure of eating is affected more by their perception of their physical wellbeing.

Regarding this, men in the same studies considered themselves to be in better health than women did. In spite of that, it has to be noted that women and men deal quite differently with illness. Men, for instance, are suggested to linger longer in the state of negation regarding physical suffering, which may lead them to develop unhealthy eating habits. With that, men put more responsibility on those in direct proximity than women do, who tend to call more on their self-discipline.

Having said that, women are said to be better able to mobilise support from their social environment. This becomes clear if we look at the impact of the loss of a spouse in later life. This is a severe breaking point in the lives of elderly men, who now become more dependent on food distribution and external help. On the longer term, though, men appear to be more skilled to adjust to receiving external support in the form of home delivery and housekeeping than women. Perhaps it has to do with shame or differences in entitlement, that women are less capable of outsourcing these tasks.

Fruits of Labour

According to each class, there are different interpretations of ageing and life events like retirement and illness. For working class people, an end to their work life means the loss of an important part of their identity, which may lower self-esteem. Middle class culture is generally more competitive when it comes to human capital. Elderly people with this background may see retirement as yet another challenge to show character by means of maintaining 'healthy' lifestyles and busy social lives. They might also be more sensitive to the whims of consumer society and more susceptible to age products.

Among the upper classes, people are said to be better able to enjoy the fruits of their labour in later life. Note how all of these backgrounds bring different versions and degrees of 'age anxiety'. Also interesting to note is the relevance of 'blue collar' and 'white collar' jobs to the nature of later life. Having practiced manual labour or having spent time in an office during working life has consequences for one's self-image after retirement.

Class differences are most noticeable if you look at the trust in public institutions. People from the lower classes are shown to have limited trust in social services, for example. This also brings in the topic of health literacy. Knowledge about healthy living is not distributed equally across the classes. Since information on ageing and eating is not widely shared anyway, health literacy can be especially problematic with respect to elderly nutrition.

As reported by a research into seven European countries, living in rented homes or being a homeowner matters quite significantly to the wellbeing of elderly people. It sheds light on the disparities based on wealth and income from pension savings. Financial precarity due to not just age, but also socioeconomic backgrounds, can be called 'double jeopardy'.

Anyhow, research on socioeconomic and class factors in elderly malnutrition is rather minimal. Furthermore, marginalisation connected to race, migration and (mental) disabilities is not taken into account at all in research on malnutrition. It is very important to find out more about 'triple jeopardy'. In other words, the extra impact of belonging to a marginalised group on the complications following from double jeopardy.

Lastly, there is research suggesting disparities between elderly people living in an urban environment versus those living in more rural settings. Limited access to food markets, with many stores closing down in the Swedish countryside, may hinder adequate food intake and promote malnourishment.

Further Reading

Bailly, N., Maîtreb, I. & Van Wymelbeke, V. (2015). 'Relationships between nutritional status, depression and pleasure of eating in aging men and women'. *Archives of Gerontology and Geriatrics* 61.

Mattsson Sydner, Y., Fjellström, C., Lumbers, M., Sidenvall, B. & Raats, M. (2007). 'Food Habits and Foodwork'. *Food, Culture & Society* 10 (3).

Plastow, N.A. (2017). 'Gender and Food in Later Life: Shifting Roles and Relationships'. In *Food for the Aging Population*. Amsterdam: Elsevier.

Sethi, D., Wood, S., Mitis, F., Bellis, M., Penhale, B., Iborra Marmolejo, I., Lowenstein, A., Manthrope, G. & Ulvestad Kärki, F. (2011). *European report on preventing elder maltreatment*. Copenhagen: World Health Organization.