

# **Recipes for reconnection: older people's perspectives on the mediating role of food in contemporary urban society**

**Susan Lewis**

Centre for Manx Studies, susan.lewis@liverpool.ac.uk

## **ABSTRACT**

By problematising age-related categorisations in community health education this article calls for reflection on approaches to research that, while they may facilitate practice, risk overlooking valuable local skills. Classifying people as 'Senior Citizen' or the like may help to direct delivery of services, but may also imply an end to useful participation in community life. In contrast, the article argues that they may have a significant role to play in food-related health education and in reconnecting their fellow community members with the social role of food and with each other.

**KEYWORDS:** older people, community health education and development, health inequalities, social role of food, marginalisation.

## **Introduction**

One of the greats of anthropology once opened a conference by declaring that she had never done any research on the subject in hand, and was 'decidedly not an expert' (Powdermaker 1997: 203). In complement to the specialists' foci, her contribution was to be one of setting the issue at hand 'in the context of the culture'. The research that informs the following discussion did not consider food or feeding as its primary concern – similarly, I am no 'expert' in the field – but the argument presented does draw on data gathered whilst conducting action research with a community health development project in Scotland. Food was therefore a regular subject of focused activity and debate. This article therefore plays a similarly contextualising and questioning role. By problematising some of the categorisations made within a contemporary 'culture' of health education it calls for reflection on approaches that, while they may facilitate practice, risk overlooking local practical and cultural skills.

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The ethnographic vignettes that enliven the discussion are examples of field encounters with older project participants. Their observations on the world offer simple ‘food for thought’ on the changed role and place of food and on their own changed and potentially marginalized role in society. What emerges raises important questions for the process of trying to tackle issues of food-related health information, not least about what we lose by not listening to ‘local experts’. The women introduced here are members of the community groups of very mixed ages. They just happened to talk about food as a marker of observed change, and just happen to be of an older generation. But they also happen to have something of note to say.

## **Othering the older generation**

There is no denying that some older members of our communities do require specific help and advice about diet and nutrition, but there is no harm in being reminded of a tendency to ‘Other’ the older generation: to use categories and stereotypes that work to erase the self-conceiving person, and to arbitrarily and conveniently lump people together as ‘all the same’. Frank Shaw, in an article that challenges the truism that an ageing population is a ‘problem’, draws attention to the fact that the statistics used to ‘prove’ the point are calculated for those aged 60 or 65 and over (2002: *passim*). The active and contributing women whose words inform this article might agree with Shaw’s further objection that he is ‘now the subject of a 44-page (UN) international action plan to solve me’ (2002: 4).

‘The older person’s sense of control [is challenged] by negative stereotypes,’ which connote inferior status’, write Rodin and Timko (1992: 174). Even our own discipline, despite its claims of reflexivity and of including the voice of the targeted ‘Other’ explicitly into the mix, has not been innocent of such categorisations. Lawrence Cohen has noted that ‘ageist language and potentially dehumanising assumptions [have influenced] anthropological work’ (1994: 140). He goes on to make a comparative and revealing observation:

Whereas the field [of feminist discourse] is constituted in terms of questions of women both as authors and subjects of anthropological discourse, gerontology is not primarily or even partially a movement generated by old anthropologists. Old persons remain distinctly the Other (*ibid.*)

In other words, and to paraphrase feminist photographer and critic Jo Spence, without the opportunity to ‘write’ oneself, one risks being ‘written off’ (Nead 1992: 82).

Allocation, then, to the ‘Senior Citizens’, ‘Old Folk’, ‘OAP’ categories, although entailing some indisputable material benefits and rights ‘contains an unmistakable insinuation that this marks the end of any significant involvement or participation in making decisions affecting their own life’ (Hazan 1980: 29) or, one could add, to their local community. As a consequence, ‘they’ come to be considered an increasing burden on public services: ‘bundles of needs and demands, mere non-reciprocating recipients’ (Hazan *ibid.*). As lesser – or even non-persons who are classed together, their individual experience, skills, cultural knowledge, history – and their potential to enhance community life – is lost. Yet such assumptions are not borne out by the observable ‘facts’.

It might be argued that I am overstating the issue, or am offering an outdated and overly pessimistic perspective. But the fact that, in the UK at least, a significant amount of community development work addressing the 'gaps' between generations is underway, demonstrates that there is an issue to address. The Beth Johnson Foundation, founded in 1972, is still active in its stated aim to 'develop innovative and developmental work that has the potential to develop, influence and challenge the role and status of older people'.<sup>1</sup> And at state level, the Welsh Assembly is currently supporting a number of intergenerational projects, and in 2001 the Scottish Executive published a report entitled 'Better Government for Older People'. The former is based on what is termed 'intergenerational practice' – that is, 'structured activities, projects or programmes that enable younger and older people to work together to their mutual benefit'<sup>2</sup>, while the Scottish Executive's project included the following objective: 'To improve public services for older people by better meeting their needs, listening to their views, and encouraging their contribution'.

Both policies, then, recognise the so-easily-forgotten potential, and point to the possibility of sharing experiences and an inclusive and mutually beneficial involvement in community affairs. And this is where my own research experience comes in.

## **The urban and research context**

This article draws on action research undertaken by the author with a community health project in Dundee, Scotland. The Dundee Healthy Living Initiative is a multi-agency partnership project that aims to tackle health inequalities in the most socio-economically disadvantaged areas of this once thriving industrial city. Jute mills established in the nineteenth century were later supplemented by various assembly lines for items as diverse as watches and jeans, and if they offered hard lives and small incomes, they also provided important social networks for the large working-class population, particularly its women.<sup>3</sup> Informants recalled friendships forged around the lines, how their mothers had brought them to the factories for their first job, and how they had later joined together on the picket lines when the factories began to close down in the latter part of the twentieth century. 'And there was more,' said one. 'Families stuck together [...] They seem more isolated now.' Where the original growth of capitalist modes of production led to an atomisation of social relations, in today's Dundee the collapse of production has led not only to high levels of unemployment and socio-economic disadvantage but also to further loss of social connectivity and even greater social isolation.

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<sup>1</sup> See <http://www.bjf.org.uk/> and <http://www.bjf.org.uk/default.aspx?page=800>

<sup>2</sup> Definition of intergenerational practice, Fish and Addicott, <http://www.cuv.org.uk/changinglandscapes/AngelaFish.htm>

<sup>3</sup> 'From the latter half of the 19th century until the late 1960s, Dundee was the centre of a thriving jute industry, which employed a large segment of the town's labour, adults and children alike. For most of the 20th century women dominated the workforce. Men were due pay rises at the ages of 16, 18 and 21, and employers often preferred to lay men off rather than grant the extra wages [...] It was quite common for a married woman to go out to work at the mill, and for her husband to stay at home, looking after the house and children.' (Gatherer 1985: 80)

Funded with UK national lottery monies and various health development funds, and staffed by a multi-disciplinary team, the Dundee Healthy Living Initiative uses a community development approach to build both individual and community capacity in an attempt to tackle the health problems that often accompany such socio-economic disadvantage. It offers various 'lifestyle'-focused sessions and courses on such things as healthy eating, physical activity and mental wellbeing in community settings, but has also encouraged its participants to become involved in the strategic management and future direction of its activities. These activities are fully inclusive and attract a wide age range of community members, and it is not unusual for a course to involve a (largely female) intergenerational membership of young mothers to grandmothers.

During the research, I both spoke informally with and interviewed participants, including some of the older members. Whilst not the prime focus of the research, during those various meetings we always seemed to end up talking about food, feeding the family, and about their observations about the changing food world. This article is based on the 'incidental' but thought-provoking data that emerged from those conversations.

Whilst what follows focuses on individual responses, it should be remembered that the memories recalled and opinions expressed had been freely shared – and that sharing observed – with fellow participants during the kind of collaborative sessions on which community development is based. Younger participants stated that it was both interesting and useful to hear and learn from these more experienced women: that whilst they might not agree with everything the older members said, and that they were aware that Margaret's cohort did not always practice what they preached, their conversations offered fresh perspectives on family feeding and helped to support a growing confidence in their approach to shopping and meal preparation.

## **Margaret**

After her retirement from the factories Margaret sought things to do to keep herself active, both physically and mentally. As part of this personal mission, she joined one of the Healthy Living Initiative's women's health groups in September of 2003. When I interviewed her in the Spring of 2005 she was still an active member, and was more than happy to tell me about her experience of the group. It has a core of some seven or eight members of vastly different ages but, despite this, the group has jelled and they have all become friends. Indeed, the group may have benefited from this age diversity. One of the things that younger members reported enjoying the most, was hearing the stories about life in Dundee in years past and learning from the older members.

Much of what they have discussed as a group has been focused on health inequalities: on understanding how and why the socio-economic disadvantages that affect the areas in which they live are connected to poorer health. But when the conversation turned to feeding the family on very limited budgets, the older members of the group found it hard to understand why today's younger families appear to have so much difficulty in doing just this, given the much wider choice in the supermarkets. As Margaret herself said: '[W]e never had any money. Everything was always homemade. We always got a three course dinner and a two course tea, every day. We'd have homemade soup,

potatoes and mince, or whatever [...] We never scrimped on food.' Margaret and her similarly aged colleagues are by no means wealthy now and still practice these 'skills' learned from their own parents (fathers were also involved in preparing family meals). The older members of the group shake their heads in disbelief at the stories of trips to the take-away. No wonder, they say, that there's no money left.

'Look at me', Margaret said. 'I'm a bargain hunter. You go round the shops, like, and you're getting "buy one get one free" [...] Y'know, like I bought a big turkey yesterday. £2.05 for eight pounds. I'd cook that and there'd be roast turkey one night, there'd be stock and I'd make soup, and then there'll be cold meat, and then turkey with baked potato, or whatever. How some people can't see that, I don't understand. [...] People say to me 'I haven't got any money' and the like, but they're away for a curry, or they're away to the chip shop. I'm not saying I don't do that, but I couldn't afford to do what some of them do. And then you get vitamins if you're doing all that. Things like buying mince. Mince isn't dear...'

What Margaret and her contemporaries are puzzling over is the change from the 'making' society that they grew up in, to the 'buying' society that now surrounds them – and that doesn't seem to value the skills and experience they possess. Their observations appear, in part, to fly in the face of accepted knowledge about food choice among the poorer sections of society:

[b]ecause of the constraints of poverty, the foods purchased by [the poor] often cost more than the same foods purchased by more affluent people. Most poor people generally lack the surplus cash needed to take advantage of sale prices or to buy in quantity (Fitchen 1997: 390).

In the Dundee context, this might translate into an inability to access the out-of-town supermarkets and being forced to shop at local – and therefore more expensive – shops. On one hand, then, there appears to be a lack of choice. On the other, however, exercising choice has become a cultural marker. Fitchen adds that

[l]ow income people express their membership in the society and their adherence to its dominant values through many of the same food choices that characterize the rest of the population [...] Hence among the poor, as for the nation as a whole, diets may be high in processed foods, in sugars and fats, and in the category loosely termed 'junk food' (ibid.: 394).

Such an assessment could well be made for the diet of Scotland's – and Dundee's – more disadvantaged communities. Despite high profile promotion of 'healthy eating', statistics on health outcomes – high levels of type 2 diabetes and coronary heart disease, and lower than average life expectancy – would support the thesis. Little surprise, then, that Margaret can still observe visits to the chip shop or burger bar. Yet, what she and her older colleagues have discovered is that, given the opportunity to share their shopping and cooking expertise – and the chance to talk at length about their experiences of family meals – they have an eager young audience which is willing to 'have a go' at making soup and boycotting the take-away. A willingness, in other words, to reassess and revalue 'pre-convenience', local food habits and perhaps to establish these as markers of their local identity.

Evidence for this might be found, symbolically at least, in the script of a play that Margaret's group wrote and performed early in 2005. The purpose was dramatically to express the causes and impact of health inequalities, and the group chose to present two contrasting families, side-by-side on stage – the 'rich', and the 'poor'. In selecting the family meal the 'rich family' chose to drive to the takeaway, while in contrast, the 'poor family' with no car had little choice but to visit the local shop and purchased the ingredients for a home-cooked meal. But as they journeyed to fetch their meal, the 'rich family' got lost, and returned home agitated and unsatisfied to eat in silence. Meanwhile, the 'poor family' were seen cooking and eating together a jovial family dinner.

The latter family might have been economically disadvantaged, but apparent 'lack of choice' was here not seen as a negative. Rather, what was being stressed was the banal but symbolic importance of the 'family' or 'proper' meal. Despite dire warnings about its decline, Caplan has drawn attention to the evidence for this continued importance of the family meal as an important 'template' for social relations and the transmission of 'healthy' attitudes toward food (1997: 6). But her assertion that

young people who may have spent a large part of their teenage years living on snacks and fast food appear likely to change their habits when they move in with a partner, and particularly when they begin having children (ibid.)

may not be borne out in these more disadvantaged communities. The statement assumes either that the knowledge is present in the individual, or that they have the confidence to seek it out. In contrast, I would argue that that, for example, the need for 'breakfast clubs' in order to ensure that some children are adequately nourished before school and the evidence gathered from younger participants on low levels of confidence over their ability to provide such meals, indicates that such an assumption cannot be made in this context of health inequalities and socio-economic disadvantage.<sup>4</sup> What is evidenced, however, is the presence of that confidence among the older generations.

In her piece entitled 'Bread as World' (1997: 283ff), Carole Counihan discusses changes in Sardinian social life by looking at the making and consumption of bread. Where once this basic food was made and eaten communally – and thereby mediated social relationships – now it is made in factories and purchased from shops. When she was in the field, a young man of the village died of hunger. Not of poverty, she explains, but because he lived alone and the sustaining web of family and community had been broken.

The context of Dundee is very obviously different to that of semi-rural Sardinia, and no one in Margaret's community has died of hunger. But, based on my research with the intervention project, I would argue that there *is* a comparative breakdown of the social network, and therefore a break in the web of knowledge about food, its preparation and its

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<sup>4</sup> See Murcott 2002 for a call for further research on the relationship between nutrition and (health and wealth) inequalities.

shared consumption. Despite good intentions, intervention projects may do more damage than good if they continue to presume that this knowledge is *lacking* in these disadvantaged communities, rather than considering it as located – locked – within some of those older ‘mere non-reciprocating recipients’ (Hazan 1980: 29).

## Jean

Not that these more experienced members of the community always practice what they’re able to preach. Jean first became involved with the Dundee Healthy Living Initiative when she joined a six-week course on healthy eating, in order to do something about her weight. She says it was not a lack of knowledge that encouraged her to seek advice, but rather the need for an incentive. Now a widow living alone, she found it all too easy to give in to her ‘sweet tooth’. ‘I can’t get rid of it, she said. ‘I know myself that it’s unhealthy [and] I know what I should do. I try. I attended the course because I hoped it’d give me a kick-start’.

She repeated that it was not a lack of information about healthy eating that contributed to her being overweight: ‘definitely not’. And she was also aware that reminders about nutrition, portions and proportions would not in themselves solve her problem. She therefore overcame a personal distaste for exercise and joined the project’s Walking Group.

I knew I needed the exercise too. When you’re retired you could become a couch potato, and just sit and watch television all day, and, y’know, I find that it keeps your mind active. Because everything’s geared up for the younger people nowadays, and they forget that older people still have a life after retirement.

Jean is willing to acknowledge that she doesn’t always know best, but she still insists that the generations can learn from one another – a feeling that for her has been reconfirmed by her recent experience of joining an arts group which attracted a wide age range.

There’s a gap between the young and the old, she said. There always was. There’s a generation gap. At the same time, I feel that the older people could teach the young people things. Experience always teaches. That’s what’s missing nowadays. Because they don’t have their parents, well a lot of them don’t have their parents. And I think the older people would enjoy it as much as the younger people [...]

She equates it to an apprenticeship, an apprenticeship for life – the youngsters learning from those with experience, the older ones passing knowledge on and therefore being valued, engaged and useful. That was what was missing, she concluded, for the young mothers trying to bring up their children. The young didn’t have the confidence to cook for their families.

Whilst some of what Jean says might be dismissed as received wisdom, she went on to offer personally observed evidence for her opinions.

I mean, when I go down on the bus, any day of the week, these young kids come on with the pram, and I think ‘what a shame’. I’m not sorry for the girls, I’m sorry for the children, because they’re growing up into that society.



It is, for her, a society of isolated youngsters who are adrift and seemingly disconnected. She went on to describe how these seemingly lonely young women travel into town, to return hours later, day after day: there was here no sign of the ‘looking out for one another’ that had characterised her own experience of early motherhood. Or how she had seen similar young women in town, taking their children to a burger bar, feeding them not with home-cooked meals but with cheap ‘junk food’. The answer, she proposed, lay in projects such as the Initiative. ‘Money’d be better spent on projects on the ground,’ she insisted, ‘than on those adverts [for healthy eating] on the telly’<sup>5</sup>. She had heard some of the younger members of the groups she had attended describing how they had ‘turned their lives around’ after joining the groups: how no longer being isolated, exercising together, and sharing recipe ideas had transformed family life – and eating habits. One younger woman had told me that she now had a new shopping problem: ‘I come home and all I’ve got is fruit and veg’!

Returning to the benefits of bringing young and old together, Jean reflected on how her involvement had profited her. ‘You’re part of the community. You interact more. You’re less isolated’, and that as a result it was ‘bringing back the community spirit in a way. Especially with younger people. Because older people, we’ve had, we’ve been, known family life. I mean, this is an alien culture to me now’.

## **Jean, Eva and Hettie**

Jean’s opinions were confirmed a few weeks later, when I was sitting with her and a couple of her friends. I mentioned to Jean that I was going to use our interview in a forthcoming paper, and they asked me what it was about. I gave them a quick overview of a seminar that was to look at healthy eating advice for the older generation, and received the following retort from Eva: ‘Hah! she said. ‘It’s the youngsters that need help’! Like Jean, she had watched the community’s teenage mums going into town, perhaps in search of company, away from home all day and presumably feeding their kids on fast food. Where was the time, the opportunity, they wondered, to feed the children properly?

The conversation switched to their approach to food. Again, there was a confession or two: they don’t always cook from scratch. Jean admitted that she did buy some prepared or frozen meals for convenience, while for Hettie, these days it was her husband that did all the cooking. She enjoyed telling me that. But underlying the confessions, there was a confidence in their ability to feed themselves and their families (and a preference for) good, wholesome food. They talked about the traditional meal of ‘mince and tatties’ – and briefly argued about the proper way to make ‘stovies’<sup>6</sup> – but agreed on the basics. Just as McKie found in her study of older inhabitants of both rural and urban Scotland, for the three

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<sup>5</sup>She was referring specifically to advertisements for a Scotland-wide telephone-based health promotion information line on ‘Healthy Living’, which has received some public criticism. The advertisements showed people calling the helpline, and my own informants reported thinking it was advertising a new mobile telephone service.

<sup>6</sup>‘Mince and tatties’: minced meat from a cheap cut, cooked with onions and a gravy, and served with mashed potato and another vegetable in season. ‘Stovies’: a mix of mashed potato, onion and minced mutton.



women 'healthy eating' meant 'proper meals', and 'almost all still set themselves this target as the main part of their nutritional regime' (1999: 531). And like McKie's informants, this was something they had been brought up on. If they *chose* a convenience meal, it was as an occasional alternative. 'But it's a different, throwaway attitude today', said Hettie.

As they talked, the younger members listened to these stories of local 'alternatives' to the shop-bought lasagne, but eventually contested the issue of access – of the difficulty that today's disadvantaged families have when trying to buy good, cheap food – the older women responded with qualified sympathy. After all, they had discussed such issues in sessions on 'health inequalities'. Jean, Hettie and Eva agreed that, yes, the supermarkets could do more to make fresh ingredients cheaper and that shopping might be difficult without a car, but still would not accept that feeding the family could be compromised upon. What they did – what perhaps the 'experts' alone cannot do – is directly challenge the younger women on their beliefs and attitudes to food, and to (re)situate the argument in a locally meaningful way.

Symbolically, we returned to the takeaway. 'We had to make do years ago', Eva said, and recalled the allotments that local families would cultivate to stretch the budget. But then Eva started to laugh. 'I've tasted grouse, partridge, the lot', she said. When we all looked suitably impressed, she giggled again, and added with an exaggerated wink, 'all free'. Perhaps, she admitted, certain 'make do' options were unavailable to today's young parents.

## Discussion

'Food is a quintessential symbol of *identity* – we are what we eat – both individually and culturally' (Delaney 2004: 275). In the West, dominant cultural dietary habits have been shown to be a major factor in increased morbidity and reductions in life expectancy, especially for the more disadvantaged sectors of society. Concern for the long-term health of the youngest generations is particularly high (Viner and Macfarlane 2005). We have sufficient evidence to conclude that some cultural attitudes toward food – membership-defining or not – need to change, but even in the face of such evidence, we cannot assert that all knowledge within the community is 'bad knowledge'. Community health development approaches have shown that by working with community members to build on local cultural attitudes and values, in order to establish mutually acceptable and beneficial changes to lifestyle behaviour, is potentially more productive than the delivery of extra-locally derived, didactic methods of health promotion (e.g. Bandura 2004; Gilchrist 2003; Henderson et. al 2004). The women whose observations prompted this article have shown that there is potential for their more traditional values to contribute to the changing of attitudes toward food within local culture. That this potential should emerge also 'incidentally' as part of a wider health development project is, I would argue, symptomatic of the more general issue of the women's status as members of the 'older generation'.

And food, said Powdermaker, 'has a social role' (1997: 204). In so-called small-scale societies, it works as a marker of social relationships, subject to cultural rules and rituals in both its production and distribution. But in Western contemporary society, the intimacy of that role has become disrupted. Instead of social mediator, it has become a marker of the key theme of our age – consumption – in marked contrast, Powdermaker added, 'to the not too distant past, when saving and thrift were among the prized virtues' (ibid: 206). But the

research presented here has demonstrated that some of these older values may remain intact among members of contemporary communities. My own informants' words point to a concern for thrift, and s focusing on healthy eating for the older generation reveal a concern for freshly cooked, 'proper' meals. Howarth found that among the older generation in a London working-class community, food and cooking was used as a mediator for social support, economy and for combating loneliness: 'it was commonplace for neighbours to cook and shop for each other, share meals and exchange food favours' (in Herne 1995: 17).

Yet in her more generalised study of the eating habits of the poor in the U.S., Fitchen showed that those on lower incomes are persuaded to demonstrate their membership of a wider, dominant culture by selecting the contemporary preferences for junk, fun or snack foods (1997: 394), thus turning their backs on potentially healthier 'cooked from scratch' options. And Bordo suggests that it is through food and diet that we express, in part, the need for instant gratification that is a symptom of consumer capitalism (Bordo 1995: 199). Alternatively, 'healthier' foods may be rejected because of their association with wealthier classes. Some younger informants indicated that peer pressure had been brought to bear on them, when they began to cross such social boundaries by shopping and eating differently (and that, when this happened, the support of their *Healthy Living Initiative* activity groups was vital in maintaining their resolve).

Of necessity, given the incidental nature of the data, terms such as 'healthy' and 'proper' have gone somewhat unchallenged in this article. There is little doubt that if Margaret, Jean and Hettie's ideas of a healthy diet were analysed, they would be found wanting when compared with current advice. But that is not the point of this . Advice on eating healthily is provided by the appropriate professionals attached to the community development team. What Margaret and her colleagues offer is locally derived support for change, and what these conversations and comparative research show is a generational difference in attitude to food, its preparation, and its social role. Given that this alternative, apparently more resistant and 'older' knowledge resource on attitudes to food and feeding exists within the community, along with a confidence on the part of the owners to exercise that alternative, might I suggest that community-based health projects aim to tap that resource and perhaps help to counter the effects – whether that be through imitation or rejection – of the wider, and more dominant, culture in disadvantaged communities?

The observations and contributions made by Margaret and her colleagues are possible because they remain an active part of the community. Within the groups I have worked with, the older members are not characterised as 'old', and therefore as 'Other': on the contrary, through working together the younger members of the groups have learned to appreciate the life experience of the older members. And neither do the older members, as still-active members of the community, require – yet – advice particular to their age. In a piece on food choice among the elderly, Sally Herne concludes that the elderly are among the poorer sections of the community, and that various barriers exist which constrain their food choices (1995: 14). But much of what she argues is relevant to the majority of residents of the disadvantaged communities in which these women live, and to theorising on health inequalities in general, irrespective of a person's age. And so, whilst acknowledging that some older members of the community at large may require specific dietary advice and assistance, Herne's remarks would support my

hope that community-based intervention projects aim toward an inclusive, or what Giles and Reid (2005: 1) call a 'lifespan communication', perspective.

Intergenerational or community development projects go some way to offering a more integrative approach, but constraints in terms of resources persist, and published research on programme outcomes remains somewhat limited (see Howse 2003). Furthermore, the necessary requirement for practitioners and responsible agencies to deliver 'evidence based' health advice has until relatively recently restricted the potentially beneficial interplay with local or community-based knowledge. The context is changing: '[i]n practice', say Tang et. al., 'it is important to note that evidence alone cannot constitute effective practice, as is the case of evidence based medicine' (2003), but externally produced 'knowledge' still risks devaluing the potentially persuasive 'knowledge' held within the community. Jean and her friends have shown their concern for the younger members of their communities, should food- and feeding-related skills suffer further deterioration, and Margaret's story has demonstrated that her memories and experience, when related to the younger members of the group, have been eagerly consumed and tentatively mimicked.

But for the moment, a paradox exists. The potential for food again to be a mediator of social relations exists within members of communities, but those members tend to be categorised by existing health promotion intervention as older and 'Other' and they and their potential is thereby silenced. But the 'older' women that have featured in this article are ready enough to share their knowledge – they are not displaying the tendency to conform to the 'ageing' stereotypes hinted at earlier. Rather, they are active, engaged and contributing community members, in control of their lives, who have demonstrated their willingness and ability to support interventions that aim to challenge dominant 'consumer' attitudes to food, and to reintroduce their younger neighbours to a social role for food that is locally relevant. In similar vein, perhaps tapping this local resource – through 'healthy eating' interventions – would help 'reconnect' society at large with this often marginalized 'older generation'. And I would finally conclude that working with and learning from them, by 'seeing' and hearing them, reminds *us* to go back to basics and always to challenge our definitional categories.

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## POVZETEK

Članek problematizira razvrščanje ljudi v starostne kategorije pri izvajanju zdravstvene vzgoje v lokalnih skupnostih in kliče k premisleku o pristopih za raziskovanje tega problema, saj starostno razvrščanje na eni strani lajša prakso, po drugi pa tvegamo, da se zaradi razvrščanja spregledajo pomembne lokalne veščine. Če ljudi označimo za »starejše osebe« ali podobno, to sicer lahko pomaga pri načrtovanju storitev zanje, hkrati pa lahko pomeni tudi konec njihovega plodnega sodelovanja pri razvoju lokalne skupnosti. Avtorica zavzema stališče, da lahko starejši odigrajo pomembno vlogo v prehransko-zdravstveni vzgoji in pri ponovnem medsebojnem povezovanju članov skupnosti med seboj in prek hrane.

**KLJUČNE BESEDE:** starejši ljudje, lokalna skupnost, zdravstvena vzgoja, neenakosti v zdravju, socialna vloga hrane, marginalizacija