

The Meaning of Food

Stafford, P.B. (2003). *Gray areas: Ethnographic encounters with nursing home culture*. Santa Fe: School of American Research Press.

In “Gray Areas: Ethnographic Encounters with Nursing Home Culture”, one of the issues Phillip B. Stafford discusses is the meaning of food in nursing homes and how it is involved with issues of control and conflict.

A study conducted in an east coast nursing home examined the role food played in the lives of residents. The residents of the nursing home had lost the capacity to buy, prepare, and consume food on their own to various degrees. For this reason, life in the nursing home was a major improvement both nutritionally and socially. A significant portion of each resident’s day revolved around meals; discussing and waiting for food occupied more time than actually eating the food. As well as structuring time, meals defined people’s perception of time as other activities were often referred in context of meals’ schedule.

The commonly asked question “How long is it until we get served dinner?” reflects a preoccupation with food. People also anticipate socialization with other residents and staff during meal times. Through their own efforts residents create food-centered events. Some less social residents formed a routine coffee time with other people and consequently created companionship for themselves. Eating remains one of the few sensory and social experiences left to many older people.

Food also has a symbolic meaning: it is not only something people eat, but also something they can give. The author discusses examples of residents receiving food items from relatives and/or friends and using this food as “a social currency” that helps them reinforce ties with other residents and/or reward staff whose attention is specially valued.

Residents who constantly complain about food, how a plate is laid out, or who got his tray first are attempting to assert some control in one of the few areas of life they feel they still have control. Some residents who refuse to eat exercise the only control about their life they have left. Some residents take it even further: by refusing to eat they take charge of their own death. This poses moral difficulty for staff when families and institutions cannot agree on when to discontinue artificial means of nutrition for dying residents.

Nursing home administrators should be particularly sensitive to residents’ criticism of food. The complaints may reflect real deficiencies in what they eat; however, residents may also be attempting to communicate other concerns. Nursing home residents’ concerns about loss, death, mortality, nurturance, intimacy, autonomy, privacy, control and responsibility are often expressed in how residents deal with meals on a daily basis. The experience of many facilities indicates that people who are deeply displeased with life may lose appetite and manifest this displeasure in nutritional terms. These residents

are at risk not just because of what they eat but also because of how they feel about the nursing home, society, and life itself.

Implications for practice: The role of depression, dental, oral, and organic causes of a resident's diminished interest in food must be assessed in order to find an accurate reason for food rejection. Nursing home administrators' awareness of the complex meanings of food and meals should help them understand what residents are really expressing when complaining about food or decreased appetites.