



Perceptions and experiences of eating alone among community-living retired Swedes: Loss, routine and independence

Amanda Björnwall^{*}, Ylva Mattsson Sydner, Afsaneh Koochek, Nicklas Neuman

Department of Food Studies, Nutrition and Dietetics, Uppsala University, Box 560, 751 22, Uppsala, Sweden

ARTICLE INFO

Keywords:

Eating alone
Commensality
Meals
Aging
Food
Loneliness

ABSTRACT

The practice of eating together, commensality, is often considered as something positive in later life, particularly regarding peoples' nutritional status and psychosocial well-being. Eating alone, in contrast, is treated as a risk factor, although literature indicates that it is not necessarily something negative. Still, analyses that specifically target older peoples' varied experiences and notions of eating alone are scarce. This study has explored perceptions and experiences of eating alone among older people in Sweden, a country considered highly individualistic, yet with relatively low levels of loneliness in the older population. Semi-structured interviews were conducted with 20 community-living and retired Swedes, 70–90 years of age. A thematic analysis identified three themes: i) 'Eating alone as a manifestation of loss'; ii) 'Eating alone as an everyday routine'; and iii) 'Eating alone as independence and contentment'. General perceptions of eating alone were often related to the current living situation (e.g., cohabiting or single-living). One key finding was an identified tension between the idea of eating alone as something problematic among those living and eating with a partner and the practical experience of an uncomplicated routine among those living and eating alone. Eating together is discussed as a possible social need for many, but perhaps not for all. Some can feel content with eating alone or even enjoy it. Future studies should approach potential disadvantages of eating alone among older people as an open empirical question that is likely to depend on both the individual and the cultural context.

1. Introduction

In later life, the practice of eating together with others has possible benefits for the enjoyment of eating, companionship, social integration and social support (Vesnaver & Keller, 2011). Eating alone, by contrast, has been highlighted as a risk factor for several negative health outcomes, including malnutrition and depression (Locher, Robinson, Roth, Ritchie, & Burgio, 2005; Tani, Kondo, et al., 2015; Tani, Sasaki, Haseda, Kondo, & Kondo, 2015). Qualitative studies both confirm and challenge these patterns. While many studies describe negative experiences, the literature as a whole presents a more complex picture (Andersen & Brünner, 2020; Björnwall, Sydner, Koochek, & Neuman, 2021). For example, while losing a spouse or partner might lead to losing the sense of joy in cooking and eating (Sidenvall, Nydahl, & Fjellström, 2000; Vesnaver, Keller, Sutherland, Maitland, & Locher, 2016), a changed life situation might also lead to a new-found interest in cooking (Andersen, 2020; Neuman, Gottzén, & Fjellström, 2017) or an opportunity to adjust food habits to personal preferences (Vesnaver et al., 2016). Further,

older people have described dining out alone as peaceful and a symbol of independence (Thomas & Emond, 2017). Despite this complex picture emanating from the qualitative literature, analyses that target older peoples' varied experiences and notions of eating alone are scarce, and it continues to be treated as something negative in and of itself. Therefore, we asked: what are the different perceptions and experiences of eating alone among a group of community-living and retired older individuals?

1.1. Eating alone, well-being and social relationships in later life

Within dietetics research, eating alone is considered a risk factor for nutritional status, while commensality, the act of eating together, is believed to have nutritional benefits, such as regulating food intake and stimulating appetite (de Castro, 2002; Keller, Goy, & Kane, 2005; Vesnaver & Keller, 2011). This is observed internationally (Björnwall et al., 2021), and in some countries, such as Canada, suggested health benefits of eating together are considered convincing enough to justify promotion of eating together as public health advice for older people

^{*} Corresponding author.

E-mail addresses: amanda.bjornwall@ikv.uu.se (A. Björnwall), ylva.mattsson.sydner@ikv.uu.se (Y. Mattsson Sydner), afsaneh.koochek@ikv.uu.se (A. Koochek), nicklas.neuman@ikv.uu.se (N. Neuman).

<https://doi.org/10.1016/j.appet.2023.106570>

Received 3 November 2022; Received in revised form 4 April 2023; Accepted 13 April 2023

Available online 15 April 2023

0195-6663/© 2023 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

(Health Canada, 2022).

Moreover, while social relationships can influence eating, eating also influences social relationships. The meal itself can form and maintain social relationships (Jönsson, Michaud, & Neuman, 2021), making commensality relevant to another public health concern within the older population: loneliness and social isolation. Loneliness is a subjective experience, resulting from perceived deficiencies in a person's social relationships, and hence is conceptually distinguished from social isolation as a state of objective absence of social contacts (Peplau & Perlman, 1982). Being troubled by loneliness is not only a problem in itself, but also has implications for health and quality of life, such as higher mortality risk, increased cardiovascular risk and increased depressive symptoms (Hawkey & Cacioppo, 2010).

1.2. Loneliness and individualistic societies

There is a common belief that there would be an increase of loneliness in individualistic societies, but this is not the case (d'Hombres, Barjaková, & Schnepf, 2021; Dykstra, 2009). A prime example is Sweden, the context of this study, in which the prevalence of loneliness among older people is relatively low, at six percent, compared to other European countries ranging from two to 18 percent (Fokkema, De Jong Gierveld, & Dykstra, 2012; Rapolienė & Aartsen, 2021). Yet, the majority culture is considered particularly individualistic in cross-national comparisons (World Values Survey Association, 2020), meaning for example that single-living is common and independence idealised. Furthermore, the prevalence of self-reported loneliness among older Swedes has also been stable around 10–15 percent in recent decades (Dahlberg, Agahi, & Lennartsson, 2018). In other words, older Swedes are not comparatively lonelier, nor do they seem to get lonelier over time. But this does not imply that no problem exists. For those experiencing loneliness, it can affect health and well-being negatively (Dahlberg, Andersson, & Lennartsson, 2016; Dahlberg et al., 2018).

Another concern about countries being or becoming more individualistic is perceived detrimental effects on commensality that would erode social cohesion (Fischler, 2011). Fischler (2011) argues that an individualisation of food and eating is a global trend, among all age groups, that is leading to fewer shared meals and less time spent eating. However, it is unclear whether shared meals are really in decline to any significant extent (Jönsson et al., 2021), and studies of eating patterns in four Nordic countries indicate that the idea of a general individualisation of eating patterns may be exaggerated (Holm et al., 2016).

As demonstrated above, much of the literature focuses on the negative physical and psychosocial health outcomes of eating alone, especially for the frail or dependent older. However, a majority of older people in Sweden are healthy, active and independent (Eurostat, 2020; Skoog, 2018). Therefore, we wanted to explore the perceptions and experiences of eating alone in later life among community-living and retired Swedes, aged 70 years and older, with diverse life circumstances and histories.

2. Methods

This paper draws on qualitative, semi-structured interviews conducted in 2021–2022. The first author carried out individual interviews, lasting between 60 and 120 min, with 20 participants. The study design was mainly based on Patton (2015) and guided by the COREQ Checklist (Tong, Sainsbury, & Craig, 2007), then followed by a thematic analysis (Braun & Clarke, 2022). Inclusion criteria were: community-living people aged 70 years or older who were able to communicate directly with the interviewer (e.g., not through an interpreter) and who could provide informed consent. Many studies use 60 or 65 years as a cut-off for when one is considered 'older'. However, it has been argued that, in Sweden, '70 is the new 50', based on longitudinal birth cohorts comparing 70-year-old people's lives over recent decades, showing that most people aged 70 years nowadays have a good health status and

active lifestyle (Skoog, 2018). We therefore chose 70 years as our cut-off. Additionally, the study was conducted during the COVID-19 pandemic, when people aged 70 years and older were seen as a risk group, regardless of underlying diseases, and were expected to adhere to more stringent restrictions (Public Health Agency of Sweden, 2020).

2.1. Recruitment

The recruitment was based on a purposive selection procedure to obtain a sociodemographic breadth of participants (Patton, 2015, p. 264), building on the assumption that this would promote variation and richness in life stories. Participants were recruited in two different ways: advertisement in one district of a national (non-partisan and non-religious) retirement association and purposeful sampling via acquaintances of the researchers. The advertisement stated that the interviews would focus on meals and company during meals, and included participant information and contact information to the PI (NN) and the interviewer (AB). It was disseminated via e-mail to members of the retirement association in a district surrounding a large city in the middle of Sweden. Fourteen people contacted the researchers and nine of them were ultimately included in the study.

The purposeful sampling generated eleven participants and was made with an intention to include participants with different characteristics and home districts. The first author distributed information about the study to acquaintances, who in their turn contacted acquaintances who met the inclusion criteria. Potential participants were first contacted by their acquaintances and given the same information as in the advertisement to the retirement association, and then asked whether the interviewer could contact them for further information. Two persons who initially wanted to participate later declined.

The sample size ($n = 20$) was considered enough when the author group agreed that the research questions were answered and the topics of the interviews contained a broad enough variety of information to indicate data saturation. Research on the possibility of data saturation from different sample sizes in semi-structured interviews lends support to this decision (Galvin, 2015; Guest, Bunce, & Johnson, 2006).

2.2. Interview design and procedures

An interview guide including five topics was created and used. The questions within the topics were formulated based on descriptive, structural and contrasting questions, which are principles of conducting ethnographic interviews (Spradley, 1979). The order of the topics and questions was carefully considered so the interviewer could build rapport and the interviews could follow a logical and mostly standardised structure, with some flexibility (Patton, 2015, p. 439). The topics included questions about food routines and habits, experiences and perceptions, and changes throughout the life, all related to eating alone or together with others. To test the interview guide's topics and questions, and how they were perceived, one pilot interview was held with an acquaintance of the interviewer. This interview was not recorded and was never intended to be part of the results, but did lead to a refined order and formulation of questions. The interview guide was updated twice, early in the interview period, with two questions being added: one regarding changes due to the COVID-19 pandemic and one regarding a summary of the life course. In the latter, the participants were asked to give an overall picture of their life experiences, to increase the understanding of each participant and, if possible, to see whether or not this could have influenced current perceptions of eating alone. These updates were made after the first few interviews, when the PI (NN) and the interviewer (AB) listened to extracts from each interview and evaluated the interview technique and content.

The place and form of each interview was decided based on the participant's preferences. The options to meet in person or digitally in a video call were offered to everyone. This choice was mainly a COVID-19 precaution, but a positive by-product was that this facilitated a

geographical range of participants. Seven interviews were held via video calls, eleven were carried out in participant homes and two were carried out on a university campus. Despite a range of technical experience among participants, technical issues did not affect the video call interviews. In comparison to the meetings in person, meetings via video call contained less small talk and some were slightly shorter. However, we cannot determine if this difference was caused by the interview form or whether it was merely a coincidence that participants who were less talkative also happened to take part digitally.

All interviews were audio-recorded, and as recommended by Spradley (1979), fieldnotes were also taken to further contextualise the circumstances and the experiences of each interview (e.g., if the interview situation was relaxed or stressful, whether the conversation flowed smoothly, if there were any technical problems, etc.). The participants were encouraged to contact the interviewer if they had questions or anything to add to the interview. One participant contacted the interviewer for minor additions and clarifications. Additionally, there were three couples participating in the study, but each of these six participants was interviewed separately.

2.3. Analytical approach

The analysis followed the principles of thematic analysis (Braun & Clarke, 2022) and the main theoretical concepts guiding the analysis were commensality and loneliness (as defined above). The social functions of commensality and the complexity of what it means to be alone or lonely therefore formed the theoretical background when we approached the data. When initially getting to know the data, the first author (AB) listened to all the interviews and transcribed them verbatim, in part using transcription software (NVivo, 2020). AB led the analysis, read and coded all the transcripts, using a data-driven, inductive approach. Short memos were created about each participant, giving an overview of participants' life circumstances as well as their experiences, habits and overall views on eating alone.

The transcripts were distributed among all co-authors. Hence, all transcripts were independently read and coded by at least two authors. AB collated the codes, developed two initial themes and discussed the first findings with NN. Another initial theme was then created, and both codes and themes were discussed among all authors. Further refinements were made by AB and three final themes were then reviewed and defined within the entire author group. Lastly, in preparation for submission, translation of quotes from Swedish to English was made by a professional interpreter and double checked by the four authors, to make sure that they still had the same meaning.

2.4. Ethical considerations

Approval for the study was sought from and granted by the Swedish Ethical Review Authority (Dnr 2021–01988). Informed consent was obtained from all participants, documented verbally when interviews were conducted via video call and in writing when conducted in person. In addition to the authority's requirements, extra precautions were taken due to the COVID-19 pandemic, based on the World Health Organization's prevailing advice to the public.

3. Results

3.1. The participants

Twenty individuals participated in the study. The age range was 70–90 years, with a fairly equal distribution of men and women, as well as of cohabiting and single-living participants (see Table 1). Of the single-living, two had a partner living in a care home. The participants' educational background and employment history varied, although a majority had post-secondary education. There was a geographical spread across four Swedish provinces and a variety of home town sizes.

Table 1
Participant characteristics (n = 20).

Characteristics	n
Age	70–79 80–90
Gender	Man Woman
Living situation	Single-living Cohabiting
Education	Primary/secondary Post-secondary
Interview form	In person Video call
	16 4 9 11 8 (5 women, 3 men) 12 (6 women, 6 men) 5 15 13 7

However, most of the participants lived in, or within commuting distance from, a city of more than 100,000 residents. All participants were retired, a few of them had some employment post-retirement, and there was variation in social engagements (e.g., active club engagement, church activity, etc.). For a complete, pseudonymised list of participants, see Supplementary material (Table 2).

3.2. Three identified themes

Three themes were identified: i) 'Eating alone as a manifestation of loss'; ii) 'Eating alone as an everyday routine'; and iii) 'Eating alone as independence and contentment'. General perceptions of eating alone were often related to the current living situation, as well as experiences and events during the life course. Such experiences could be important turning points, such as getting divorced or becoming widowed. However, they could also involve stable routines or gradual changes during periods living with somebody or of living alone, as well as reflections about the future.

3.2.1. Eating alone as a manifestation of loss

Several participants talked about eating alone as a manifestation of loss in several ways. This referred to the loss of 'properly' cooked meals and healthy food, but also the loss of the meal's social dimension and, by extension, the loss of loved ones. Those mentioning this were primarily participants who lived with a partner and rarely ate alone, and less often single-living participants. To begin with, the concept of eating alone as a manifestation of loss was described in relation to people in general and not necessarily experienced by the participants themselves. For example, cohabiting participants thought that such a situation might lead to less nutritious foods, fewer homecooked meals and smaller portions.

If you eat alone often, for example if you don't have a partner in life and ... you live in such a way that you don't have any other contacts, that you just eat something, I think you eat worse. You don't eat, yeah, not enough either perhaps. It's not fun to eat [laughs]. A necessary evil, I mean it can be, I think, if you are always eating alone. If you don't engage in activities, contacts with other people and eating with others. But ... It's never been a problem for me.

Erik, cohabiting man, 75 years

Such ideas about others seemed to be confirmed in several accounts from the participants' own lives. Several cohabiting participants described that they, when they ate alone, cooked simpler meals or chose convenience foods which, according to them, compromised the nutritional aspects of the meal. The joy of cooking was described as being lost when eating alone, leading to 'easier' solutions that required less effort. Moreover, participants raised concerns about what would happen to their food habits if they had to eat alone on a daily basis. Using words like 'being careless', 'cheating' or 'failing', participants reasoned about how their food choices and cooking procedures might change. They also expressed a worry that the intake of 'proper' food and meals might decrease, potentially resulting in lower nutritional value, less tasty

meals or loss of variety. Reflections were connected to individual discipline and the responsibility for one's own health. For example, Anna reflected on the possibility of being alone:

... what if I was alone, then I would, there's a risk that I would cheat, I think it's very boring to eat alone, I think it's very boring to cook only for myself ... It's like, I would do it, but it's more, yeah ... It would be a change, at the very least. I would definitely cook food, I think I would, but I would ... not as properly as I do today I think, that's the risk. I'm just thinking about it, like, how would it be?

Anna, cohabiting woman, 70 years

I think that if I were to become alone today, I don't know, I think it would be more convenience foods. I think that's how it would be, I don't stand around and cook a lot of food myself. It's not as much fun. Breakfast and stuff in the morning, that would go alright. Lunch would be more convenience foods. Dinner, maybe, that would be something you would cook sometimes, I think. I think that the lunch between noon and two would be a failure.

Henry, cohabiting man, 71 years

Some participants who had reached the turning point when going from eating with someone to suddenly eating alone described it as leading to lower appetite, less joy and food tasting less. Still, people adjusted to the new situation and coped with it. For example, 86-year-old David who had been single-living for about five years, as his wife had moved to a care home and then recently passed away, said 'I can do it, but ... it can never be like before, when there were two of us eating'. In other words, he had lost the sense of togetherness that the shared meal brought when he was living with his wife, but he had found ways to make it work. Another participant, whose husband had moved to a care home over the course of the months prior to the interview, expressed similar feelings, and pointed out how the loss of her partner suddenly meant that food tasted less as well:

... I've thought about it now when I've been sitting here by myself, that it doesn't taste of anything when you're on your own, and then I think 'Ugh, I don't want to eat, I have no appetite'. And I think the company matters more than the food, it seems.

Charlotte, single-living woman, 82 years

In addition to thoughts about food quality (e.g., nutritional value and taste) and food preparation, meals were strongly associated with social needs. For example, talking about one's day, daily news or future plans was appreciated and described as very important. Several cohabiting participants said that eating alone was boring and they were afraid that eating alone would lead to a loss of the social dimension and companionship.

So, eating alone ... I think I'm bad at that. I have probably, if I think about it, chosen not to as much as I could all the time, that's why I think about it today, how would I do that? Just because I think it's boring. And I guess it has to do with me seeing food as something more than just, well, a number of calories, it's something else, it has meaning. [...] But I would manage it, I know that, I would eat properly too, but it would be more boring. I would try to get the kids to come here more often and so on.

Anna, cohabiting woman, 70 years

Yes, in general, I think it affects a person a lot to eat alone because ... well, you need that stimulus, I think. Sharing 'What did you think of this, wasn't it good?' or 'This was a little bit too salty' or ... you have a way of communicating with the help of food and ... yeah, well-being, definitely.

Eva, cohabiting woman, 70 years

Since cohabiting participants shared most of their meals with their

partners, having to eat alone on a daily basis was related to losing their partner. Imagining eating most meals alone therefore meant picturing everyday life without their loved one. This meant that neither the loss of eating company nor the loss of 'proper' food and meals was the main issue here. Rather, eating alone became a symbol of a day when one's life partner was no longer alive.

I tremble to think of if I was to become alone, it's not impossible now, when you're at this age. Becoming alone and not having anyone to eat with ... it would be, I don't know, but I think it would be very dull and sad.

Sara, cohabiting woman, 75 years

So, everything suggests that it becomes less, less ambitious and less enjoyable, when you're eating alone. There is, so to speak, part of the meal is companionship, that ... that's for sure. So that [the wife potentially passing away] is nothing I'm looking forward to, for several reasons, of course, but [laughs] you have to deal with the problems when they arise.

Carl, cohabiting man, 79 years

In summary, eating alone manifested itself as both a symbol and a lived experience of loss. Concerns were raised about the nutritional and gastronomic quality of food, but even more about the social aspect of the meal, which was considered to be lacking when eating alone. These concerns were primarily raised by those living with a partner, who had not (yet) created habits or routines for having meals alone, although a loss of a commensal partner was also described by a few of the single-living participants. Thus, participants described a habit of making a solitary eating occasion work – but clearly indicated that it was seen as both socially, gastronomically, and maybe even nutritionally inferior.

3.2.2. Eating alone as an everyday routine

Among those eating alone on a daily basis, as most single-living participants did, the imagined perils of the previous theme were not completely confirmed. On the contrary, eating alone seemed to have become a habit and an everyday routine, and these participants had a pragmatic and rationalised approach towards meals. For those who lived alone, eating alone was deeply routinised and a natural part of their day. Thomas (73 years old), who had been single-living for about five years, because his wife moved to a care home, had trouble describing what eating alone was like. 'I don't know', he said, 'it doesn't feel in any particular way, other than being alone, but you've gotten used to that'. He missed her and their shared meals, but his new life situation had become routine. It was not an experience that could be described in detail, but rather just something that he and other participants did, often quickly, before moving on to other things.

... I've gotten used to being by myself, it was different when my husband was alive, then we were always two, but after all these years I have gotten used to being alone. So it's fine.

Doris, single-living woman, 90 years

It's not in any specific way, to be honest [...] No, but usually I don't sit around for very long. For breakfast, I eat my porridge in peace and quiet, but otherwise I eat rather quickly and ... it's not a special experience, so to speak.

Elsa, single-living woman, 70 years

Eating could also be routine in the sense that it was not based on a desire to eat, but rather on recognition of the fact that 'you have to eat'. For other participants, having 'proper' food and meals was just as important when eating alone as when eating with others and similar time and effort were put into the meal. Those who had cooked a lot previously kept doing that even if their life situation had changed from cohabiting to single-living. Having a meal alone was considered necessary for one's body and well-being and was also described as a functional

activity, meaning that it should satisfy physical requirements, such as hunger and nutritional needs.

Yes, well, sometimes I'm hungry and sometimes I'm not, but I think I have to eat anyway, even though I don't have any appetite [laughs]. So it ... it's a habit, that you should eat and not skip any meals. Because I have never thought that now that I'm alone, I don't have to eat, I cook food when I should, at the time we usually eat.

Doris, single-living woman, 90 years

[A meal alone] is a bit more boring, then it's more a question of getting some nourishment, food and drink. It's nothing you look forward to, but it's not that bad either, it's more, I shouldn't say a necessary evil, but at least [laughs] necessary.

Carl, cohabiting man, 79 years

Within the previous theme, convenience foods were talked about in a negative way – as a nutritionally inferior solution when there was no joy in cooking or pleasure in eating. However, the same type of products were also described pragmatically. Convenience foods were simply said to be consumed to a greater extent when eating alone, without any negative connotations. It was described as simple, with less time spent on, for example, meal planning, setting the table or preparing food, compared with when eating in the company of others. However, on weekends or other special occasions, more effort could be put into a meal.

... of course, now that I'm alone, I cheat a little in the sense that I might buy ready-made gratin potatoes, for example, that's not uncommon. Instead of making my own. [...] Sometimes it's fun to do something, like taking out an old recipe and doing something complicated but it, it's not very often, although it happens, even though I'm by myself and alone so to speak. But then I often eat the same dinner two days in a row and that doesn't bother me at all.

Frank, single-living man, 76 years

And dinner, that's, well that's the hard part, 'What the hell should I eat today?', that's hard to come up with. [...] It can be fried sausages and macaroni, and eh, what else, fish sticks, for example, mashed potatoes, and eh, well I might have a pie, one of those ready-made pies that you buy, a frozen pie. And on the weekends, it's a bit more, better food, then it can be fillet of beef or côte de boeuf or salmon.

Thomas, single-living man, 73 years

As in the first theme, a normative language regarding food being 'better' and 'complicated', or that you might 'cheat' otherwise, was used. This implies some form of loss, but a less emotionally charged one. For some, the 'simple' meal alone was routine, but could be made more special, and for others the routine was to cook 'proper' food. In general, when eating alone had become an everyday routine, it was seen as a functional activity performed to satisfy physical needs. This does not mean that eating together was not preferred, or that sharing meals with a lost loved one was not missed, but both cooking and eating alone were still described in a pragmatic manner, as something that simply had to be done. A necessity, without any strongly expressed emotional attachment.

3.2.3. Eating alone as independence and contentment

For several participants, eating alone was not talked about as either a loss or a last resort, nor as something that simply served a pragmatic purpose. Eating alone meant being in control of what was on the table and providing for oneself. This could be something one was content with or even saw as positive. In contrast to the first theme, single-living participants were in the majority here, with only a few cohabiting participants expressing similar thoughts. In short, for some, eating alone was a matter of independence.

In the past, I know, I have a few female friends [also widows], they got together and ate at each other's homes, but I don't think, that's not for me. People are different. [I: Yes. Why is that not for you?] No, I'm comfortable at home and [laughs] eating my own food. Not depending on anyone. In time, I might have to move to a care home and then I'll never be on my own.

Doris, single-living woman, 90 years

When I've been living alone, I've enjoyed cooking only for myself, and deciding everything on my own. So, I have not experienced it as a problem. I haven't had any problems with eating alone. I mean, many people say it's so boring to eat alone. No, I've never thought that. I think it's worked perfectly fine ...

Julia, cohabiting woman, 71 years

In the quote above, Julia explicitly acknowledged the shared understanding of eating alone as something boring and positioned herself in contrast to this. She could find cooking for herself enjoyable and had no problem with eating in solitude. In fact, it 'worked perfectly fine', a sentiment in stark contrast to one about loss. Eating alone was also described as a pleasant occasion that could have entertaining elements without the presence of another person, by listening to the radio or an audiobook or watching TV. It could also be a time for peace and quiet with one's own thoughts, maybe reading the newspaper or just experiencing the taste of food.

But 'expectation' ... when I think about it, 'expectation' is a word that can describe the thoughts I have when I have invited people over or if I've been invited somewhere or if I eat alone. It's an expectation that it will taste good, that it will be pleasant and that I can have a pleasant time in my own company sometimes.

Lisa, single-living woman, 73 years

[I: Because you said quite quickly 'not at breakfast'. Do you prefer to eat breakfast alone?] Yes, because otherwise I can't read the newspaper, if I were to sit and talk to someone. [laughs] [I: No, that's true] I would say, yes, breakfast, I think, you'd rather eat alone.

Betty, cohabiting woman, 73 years

More broadly, participants who appreciated *eating* alone often appreciated *being* alone as well, and sometimes mentioned that it was related to their personality. Some even made it clear that being alone did not imply feeling lonely. They were content with spending time on their own and being independent, including during meals. Mentioning such a personality trait was not connected to any particular living situation within the sample, but was rather described as something that had been stable throughout life.

I like to go out and eat. And the social part, sitting and talking about things and so on, so I like that, but I also like to be alone, I have no problem with that. But I've, I've been, I've been alone my whole life. Not lonely, but I've been alone, so that's what I'm used to.

Lisa, single-living woman, 73 years

It's always fun to eat together. But for me, actually, it doesn't matter. I can have just as much fun eating alone as well, I'm not bored when I'm eating. So that, but I think it depends a lot on what you've, yeah, I'm, I've always been more of a lone wolf, actually. I've never been afraid of being alone and doing things on my own.

Christine, single-living woman, 81 years

Even if they enjoyed eating on their own and being alone, the participants still described a need for social interaction, but this could be satisfied during activities other than a meal. For example, Elsa mentioned that it was more important to have company during activities that were supposed to be entertaining.

Then I think it's almost more boring, I don't watch a lot of TV but I mean, let's say sitting together with someone and watching something. How fun is it to watch *På spåret* [popular Swedish TV show] alone? It's more things like that, things that should be entertaining or something, in those cases I can miss company more

Elsa, single-living woman, 70 years

The interest in cooking varied among participants and eating alone was also seen as a freedom or relief in this sense. When eating alone, there was no pressure connected to what the meal contained or how it was presented. Eva, a 70-year-old woman living with her husband, described it as a relief to be alone sometimes when her husband was away: 'I might not even have dinner [...] just relax and maybe have some snacks, chips or cheese doodles, something nice to drink. Just being. I think that's nice.' Such relief was also connected to norms of hospitality, since eating with others implied an obligation to cook for others. Insecurities about one's cooking skills were expressed, as was a worry about having food habits that might be considered odd. Some participants therefore preferred not having to cook for others. One even mentioned the pandemic restrictions as a relief that had helped her 'avoid the hassle' of cooking or baking for others.

I can say, as I said, in one way I think it's a relief to not be invited anywhere to dinner, because then I don't have to worry about inviting them back. That's the truth. And then, I go out to have a coffee with some friends, it can be dinners as well, but it's usually coffee. I think that otherwise we would have maybe had coffee at each other's homes, but now the pandemic came and we haven't been indoors, and that's also pretty convenient I think, because almost everybody is more into baking and so on, and offering those kinds of things, and then I can avoid the hassle of doing that.

Elsa, single-living woman, 70 years

Others had no problems whatsoever in preparing food and liked putting both time and effort into planning and cooking for themselves. Both cooking, baking and trying out new recipes could be seen as sources of pleasure in themselves and as meaningful activities during the day – one might 'feel in the zone' and do something special. One participant even described how cooking had become a meaningful activity and like therapy for her when her husband died.

In the beginning, it was almost like a therapy, I think. I have baked a lot and cooked food. You've cooked for the kids sometimes, like pea soup and other things that stew for a long time [...] So that became like therapy of sorts.

Christine, single-living woman, 81 years

Yes, and sometimes I just feel in the zone, then I take, we did that as a couple as well, and then I like to have a glass of wine while I cook. So, kind of, I don't do it often but occasionally, I mean sometimes I feel in the zone, like now I'm going to cook something properly and then that is reinforced by that it's fun and tasty. That's how it is.

Frank, single-living man, 76 years

In summary, eating alone on a regular basis was described in positive terms by participants with different backgrounds and in different living situations. Some had always lived by themselves, others had lost a partner, and some were cohabiting but with different eating rhythms than their partners or with earlier experiences of eating alone on a regular basis. Altogether, the experience of eating alone could involve contentment with the situation, and even be something positive. Further, it implied independence, giving a person control over the meal situation and a freedom of deciding if and what to cook, and for whom. Just like the negative experiences and perceptions, the positive ones involved a combination of associations both to the food itself, such as the joy of cooking, nutritional values or the taste of the food, and to the social dimension of the occasion as such, whether in company or in

solitude.

4. Discussion

The perceptions of eating alone varied between participants, as did their views of meals and their interest in food and cooking. For some, a meal was primarily a social event, while for others its main purpose was to satisfy physical needs. The view of what a meal was or should be seemed related to how eating alone was perceived, experienced and valued. In our analysis, three themes regarding eating alone were identified, illustrating the complex picture of what it may entail to have a meal in solitude, either on a regular basis or more rarely. The first demonstrated an unequivocally negative view of eating alone, and the second described a rather uncomplicated and pragmatic view of meals as routine and merely fulfilling a function (satisfying hunger, nutritional needs etc.). In the third, contentment with the situation was expressed, and even positive feelings concerning the independence of what and when to cook and eat, with no need to abide to preferences or expectations of others.

Eating alone on a regular basis was expressed as a future concern among cohabiting people worried about what losses this would entail. In relation to this, a key finding was that the concern about eating alone, expressed by those who shared most of their meals with a partner, seemed primarily to symbolise the potential future loss of a close family member, rather than a concern about the meal itself. Eating alone on a daily basis had become routine for others, and was described as being of less or no emotional concern by those who were used to it. The food and meals were sometimes described as being of a simpler character when eating alone, although this was not regarded as a problem. What and how to eat was also connected to individual discipline and notions of 'proper' food and meals (cf. Andersen & Brünner, 2020; Mattsson Sydnér, Fjellström, Lumbers, Sidenvall, & Raats, 2015). Regardless of whether or not participants had proper meals and food routines, most of them talked in terms associated with discipline, such as 'cheating' or 'failing'. Obviously, we cannot rule out that the food the participants ate alone was of lower nutritional quality, even if they themselves considered this unproblematic, and we cannot rule out that those who were concerned about eating alone might actually suffer from doing so if that day comes. Still, we have identified a theoretically interesting tension between *perceiving* eating alone as something problematic – as a misgiving of an uncertain future – versus the practical experiences of eating alone as an uncomplicated routine.

Moreover, possibilities to adapt food behaviours to personal preferences when eating alone were described, in line with what was expressed among Canadian widows adapting to new life circumstances without an everyday commensal partner (Vesnaver, Keller, Sutherland, Maitland, & Locher, 2015). Food and meals have also been connected to feelings of independence in earlier studies, for example in regards to food shopping and cooking (Sidenvall et al., 2000) or when dining out alone (Thomas & Emond, 2017). For some participants, the meal had a very strong social connection, while for others it was more about the food itself, for instance taste or physical needs. This should come as no surprise, since older people's social needs are diverse, as well as their preferences of how they should be met (Bruggencate, Luijckx, & Sturm, 2018). Eating together with others might be one such social need, perhaps even one of the main social needs for certain people. Our findings suggest that this may be the case, but also that views on eating alone are highly diverse.

We have previously argued, based on literature on social isolation and loneliness, that measurements of commensality should be differentiated so as to capture both the objective situation of eating with others or alone and whether or not this is experienced as problematic (Björnwall et al., 2021). Our interview results here further support this, since the subjective experience of eating alone varied between participants. Some felt lonely, while others did not. If eating alone is an independent risk factor, it is important to know *who* it is a risk factor for. It

may be a risk for a certain group of older people, who feel troubled by eating alone and who do not feel they have somebody to share a meal with if they want to. However, if it is an accepted part of life, perhaps just an everyday routine or even something enjoyable, then we should be careful about considering it a problem.

4.1. Strengths and limitations

A strength of this study is the multidisciplinary competence of the author group, from geriatric nutrition to the sociology of food, as well as the group members' collective experiences in qualitative studies. The analysis process, with two authors reading and coding each transcript, followed by collective deliberation at each stage of analysis and writing, is another strength. One possible limitation is that the study topic was made clear during the recruitment process. This might have led to selection bias in attracting people interested in food or with a particular passion for sharing meals. However, different recruitment strategies were used to reach a variety of people, and our findings indicated that we managed to reach individuals with varied interest in food, meals and cooking.

A strength of the sample is the breadth of educational background and employment history, as well as gender, living situation and home district. A clear limitation in the sample is the homogeneity in country of birth and cultural background. Sweden is a multi-cultural country in which an increasing proportion of the older population has a migrant background. As mentioned above, it is also an unusually individualistic country, where single-living is common and independence is idealised. Since both the social and historical context during life affect food choices and behaviour (Devine, 2005), growing up and living in an individualistic society can contribute to shaping social norms and individual attitudes to food and meals. As such, one should be careful about straightforward generalisation of the results to other cultural contexts, both outside and within Sweden (e.g., to certain migrant communities, cf. Aronsen Torp, Berggren, & Erlandsson, 2012). As regards the transferability of results, the majority of our sample were living independently. Two participants had home care services, with one having only temporary help. Moreover, three couples participated in this study. On the one hand, interviewing couples could be a limitation, since it restricts the total number of households represented in the sample. On the other hand, information from two people in the same household can be considered a strength, when, as in our study, contents of one story were confirmed by contents of the other. As an example, participants living in the same household described similar food habits and meal patterns.

5. Conclusions

In this study of community-living and retired older Swedes, we found that eating alone could be a symbol of something larger, beyond the meal itself: either loss and a source of concern about a future without a loved one, or independence and an opportunity to cook and eat in ways that suited one's personal preferences. At the same time, eating alone was described as a daily routine to satisfy physical needs, without strong emotional attachment or symbolic meaning. This revealed a tension between assumptions regarding how a life of eating alone *could be*, most clearly expressed among those who lived with a partner, and the more or less uncomplicated experiences of *how it actually was*, as described by those who lived alone.

Eating alone in later life is generally considered to be something negative. Our data partly confirmed this, but also revealed that, for some, it may in fact not be a problem at all. It could even be preferred and enjoyable. Future studies should approach potential disadvantages of eating alone among older people as an open empirical question, likely affected by both individual-level differences and cultural context. This calls for further examination of when and for whom commensality interventions can benefit health and well-being, and when and for whom they may be redundant or even negative.

Ethical approval

Approval for the study was granted by the Swedish Ethical Review Authority (Dnr 2021–01988).

Statement of funding

This research was supported by Stiftelsen Kronprinsessan Margarets Minne.

Author contributions

AB collected the data, transcribed and analysed the data and drafted the manuscript. NN supported the data collection and drafting of manuscript. YMS, AK and NN supported the data analysis, and all authors reviewed and gave input on the final manuscript.

Declaration of competing interest

The authors declare no conflict of interest.

Data availability

Data will be made available on request.

Acknowledgements

We would like to thank all the participants, who took the time to share their experiences with us. We would also like to thank Agneta Yngve for contributions at the beginning of this research project.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.appet.2023.106570>.

References

- d'Hombres, B., Barjaková, M., & Schnepf, S. V. (2021). *Loneliness and social isolation: An unequally shared burden in Europe*. Bonn: IZA – Institute of Labor Economics. IZA Discussion Paper, No. 14245.
- Andersen, S. S. (2020). 'I'm old, but I'm not old-fashioned': Mealtimes and cooking practices among Danish widows and widowers. *Ageing and Society*, 1–18. <https://doi.org/10.1017/S0144686X20001543>
- Andersen, S. S., & Brünner, R. N. (2020). New roads to commensality in widowhood. *Appetite*, 155, 104827. <https://doi.org/10.1016/j.appet.2020.104827>
- Aronsen Torp, J., Berggren, V., & Erlandsson, L.-K. (2012). Somali women's experiences of cooking and meals after immigration to Sweden. *Journal of Occupational Science*, 20(2), 146–159. <https://doi.org/10.1080/14427591.2012.734426>
- Björnwall, A., Sydner, Y. M., Koochek, A., & Neuman, N. (2021). Eating alone or together among community-living older people—a scoping review. *International Journal of Environmental Research and Public Health*, 18(7), 3495. <https://doi.org/10.3390/ijerph18073495>
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. London: SAGE Publications.
- Bruggencate, T. T., Luijckx, K. G., & Sturm, J. (2018). Social needs of older people: A systematic literature review. *Ageing and Society*, 38(9), 1745–1770. <https://doi.org/10.1017/S0144686X17000150>
- de Castro, J. M. (2002). Age-related changes in the social, psychological, and temporal influences on food intake in free-living, healthy, adult humans. *J Gerontol A Biol Sci Med Sci*, 57(6), M368–M377. <https://doi.org/10.1093/gerona/57.6.m368>
- Dahlberg, L., Agahi, N., & Lennartsson, C. (2018). Lonelier than ever? Loneliness of older people over two decades. *Archives of Gerontology and Geriatrics*, 75, 96–103. <https://doi.org/10.1016/j.archger.2017.11.004>
- Dahlberg, L., Andersson, L., & Lennartsson, C. (2016). Long-term predictors of loneliness in old age: Results of a 20-year national study. *Ageing & Mental Health*, 22(2), 190–196. <https://doi.org/10.1080/13607863.2016.1247425>
- Devine, C. M. (2005). A life course perspective: Understanding food choices in time, social location, and history. *Journal of Nutrition Education and Behavior*, 37(3), 121–128. [https://doi.org/10.1016/S1499-4046\(06\)60266-2](https://doi.org/10.1016/S1499-4046(06)60266-2)
- Dykstra, P. (2009). Older adult loneliness: Myths and realities. *European Journal of Ageing*, 6(2), 91–100. <https://doi.org/10.1007/s10433-009-0110-3>
- Eurostat. (2020). Ageing Europe - looking at the lives of older people in the EU. Retrieved from Luxembourg: <https://ec.europa.eu/eurostat/documents/3217494/11478057/>

- KS-02-20-655-EN-N.pdf/9b09606c-d4e8-4c33-63d2-3b20d5c19c91?t=1604055531000.
- Fischler, C. (2011). Commensality, society and culture. *Social Science Information*, 50 (3–4), 528–548. <https://doi.org/10.1177/0539018411413963>
- Fokkema, T., De Jong Gierveld, J., & Dykstra, P. A. (2012). Cross-national differences in older adult loneliness. *Journal of Psychology*, 146(1–2), 201–228. <https://doi.org/10.1080/00223980.2011.631612>
- Galvin, (2015). How many interviews are enough? Do qualitative interviews in building energy consumption research produce reliable knowledge? *Journal of Building Engineering*, 1, 2–12. <https://doi.org/10.1016/j.jobe.2014.12.001>
- Guest, Bunce, A., & Johnson, L. (2006). How many interviews are enough?: An experiment with data saturation and variability. *Field Methods*, 18(1), 59–82. <https://doi.org/10.1177/1525822X05279903>
- Hawkey, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine*, 40(2), 218–227. <https://doi.org/10.1007/s12160-010-9210-8>
- Health Canada. (2022). Date modified: 2022-05-03). Healthy eating for seniors. Retrieved from <https://food-guide.canada.ca/en/tips-for-healthy-eating/seniors/>.
- Holm, L., Lauridsen, D., Lund, T. B., Gronow, J., Niva, M., & Mäkelä, J. (2016). Changes in the social context and conduct of eating in four Nordic countries between 1997 and 2012. *Appetite*, 103, 358–368. <https://doi.org/10.1016/j.appet.2016.04.034>
- Jönsson, H., Michaud, M., & Neuman, N. (2021). What is commensality? A critical discussion of an expanding research field. *International Journal of Environmental Research and Public Health*, 18(12). <https://doi.org/10.3390/ijerph18126235>
- Keller, H. H., Goy, R., & Kane, S. L. (2005). Validity and reliability of SCREEN II (seniors in the community: Risk evaluation for eating and nutrition, version II). *European Journal of Clinical Nutrition*, 59(10), 1149–1157. <https://doi.org/10.1038/sj.ejcn.1602225>
- Locher, J. L., Robinson, C. O., Roth, D. L., Ritchie, C. S., & Burgio, K. L. (2005). The effect of the presence of others on caloric intake in homebound older adults. *The journals of gerontology. Series A, Biological sciences and medical sciences*, 60(11), 1475–1478. <https://doi.org/10.1093/gerona/60.11.1475>
- Mattsson Sydner, Y., Fjellström, C., Lumbers, M., Sidenvall, B., & Raats, M. (2015). Food habits and foodwork. *Food, Culture and Society*, 10(3), 367–387. <https://doi.org/10.2752/155280107X239845>
- Neuman, N., Gottzén, L., & Fjellström, C. (2017). Masculinity and the sociality of cooking in men's everyday lives. *The Sociological Review*, 65(4), 816–831. <https://doi.org/10.1111/1467-954X.12420>
- Nvivo. (2020). NVivo (release 2020). Retrieved from <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home>.
- Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4. ed). Thousand Oaks, California: SAGE Publications, Inc.
- Peplau, L. A., & Perlman, D. (1982). *Loneliness: A sourcebook of current theory, research and therapy*. New York: Wiley.
- Public Health Agency of Sweden. (2020). Konsekvenser för personer 70 år och äldre av smittskyddsåtgärder mot covid-19. Retrieved from <https://www.folkhalsomyndigheten.se/pubreaders/pdfview/display/81272?browserprint=1>.
- Rapolienė, G., & Aartsen, M. (2021). Lonely societies: Low trust societies? Further explanations for national variations in loneliness among older Europeans. *European Journal of Ageing*. <https://doi.org/10.1007/s10433-021-00649-z>
- Sidenvall, B., Nydahl, M., & Fjellström, C. (2000). The meal as a gift—the meaning of cooking among retired women. *Journal of Applied Gerontology*, 19(4), 405–423. <https://doi.org/10.1177/073346480001900403>
- Skoog, I. (2018). Rapport 21. Retrieved from https://seniorarbetskraft.se/wp-content/uploads/2020/06/Rapport-21_70-%C3%A4r-det-nya-50_webb.pdf.
- Spradley, J. P. (1979). *The ethnographic interview*. New York: Holt.
- Tani, Y., Kondo, N., Takagi, D., Saito, M., Hikichi, H., Ojima, T., et al. (2015a). Combined effects of eating alone and living alone on unhealthy dietary behaviors, obesity and underweight in older Japanese adults: Results of the JAGES. *Appetite*, 95, 1–8. <https://doi.org/10.1016/j.appet.2015.06.005>
- Tani, Y., Sasaki, Y., Haseda, M., Kondo, K., & Kondo, N. (2015b). Eating alone and depression in older men and women by cohabitation status: The JAGES longitudinal survey. *Age and Ageing*, 44(6), 1019–1026. <https://doi.org/10.1093/ageing/afv145>
- Thomas, N., & Emond, R. (2017). Living alone but eating together: Exploring lunch clubs as a dining out experience. *Appetite*, 119, 34–40. <https://doi.org/10.1016/j.appet.2017.03.003>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Vesnaver, E., & Keller, H. H. (2011). Social influences and eating behavior in later life: A review. *J Nutr Gerontol Geriatr*, 30(1), 2–23. <https://doi.org/10.1080/01639366.2011.545038>
- Vesnaver, E., Keller, H. H., Sutherland, O., Maitland, S. B., & Locher, J. L. (2015). Food behavior change in late-life widowhood: A two-stage process. *Appetite*, 95, 399–407. <https://doi.org/10.1016/j.appet.2015.07.027>
- Vesnaver, E., Keller, H. H., Sutherland, O., Maitland, S. B., & Locher, J. L. (2016). Alone at the table: Food behavior and the loss of commensality in widowhood. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 71(6), 1059–1069. <https://doi.org/10.1093/geronb/gbv103>
- World Values Survey Association. (2020). Findings & insights. Retrieved from <https://www.worldvaluessurvey.org/wvs.jsp>.