

**Physical and emotional nourishment: Food as the embodied component of loving care of elderly family relatives**

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## Physical and Emotional Nourishment: Food as the embodied component of loving care of elderly family relatives

*“If you really want to make a friend, go to someone’s house and eat with him. The people who give you their food give you their heart” Cesar Chavez*

### Introduction

The fluidity of family life continues to attract academic attention as families construct their ‘family’ identity (O’Malley and Prothero, 2006). Single, blended, nuclear and extended families seek to mutually construct their identity through their own ideological (Epp and Price, 2008; Miller, 1998) and cultural lens (James and Curtis, 2010). For Morgan (2011, p3), “*there is no such thing as The Family*”, rather there are a series of practices enacted and re-enacted by family members, which display ‘*doing*’ family in its many guises. The notion of what it means to be a family and how they ‘do’ family in the private and public spheres is important for consumer researchers (Huff and Cotte, 2016; James and Curtis, 2010). This is increasingly significant for this intergenerational relationship of adult ageing parents and their adult children, these complex and dynamic relationships are exacerbated when elderly members of the family require increasing levels of care (Barnhart and Peñaloza, 2013; Huff and Cotte, 2016). Usually these are two independent but connected family configurations with shared values and practices with strong loving relationships. Conversely, this can be a site of anxiety where there are different values and practices with tense, difficult relationships that are created over time (Dean et al, 2014). We need to have a deeper understanding the range of family practices during this life stage transition (Phipps and Ozanne, 2017) through what has been theorized as the ‘third’ to the ‘fourth’ age (Higgs and Gilleard, 2015). Understanding the nuances in family structure, particularly relating to elderly care is paramount in developing social

policy that meets the demand for care in the modern era (Pyke and Bengtson, 1996; Daly, 2002; Silverstein and Giarrusso, 2010; Stolt et al., 2011). This is particularly important when we consider the ageing population and its impact on the families and family members who ‘*the burden of care*’ falls upon (Szinovacz and Davey, 2007). Traditionally, the mother has been the primary carer and this role is enacted with the pride of caring for the family (Miller, 1998; DeVault, 1991) with love as “*the ideological foundation for the complex relations that exist between family members*” (Miller, 1998, p150). Nevertheless, family responsibilities such as caring are considered as “*developing commitments*” (Finch and Mason, 1993, p167) where practices are negotiated and developed over time. Moreover, the family “*is not a naturally occurring collection of individuals; its reality is constructed from day to day through activities like eating together*” (DeVault, 1991, p39). The aims of this research are twofold, firstly using practice theory we seek to add to this nascent body of literature by exploring the practices of food consumption within the elderly family; and secondly in focussing on family meals and food consumption, we respond to Phipps & Ozanne’s (2017) call to understand how family practices are maintained or adapted as elderly relatives transition toward elderly care.

### *Doing the family*

In consumer advertising the family is represented by a mother, father and two children, usually a boy and a girl, what Morgan (2011) characterises as the ‘cornflake family’. However, the range of family presentations is diverse as these are constructed by a number of factors including: relationships between members, the breakdown of these relationships, who is classified as being part of the family, how a family is characterised in law, and economic and cultural conditions (Morgan, 2011).

For Cheal (2002), family identity is constructed through the everyday practices between family members. These practices reinforce the notion of what it means to be a family. Practices are negotiated, enacted and re-enacted, building up patterns of behaviour that construct family identity.

Epp and Price's (2008) seminal work shows how the stories, histories and family rituals help to build an understanding of how consumption practices are determined by a constructed '*family identity*'. Family identity is complex and transitional as families progress through the life cycle; events such as marriage, divorce, remarriage, birth and ultimately bereavement, disrupt any previously negotiated family identity. There is no archetype family unit (O'Malley and Prothero, 2006), indeed the range of family types is diverse and there are significant shifts in boundaries that determine what constitutes a family unit and who is excluded (Morgan, 2011). Extant research has focussed on how families perform and display their notion of what it is to be a family. For Finch (2007), display is associated with the practices and activities undertaken by a family that indicate to others and themselves that they are "*doing family things*" and therefore are a family. However, the practices are renegotiated during family transitions or as James and Curtis (2010) explain "*displays ... must be continually renewed*" during these periods including transitions to motherhood and other forms of family care (Afflerback et al., 2014; Prothero, 2002; Carrigan and Szmigin, 2006; Hogg et al., 2004; O'Donohoe et al., 2013). Transitional life stages such as becoming a mother are transformative but what it means to be a '*good*' mother is inextricably linked to what makes a good woman. For Gilligan (2011) "*the good woman cared for others: she listened to their voices and responded to their needs and concerns*". In her illuminating paper on being a good woman and preparing for motherhood Prothero (2002) discusses the anxiety of conforming to the ideal

notion of motherhood and suggests that consumption practices during this period display her ability to be a good mother. Moreover, the complexity of modern life compels many mothers to seek a balance between work, children and other family members while also balancing budgeting, spending and caring (Miller, 1998). Therefore trade-offs have to be made, and for Carrigan and Szmigin (2006) the use or avoidance of convenience food is no longer crucial part of their motherly identity so mothers are “*rejecting domestic martyrdom as a requirement to bind the family*”. Thus, how a mother cares for and feeds her family is determined pragmatically by the dominant worldview, the work life balance, in what are widely diverging notions of the family. In this contested ideological family space, caring for children can be “*loving, caring, nurturing, protecting, giving and self-sacrificing*” (Heath et al, 2014) so although the motherhood experience is immensely rewarding, it can be at the expense of their own former identity. However, balancing the “*endless array of competing demands*” also led to “*feelings of accomplishment*” as women sought to develop a career while re-constructing their family identity based on their own childhood memories (Thompson, 1996). Nevertheless, the mother’s “*primary role is to care for and attend to her children’s and partner’s needs*” whether working full or part time (Stephens, 1999).

### *Food and the family*

Women as mothers, wives and daughters in the family are primarily responsible for food preparation and food service, and play an important role in underlining the cohesiveness of the family unit (Firat and Dholakia, 1998; McKie, Bowlby and Gregory, 1999). Cooking a meal is a crucial part of the caring process, it is symbolic and determined by social and cultural conventions which emphasise the notion of the

feminine (Bugge and Almås, 2006; Moisio, Arnould and Price, 2004). The beliefs of a family “*that eats together stays together*” and the role of eating at the table as an indicator of the “*ideal family life*” (Lupton, 1994) are widespread as is “*you are what you eat*” which has been incorporated into contemporary food discourse (Chrysochou et al., 2010; Lupton and Chapman, 1995; Ristovski-Slijepcevic et al., (2008).

However, for Molander (2015) the meal is a series of “*complex processes*” where “*aspects of love, gender, power, and social stratification*” contribute to tensions, which may emerge due to competing values. The importance of a “*cooked meal*” is that it provides sustenance and illustrates the labour involved in shopping for ingredients, preparing and serving the meal. This emphasizes the performative nature of a “*cooked meal*” (Douglas and Nicod, 1974) which again reinforces the notion of a good wife or mother (Kinser, 2016). The practice of a cooked meal prepared on special occasions for designated family members and guests is illustrated by Wallendorf and Arnould (1991) in their seminal paper on the Thanksgiving Day meal. The meal celebrates abundance, family, long standing practices, family recipes that are plain and often mashed (a reminder of childhood) which reinforce family togetherness. They also consider how the family is extended temporarily to include boyfriends or girlfriends, and occasionally ex-partners, they display their interpretation of family and increasing the sense of belonging through the food and festive practices.

#### *Caring for elderly relatives*

Marketing research has examined the occasionally vexed issue of care of elderly family member/s as they transition their life stage into what Gilleard and Higgs (2015) call the “*fourth age*”. Barnhart and Peñaloza’s (2013) seminal work conceptualizes the elderly consumption ensemble which characterizes the role of

family, friends and professional carers who are involved in the care of the elderly family member(s). They critique the socially constructed notion of 'old' complete with the negative stereotypes of frailty and senility and the prevailing view of the ageing citizen characterized "*by the gradual, but necessary, shedding of all forms of social identity*" (Gilleard and Higgs, 2000, p32), withdrawing from working life and then from social life. Barnhart and Peñaloza (2013) illustrate how the notion of 'old' identity is constructed through consumption and family members. They conceptualise the Elderly Care Ensemble (ECE) as a group of formal and informal carers and their findings indicate that "*successful identity construction for elderly persons requires negotiation when it diverges from how they are positioned by others in the ECE*" indicating the elderly persons' lack of agency. They argue for a consensual arrangement of care where the elderly relative is deeply involved with the decision making processes relating to their own care as this helps to maintain their identity rather than the negative connotations associated with being 'old'. Huff and Cottee (2016) extends Barnhart and Peñaloza's (2013) notion of the ECE and introduces assemblage theory that includes not only the members of the ECE but also material objects, members' values and beliefs and market place resources. They also provide evidence to suggest that the family assemblage "*evolves along a trajectory, and is a product of its historical context and its anticipated future*" (Huff and Cottee 2016) with or without the elderly family member.

As adult children are increasingly becoming involved in the care of their ageing parents, this is further complicated by the type of family unit, the construction of what it is to be a family, and who the members of the family are. Informal care for elderly family members is based on family relationships and also childcare (Higgs and Gilleard, 2015). However, the decisions about who cares, in what capacity and

whether there are formal or informal arrangements for care by family or outside providers, food preparation and consumption is an important part of the caring process. Therefore we need to build a deeper understanding of the role of food practices in the caring process and how practices change in food consumption during this transitional life stage?

### *Theoretical Framework*

Practice theory has been seen as helpful for understanding consumption as an ongoing phenomenon embedded in multiple social practices (Halkier and Jensen, 2011). In recent years, practice theory has been applied a range of consumption practices and in particular to family decision making (Baxter and Braithwaite, 2002, Bennett et al., 1988; Phipps and Ozanne, 2017). Family practices are central to family identity, as the family transitions through the family life cycle, practices are developed, revised, disappear, and reappear, frequently in a different format (Cheal, 2002; Epp and Price, 2008). Practice theory seeks to understand “*continuities and commonalities among activities of social groups*” (Rouse, 2001, p190) and that “*activity is embodied and that nexuses of practices are mediated by artifacts, hybrids and natural objects*” (Schatzki, 2001, p2). Practices are learned, routinized bodily and mental activities, frequently with a series of rules, spoken and unspoken, and a range of accepted behaviours that “*speak to a block whose existence necessarily depends on the existence and specific interconnectedness of these elements, and which cannot be reduced to any one of these single elements*” (Reckwitz, 2002, p 250). Moreover this is not a linear process of practice development (Shove, Pantzar and Watson, 2012), it is repetitive, it is also temporal, and sometimes fragile. Practice theory “*revises the hyperrational and intellectualized picture of human agency and the social*”

(Reckwitz, 2002). Practice theory seeks to understand to how people relate to each other within and outside their environment, how they learn through embodied activities (Rouse, 2001), shifting emphasis from the mind to bodily movements, things and practical knowledge (Reckwitz, 2002), and “*moves the level of sociological attention ‘down’ from conscious ideas and value to the physical and the habitual*” (Swidler, 2001, p75).

Where a person is located within their social group is also an important point consider. For Schatzki (1996) the social group members have a particular social standing and this governs their relationships with others in the group and also the interactions with group members.

Practice theory however is not without its critics, for instance, tacit knowledge where groups, in particular families behave in a particular way without articulating why they do what they do (Polanyi, 1958, cited in Schatzki, Cetina and Savigny, 2001). This is problematic, for Turner (1994) if practices are hidden, how can they be transmitted to a group, moreover, there is no one singular practice rather they are a series of habits. Barnes (2001) responds to this argument by suggesting that that shared practices “*are not stable unitary essences but neither are they clusters of individual actions*”. Giddens (1984) suggests that social structures and human activity are recursively linked and that “*capability to go on through the flow of largely routinized social life depends on forms of practical knowledge... guided by rules and resources - of the social systems which shape daily conduct*” (Shove, Pantzar and Watson, 2012, p3)

In family relationships, consumer behaviour seeks to understand how practices endure and adapt; how are routines disrupted and new practices negotiated, what rules and resources influence change and who are the actors who drive this. We examine the

role of food in the family as this is particularly important in times of transition when the elderly member of the family requires more care.

## Methodology

This research is part of a wider study examining how families deal with the care of an elderly member of the family as they transition from the “*third*” to the “*fourth*” age (Higgs and Gilleard, 2015). Using a phenomenological approach this research sought to build a deep understanding of the social interactions and interplay between an individual’s lifeworld and their family relationships (Berger and Luckmann, 1966/1991; Cunliffe, 2008, Edvardsson et al, 2011). Phenomenology is helpful as it illuminates the interpersonal interactions and the collective experiences in order to construct meaning (Moran, 2000; Kvale and Brinkman, 2009; Lowrie 2007). It takes into consideration the perspectives and interpretations of the family members and the researcher so meaning is constructed “*prior to, during and after the actual exchange and use(s) takes place*” (Peñaloza and Venkatesh 2006). Furthermore, building an understanding of the behaviour within the family is intersubjective and dialogic - that is, influenced and shaped by the collective ‘we’ to produce a collective understanding (Cunliffe 2003). The discussions of family experiences between the research participants and the researcher were a valuable data resource, which could expand knowledge and understanding of caring for elderly family members (over 65 years old). We sought to understand the meaning of the lived experiences of the individuals within the family and how food is related to the care of the cared for family member.

Family	Cared for	Participants	Family members
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Group 1	Robert	Robert Father, Karen DinL, Edward Son, Chris Son, Diane DinL	Karen DinL, Edward Son, Chris Son, Diane DinL
Group 2	Catherine	Catherine, Margaret Neighbour	Lucy, daughter
Group 3	Hayley	Ken husband	Simon Son
Group 4	Joseph	Francine wife	Sebastian Son Andrew Son
Group 5	Sylvia	Bob husband	Not involved
Group 6	Pam	Ian husband	Shirley Daughter, Mandy Daughter, Joan Daughter, Matt Son
Group 7	Ann	John Son Katie DinL	Graham Son Celia DinL
Group 8	Sally	George Husband	Jill daughter, Will SinL, Sam Grandson, Gary, Son
Group 9	Liz wife, Alex husband	Emily, DinL	Richard, Son Dominic, Son
Group 10	Jean mother	Jayne daughter	Carol Daughter, Keith, Son
Group 11	Amy, wife	Gerry, husband	Not involved
Group 12	Julie Bill Husband	Elizabeth, DinL	Phil Son

Table 1 Family groups and participants

We selected two regions in the East Yorkshire region, firstly the city area of Kingston upon Hull and secondly the rural area of the East Riding of Yorkshire. The research used a judgemental sampling strategy, selecting care support groups in both Kingston upon Hull and an East Yorkshire market town, in conjunction with snowball sampling based on a participant's contribution to the evolving theory (Creswell 1998). New interview subjects were sought until theoretical saturation was reached (Kvale and Brinkman 2009). The data was collected over a six month period in 2016. Sampling principles were: that the care recipient must be over 65 years of age; must reside in the study area; that the participant was willing and able to provide consent (potential participants unable to provide informed consent through illness such as dementia etc.

were excluded from the research); and that the care recipient received informal care from at least one source. The research followed the ethical guidelines adopted by the researchers' institution and were approved before the outset of the data collection. The discussions took place in participants' homes and lasted from two hours to three hours. Interviews were enacted as a conversation but as Kvale and Brinkman (2009, p27) suggest it is a professional interview with a purpose so requires an interview guide which is semi-structured.

Interviews were recorded digitally, notes were taken during the interview and memos were constructed after each interview identifying any emergent themes to explore these in more depth in later interviews. Data analysis was conducted in accordance with the guidelines of Schutz (1967) and Kvale and Brinkman (2009). The interview recordings were transcribed by the researchers verbatim. The data including transcripts, notes and memos were read and re-read to understand the linkages between emergent themes identified during the fieldwork. The transcripts were then read again using the method of '*theoretical reading*' Kvale and Brinkman (2009, p235). The data were re-examined through the lens of practice theory looking for '*textures of inter-connected practices*' (Gherardi, 2006). Once completed the researchers revisited the participants in order to discuss the findings and themes, then these were refined and co-created with the participants in line with Cunliffe (2003). The themes that emerged from our analysis are outlined in the next section and include food and meals as '*performing*' the loving family; and routines/rituals as structure; and tensions in negotiating transitioning care practices.

## Findings

The aim of our research was to understand how the preparation, sharing of food and the family meal helps to 'do' family. Using practice theory we sought to understand how family meals and food consumption are maintained or adapted as elderly relatives transition toward elderly care. The families selected in this sample were all composed of different family members, some lived close by and others were quite distant. The levels of engagement with family activities also differed and this was due to attempts to retain independence from the cared for perspective; and family members who were too busy to attend to everyday activities such as preparing and cooking meals.

*'Performing' the loving family with food*

The connection between loving relationship and food sharing is evident in many of the families who, even if they live away they still make time to visit and enjoy the time they have together. Eating out as a family has a number of unspoken, accepted practices and this is exemplified by Robert's comment

*We were all down at Chris's, not last weekend, weekend before, so we had a big family get together there where we went out for a meal, I always pay like, but that's alright, that's what I'm here for! {laughs} Robert*

The idea that the family should get together for a meal and eat out was negotiated with no tension. Robert paid for the meal even though he was taken out, Karen arranged the venue, informed the family members about the date and the time the meal was booked for. The notion as Robert describes of a "big family get together" makes it special and displays the happy family and paying for the meal shows that he is still in charge.

Catherine lives alone as her husband is now in residential care, she has

mobility issues after a series of strokes and can only walk a little around the house.

She has formal carers who clean and cook for her but she also has a neighbour,

Margaret, who drops in regularly to provide additional help and companionship.

Occasionally Margaret will bring her food that she knows Catherine likes as an indulgence

*She knows I like certain things, she goes shopping at Morrisons and then she'll go into Bridlington and bring me a crab and I said to her, I really fancy some liquorice all sorts, so usually she buys me a bag of liquorice all sorts. There's only certain crisps I like, I like those special, rather expensive crisps and she know me, she knows what I like. And she'll bring little treats, like a custard slice, which the family know - Lucy always brings me a packet of custard slices. And she bought me a packet from Waitrose of macaroons, six, luxury. I looked at the box after she'd gone and they'd been reduced to £5.99! Each one was a different flavour, there was Earl Grey tea, strawberry, white chocolate, dark chocolate. Little macaroons with the filling in the middle, absolutely lovely! Catherine*

Bill and Julie liked to maintain their independence as they both cared for each other, however without trying to impose, Elizabeth takes occasional treats round, showing care or maybe displaying good daughter in law practices

*I take the occasional pork pie round as Bill really loves them, I like to take candied ginger round for Julie too as that helped her throat and she always saw it as a lovely treat. Elizabeth*

Bill's love of food, especially pork pies was well known in the family, small gifts of pork pies were quite frequent and provided not only sustenance but they were a mechanism to ensure he was eating but in the pretence of a gift. Julie is now deceased and Bill's daughter in law helps by cooking food and taking it round to him each day as Bill is becoming increasingly frail. For this family eating out is also a mechanism to display family, demonstrating love and care. Bill is picked up, taken to the restaurant, they have a very convivial meal with chat, alcohol and plenty of food, and then Bill is brought back to his own home again. The quote below signifies just a little indulgence

*We went out for Sunday lunch and he had a mixed grill, great big steak and the works, he couldn't believe his eyes when he saw the plate so he sat there slowly eating his way through it, he had a great time! Elizabeth*

As some families find it more difficult to go out, eating at home is the norm. Jerry's wife had severe Alzheimer's and he refused to put her into a care home. This was challenging as he was 92, very fit apart from minor eye problems such as cataracts which were recently removed; and a hip problem which means he uses a walking frame when out of the house. There is a deep bond of love between the couple and he cooks the food for her on his big red Aga of which he is very proud. Food is not only for sustenance and survival, it is also a signifier of the care the family have for each other, it helps maintain identities during this transitional period in the cared for's life. Pork pies, macarons, and the instruments used to cook food such as the microwave and the red Aga are resources to reinforce the loving family practices around caring for elderly relatives.

### *Routines as structure*

Routines and habits are characterized as "*observable patterns of action that are socially conditioned and a fundamental basis of much (if not most) everyday action*" (Southerton, 2012). The regular activity of food preparation and consumption is an important component in retaining personal and family identity and also to encourage regular eating. The role of meal times help to demarcate the day with breakfast as the start, most of the cared for have breakfast prepared or have food in store that they can prepare simply. For instance Catherine's neighbour Margaret prepares her breakfast cereal by placing it in a bowl with a banana on top the night before so it is ready for her in the morning.

*Yes, but Saturday her carer gets her sandwich ready for her for Sunday so I don't have to do that. But on a Friday I do, I make her a sandwich or whatever she wants, I get her a ready meal out or do her a bit of something on a plate, maybe a bit of cheese and biscuits and maybe a bit of pork pie, something like that. Whatever she wants, she tells me. Margaret*

After a series of strokes Catherine is unable to prepare her own food although she is still able to feed herself. This practice of food preparation and routinized meal times helped to structure Catherine's day. The research illustrated that after the loss of a spouse, family members seek to create routines around shopping, eating and providing regular meals. These practices are crucial in order to provide structure to the life of the cared for. Practices such as shopping for food and eating together help display family.

*So we go on a Saturday, taking her shopping, then we go on a Sunday, we've started now either having a dinner there or I'll do a dinner here and we'll take a dinner there but we'll always go see her anyway because she got like, where she just doesn't eat. She'll have a ham sandwich or a banana and she's lost so much weight, so I said to Richard you know, we'll have to just do it, Emily*

Emily's notion of doing family, includes explicit performance routines such as driving to the shops, shopping and buying food, and eating together. However, implicit practices, such as nurturing, caring and maintaining the family links help care for Liz while she cares for Alex. For Emily the family meal is the bond in family relationships and helping is what she should do. As Morgan (2011, p174) suggests "*there seems to be a taken-for-granted, given quality of family relationships which seems to rule out choice in the matter*".

There are the mundane, everyday routines such as visits and outings that have been part of the former life with their spouse, which are recreated and adapted with support from the family. These are continued to maintain a link with the past but also to help build some structure for the future. John has devised a routine for popping to the garden centre to have a browse with a coffee and some cake.

*She does like to go out actually. Every couple of weeks we'll pick my Mum up and we'll go out to a garden centre or somewhere like that, and we'll have lunch and that kind of thing and she enjoys that. I don't know, maybe a couple of times a month we'll go out and do that. John*

This is a recently developed routine to display family through the mechanism of interweaving the past with the present (Morgan, 2011, p46). While visits to the garden centre were frequent with Ann's spouse, John re-initiated these as a means to provide interest and structure to Ann's new life.

The regularity of family visits was determined by the distance between the family members but in all the participants cases regular family visits were the norm although there was some difference between the rural and urban families. Francine and her husband rarely visited their son Sebastian in Sheffield as Bob didn't like the city or the house Sebastian lived in

*One Christmas my son wanted us to go to Sheffield, I think that was the first time that Joseph said no, I can't go to Sheffield, it's too far and he hates Sheffield anyway. He hates big towns and feels hemmed in. He doesn't like their house and it's very difficult for him Francine*

However, Sebastian visits them regularly. When Julie died, Bill obviously found it very difficult so Elizabeth and Phil visited twice a day. Bill had fruit for breakfast and Elizabeth cooked for Bill at lunch time so he always had a cooked meal so he just needed a sandwich at tea time. Phil then visited after work and stayed for a couple of hours to keep him company. These new routines helped the reduce loneliness that Bill suffered after the loss of Julie and continued until he went into full time care due to his dementia.

#### *Rituals as celebrating the family*

Rituals in contrast to routines are more complex. They are formal and are comprised of actor/participants, audience, scripted episodic behaviour and ritual artifacts. (Rook, 1984). The rituals discussed by participants in this study were personal birthdays, and the religious events such as Christmas. Christmas and birthdays are the major events

and with a large family they can extend into large family gatherings. The performance aspect of both is celebratory and symbolizes the strength of the family relationships. The quote below illustrates how all the family, including extended family members get involved in celebrating Ann's birthday.

*When it was her birthday 18 of us went out for a meal. It was meant to be just the 5 of us and then a couple of the kids heard and then Ann's sister in law got in touch and said they'd come with the nephews and nieces as well. They don't see a lot of them. And Ann always acts like an angel when they are all there, but as soon as they've gone she's like, oh did you see what she was wearing, did you see the state of her hair! But that's just what she's like. But she's 85, so she can! Katie*

There were displays of spontaneity, indulgence and a party atmosphere. Reflecting Rook's (1984) categorisation of ritual, Ann is the actor, performing the caring, loving grandmother, surrounded by her audience of family members, scripted behaviours such as the giving of artifacts such as birthday cards and presents, presenting the cake after the meal are all parts of displaying family. Katie's quote illustrates some of the cheekier aspects of Ann's personality where once the party is over she gossips about appearances which is part of the fun. Francine used to cook everything from scratch right from growing their own food to putting on the table she loved the family parties. Nowadays parties still occur but food is prepared by Sebastian and his family.

*I mean I love it when they come and I make a party and that and that's fun. Sometimes they ask me to bring things, you know food that I cook and that's nice. so they came here instead and said we'll cook, we'll bring the food and we'll cook. So they came the night before and did everything and that was so nice. Francine*

This illustrates how rituals are adapted to take into consideration the changing capabilities of the family members while continuing the same family practices. This is particularly important in rituals that are deemed to be important for the family.

Christmas was seen as an important ritual event for many of the participants as it conjures up long memories of when the children were small and Christmas was exciting. The temptation to try to continue preparing for the feasting just as before is

palpable. The elderly female has to limit the amount of food prepared and also reduce the level of work as there are physical limitations to the preparation. There is a sense of regret that things are not as they were but being able to contribute is important as part of the family unit. For Ian, he spoke of his mum who used to really engage in the ‘Christmas spirit’

*Usually at Christmas she makes an awfully large amount of stuff for everyone, but of course she realises this Christmas that she's not going to be able to. She's agreed to make the red cabbage and do a bit of baking, but nowhere near as much as she normally does. She's got a big old mixing bowl, which she can't really hold anymore, but she'll get everything prepared. It will make her sad, not being able to do it all. Ian*

The old mixing bowl was an important artifact that signified that Pam could no longer take such an active part in the preparation leading up to the Christmas celebration. She used to prepare pickled cabbage and onions, bake her own Christmas cake and also sundries like sausage rolls. There was a sense of loss here that things would never be the same but the family created or adapted other routines and rituals that helped to ameliorate the loss.

#### *Negotiating transitioning care practices*

As the elderly relative transitioned to the ‘fourth’ stage, there was an increasing need for more care, either formal and informal. Catherine had formal care and the informal carers were friends and by family members. For Liz who’s husband Alex had suffered a serious stroke, no one was going to look after him but her. The family helped as much as they could, or were allowed to and this was determined by Liz. Practices such as eating and food preparation were negotiated and adapted as family members were drawn in to help care for both Liz and Alex. For Francine and Joseph, as she gained more control over food, she chose not to make meals from scratch and buy eggs. However, even basic resources such as eggs from their own chickens were

a source of tension because Francine couldn't manage to look after chickens any longer so she bought them off neighbours.

*Well we argued about it a bit. His argument was that the eggs you buy at the supermarket are rubbish, so I said, well we'll buy some eggs off people who have hens here - oh no, they don't feed them right, it's not your eggs from your hens he says. But we did it and to be honest once a decision is made he doesn't go back over it so that was that. But he was trying to tell me that I was going to feed him rubbish {laughs}Francine*

While this quote was indicative of Joseph's need to maintain control, Francine was changing practices and that was making her life easier, given the challenge of being the sole carer for Joseph. There were also issues relating to care for Joseph as it was exhausting for Francine, his sons argued that she needed help with care but he wasn't interested and wouldn't discuss the matter, he wanted to retain his independence. Francine said "*I think it's a bit mean of him.... but he didn't want care at all so that was that*", this was an area that he still maintained control. Catherine's daughter supported the formal care as she looked for products that could help maintain independence, they were mundane items but Catherine believed them to be helpful to her

*Lucy found this, I think she found it in Lakeland in Beverley, she found a little insulated bag which zipped up which had 2 thermos flasks in, all matching and they'll make me up 2 flasks of tea without milk, and there's 2 cups of tea for me. By the afternoon they might not be as hot, so by later on I might just put them in the microwave, but sometimes I make myself a cup of bouillon, a consommé really, savoury, I like savoury. So I can do all that myself. Catherine*

The need or wish to remain independent was central to many of the participants in the study, making sure the cared for could eat or cook was an important competence. And as practices changed so did the need to develop new competences.

### *Shifts in competence*

Routine practices such as shopping were also negotiated as the cared for required help to go shopping due to an inability to drive but there were disagreements with

what food needs to be purchased. Diane spoke about the tensions when shopping at the supermarket

*And I'd be putting stuff in, cos I don't mess about you see. If I know that he wants 4 cans of beans I put 4 cans of beans in, you know? And there's me putting stuff in and him taking it out! Karen and Edward have the same problem with him shopping.  
Diane*

Shopping for food was a new competence, as was shopping with his daughter in law Diane so there were some tensions as he learned to not only shop independently but also to cook. These are four extracts from discussions with family members.

*But, we've took him shopping before... it was just initially when he first got over my Mum to teach him how to shop, because he'd never ever done it. And still now, we go around his house and Karen opens the fridge and she's like, oh my God! There's either nothing in there, or there's enough to make one meal, or they'll be stuff in there out of date, so you know... in that respect I suppose, when we do go round, Karen will check the fridge, and it's the first thing she does to be fair - Edward*

Cooking on occasions was a means of ensuring continued independence and was actively encouraged by Robert's family. Robert, whose wife cooked, cleaned and generally ran around after him all their married life said:

*Yeah I'm cooking now yeah. Getting into it. Having never cooked a meal before, never had to do that's why. So... - Robert*

Robert was quite reluctant and didn't adopt his new role with enthusiasm but he still managed to cook a meal for himself. However, his son Chris found this a great source of amusement but this was tinged with some respect for his dad who had never cooked in his life. It was clear that he didn't use a recipe book and was uncertain about issues related to keeping things warm and making good food.

*Although you know, when he was learning how to cook was... hilarious, he was doing poached salmon and he cooked it like steak, so he rang me and I said well what did you do and he said well I put it back in the pan and I thought great, he didn't give up. And then he said, I had the sauce which I put on the plate, so I said what did you do ... he said I kept it warm. He said you'll never guess what I did to keep it warm. He said I put it on the hot plate and then {laughs} the plate cracked! Dad's a lot better now, he'll empty the dishwasher he'll... as opposed to waiting for...*

*you know he made a cooked dinner for us... He'd made a stew in the he slow cooker but he put sweetcorn in it, which was interesting! But it was alright, with very, really heavy gravy! {Laughs} Chris*

For Diane there was admiration but she understood that he was doing this because he has to rather than through choice

*But, the cooking that Robert does now - he's done really well. He's done really well, I mean what he cooks is OK. But he tries his best not to be cooking {laughs} Diane*

However Jerry was the only male carer who indicated his enthusiasm for this role but this was related for his desire to care for his loving wife.

*I've learned to cook, never too late to learn! I think it keeps me going learning new things and its fun to do. Jerry*

It was also a mechanism for his own independence and that of his wife, if he couldn't care for her adequately she would need residential care. Learned competences such as learning to cook are crucial in transitional family practices, all members of the family believed in the importance of remaining independent. Practicing independence was seen as positive for a variety of reasons however, there is an ideological issue that relates to the economic costs of dependence. The cost to the state for care is increasing as the elderly are a growing demographic and there are questions about who should pay or provide care (Harper and Walport, 2016). However, within this group there was a high level of reluctance to incorporate formal care into the family care for the elderly family member. Joseph was most adamant that this didn't happen and Liz didn't want to relinquish care for her husband Alex. Others accepted formal care, not as a failure of their care but as a necessity as it covered aspects of care that they were not willing or able to do. They were happy to provide meals but felt inadequate in providing intimate or medical care. The care home was seen as the end of the road and a failure of the family particularly with Elizabeth but she felt the

difficulty in balancing her own life and maintaining the care for her parents in law. Ultimately she saw this as a failure of ‘doing’ family. This research identified that there were tensions in trying to provide care as Dean et al (2014) suggested “parents are always parents” but this research has seen that through food and the family meal that there is an emergent negotiated/re-negotiated way of ‘doing’ family ((Barnhart and Peñaloza, 2013; Huff and Cotte, 2015).

### *Discussion*

This study responded to the call from Phipps and Ozanne (2017) to understand how family practices are maintained or adapted as elderly relatives transition toward elderly care. Using practice theory we examined how food and the family meal helped manage the frequently distressing transition towards care. We have devised a theoretical framework that shows the stages in the transition toward care, illustrating negotiation, resources and competencies required that build into a series of routines that modify the shared family understanding (Figure 1).

Place Figure 1 about here.

The data was analysed using practice theory and the main aspects of practice were competences, resources, and routines and these build a shared understanding of what it is to be a family (Morgan 2011).

While all the families in the study comprised of different structures and a range of actors within the family group, they all had a series of stable family practices in relation to food (De Vault, 1991; Moisio, et al., 2004; Molander, 2015). However, when a transitional event occurs such as the need for care for an elderly relative this disrupts the status quo and therefore the practices need to be reimagined. As practices

needed to be negotiated, new competencies were required, such as learning to cook, new resources were used such as ready meals, microwaves, and new routines were initiated, such as shopping together, meals out and other outings. As noted earlier Giddens (1984) argues these are recursively linked, and we adapt the notion of rhythmic entrainment (Collins; 2005) to show how the revised practices were discarded, amended, reimagined and adopted. For instance, Joseph rejected Francine's plan to employ formal care but because she was exhausted she had to devise other practices and that involved buying eggs and ready meals rather than making food from scratch to make her life easier. This dialectic characterisation represents the temporal, transient and frequently conflicting nature of practice change. Once the practices have been renegotiated this leads to revised practices that create what was described by Collins (2005) as *collective effervescence*. Although this was conceptualised in the context of larger social groups such as attendees at political rallies, it is a useful mechanism to understand how a sense of belonging is created that sustains the family. Collective effervescence is a combination of emotional energy, group solidarity and membership symbols. The emotional energy can be the love and happiness within the family, the group solidarity is the cohesiveness of the family and the membership symbols are the practices of 'doing family'. Treats such as pork pies signify love and care, an indulgence or a treat rather than sustenance but also symbolise 'doing family' as caring relatives. The importance of something as mundane as a pork pie or a reduced price pack of macarons was surprising but they held a significant position in the giver's eyes demonstrating a deep understanding of the cared for that no one outside the family would appreciate. However if the energy is negative the family don't move to the collective effervescence stage, they stay in the feedback intensification loop revising and re-negotiating practices. Once the state

of collective effervescence is achieved then the family is stabilised until the next transitional event and the process begins again.

### *Conclusion*

How a family is configured and how they 'do family' is important for consumer researchers (Huff and Cotte, 2006; James and Curtis, 2010). Caring for elderly family members is becoming a serious problem for the '*sandwich*' generation who need to manage child care and also elderly care (Harper and Wolport (2016). Managing this intergenerational relationship is challenging (Barnhart and Peñaloza, 2013; Huff and Cotte, 2016). This study revealed the complexities relating to elderly care, using practice theory and the theoretical framework sheds light on some of the issues facing families today.

While this study focussed on the role of food and the family meal in 'doing' family, the surprising and novel finding was the importance of surprises and food treats. Signifying love, the treats such as a pork pie, ginger and reduced price macarons were seen as an indulgence and were special to the receiver. As such we have supporting evidence for Belk's (2009) claim that both sharing and gift giving bind the giver and the recipient maintaining identities of the individual within the more complex family identity. However, further research is required.

The research also provided evidence that the family meal was an important indicator of 'doing' family. However the family meal with all family members tended to be occasional rather than regular, and for celebrations and festivals such as Christmas. Nevertheless, the family meal held a great deal of significance particularly relating to independence and declining independence. There were

numerous practices identified to retain independence such as learning to cook a meal, eating out with others, shopping and preparing ingredients. However, the transition towards dependence was gradual with the reduction in food preparation, baking and managing the celebratory meals, which were formerly the domain of the elderly cared for female. While every attempt was made to retain independence, physical ability such as holding the mixing bowl negated those attempts. Food was ‘*cooked from scratch*’ but moved to a greater reliance on convenience food. This serves to emphasise the shift from health to decline, and from independence to dependence. Occasionally families helped to provide convenience foods but for some there was guilt in that they recognize that the food isn’t as good or nutritious. This is an important issue for food marketers who need to emphasise the attractiveness of the food, taste and the health benefits that can be associated with convenience. There is an unspoken relationship identified in this research of convenience food and lack of responsibility on the part of the family member who provides this. There appears to be an association created between convenience food and family neglect and this needs to be investigated further.

Another fruitful area for research is exploring the ethics of care, while research on the moral responsibility for caring for children rests with the mother (Heath et al., 2014), the care responsibilities of the elderly family member is more opaque. Finally, this study focussed on families who were primarily white British so further research might consider a cross cultural study to understand how the transitional elderly family care is ‘done’ and how independence is conceptualised within the family unit.

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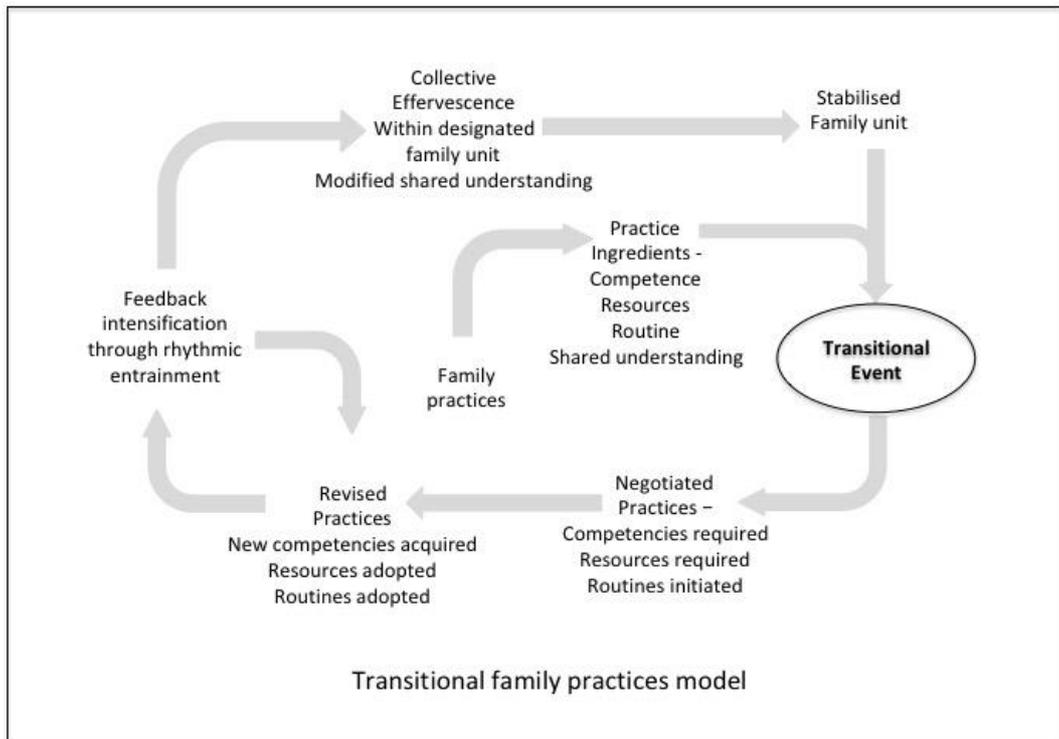


Figure 1