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Fostering healthy ageing through understanding food coping strategies

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Purpose – Preventative public health policies often rely on objective criteria to identify people in vulnerable situations. Age is one of the criteria when investigating the risk of malnutrition associated with ageing. By looking at changes in the food practices of individuals as they age, the paper seeks to contribute to more precise targeting of older adults in view of the dynamic nature of ageing.

Design/methodology/approach – From a theoretical perspective, this research is based on the life course paradigm. Data were collected from 42 semi-structured interviews with retirees aged 60 and over.

Findings – The results show that some ageing events lead to immense reconfigurations of individuals' lives, implying changes as prior food practices are extensively replaced by new ones ("rebuilding after a tsunami"). Other more diffuse and gradual effects of ageing lead to adaptations of previous food practices and, in a more localised way, areas that can be targeted by healthy eating campaigns ("plugging the gaps"). Lastly, this paper shows that a normative perspective can help endorse a new social role ("getting into character"), and that relying on their human capital ("it's a matter of perspective") can help people cope with new age-related mindsets.

Practical implications – The study identifies social, biological, and psychological events related to ageing that have an impact on food practices, as well as moments and milestones for developing public policy campaigns to promote healthy eating.

Originality/value – The study gives insights into the place of food in the process of coping with ageing, showing that food can be either a problem to solve or a resource to help cope with social or psychological imbalances. The holistic view adopted contributes to identifying other events that impact food practices (and consequently health) during the ageing process.

Keywords – Ageing process – Elderly – Coping strategies – Food practices – Public policy

Paper type – Original article

Malnutrition is highly prevalent in the elderly population (Clarke et al., 1998; Vesnaver et al., 2015; Söderström et al, 2017). Not only do the elderly tend to eat less, but Ocean et al. (2019) also note a deterioration in the quality of the food they eat. This affects both their state of health and their psychological well-being. It is thus necessary to foster preventative actions starting with encouraging healthy eating, as highlighted in the "Decade for Healthy Ageing" programme (World Health Organisation, 2020). Nowadays, public health advice is delivered by a wide range of stakeholders. Various means of communication are deployed, especially via digital resources. Despite this diversity, the criteria for identifying individuals in need often focus on general objective factors, notably age. For example, to promote prevention programmes for the elderly, the United Kingdom and France offer regular free check-ups around the age of 40 and 65, respectively. However, these campaigns do not take individual

health into account which is the outcome of a specific pathway determined by individual biological, psychological, and social factors (Herman et al., 2014). It is therefore important to develop an approach that combines an objective criterion such as age with a more experience-based one, identifying factors that can help stakeholders to preventatively intervene with the target groups at the most appropriate time (Winter Falk et al., 1996; Sobal and Biscogni, 2009).

The purpose of this paper is to examine changes in food practices, taking the realities experienced by individuals into consideration in order to understand whether and how food practices evolve with ageing. In other words, it identifies moments in the lives of senior citizens (life events and social role, changes in human capital related to ageing) and the different reactions (coping strategies) that lead to changes in food practices.

The paper utilises the Life Course Paradigm (Moschis, 2007), a general consumer behaviour model organised around the notions of stability and change, and underpinned by the fact that life events, whether experienced in a positive or a negative way, modify mindsets and actions (Andreasen, 1984; Prakitsuwan and Moschis, 2020). While ageing is marked by numerous events related to health and social ties, it is useful to examine adjustments to food practices in the light of these life events, and the psychological processes that reflect how people experience them.

The current findings contribute to the extant literature on theoretical and managerial issues. First, they confirm previous works suggesting that we need to look beyond age to understand the purchasing behaviour of older people. Specifically, we identify various imbalances generated by ageing, including biological, social, and emotional imbalances. Second, we highlight how food is not only directly affected by these imbalances but also used as a means to cope with them. Thus, the research makes a theoretical contribution by emphasising the role of food as both a resource and a problem in the process of ageing and coping with related challenges. In addition, the findings offer practical implications for improving preventative health policies targeting older adults. First, they point out how 'tsunami' events require preventative health policies that help reorganise the resources and eating habits of the elderly to maintain a balanced diet. Second, the results highlight that gradual changes are less visible but have dangerous long-term effects, underscoring the importance of targeting family and friends to help them detect these changes and facilitate the maintenance of shopping and cooking routines. Finally, the research suggests leveraging emotional dimensions to predict responses to public health campaigns.

LITERATURE REVIEW

The present paper examines changes in food practices in later life based on the Life Course Paradigm (LCP, Moschis, 2007). The LCP explains how life events modify consumers' needs and behaviours. Indeed, life transitions are occurrences that elicit changes in an individual's perceptions and in the organisation of their roles, resources, and central relationships (Hopkins et al., 2006). Individuals lose their usual points of reference and enter a period marked by stress that requires adaptation in order to create a new balance. The development and changes in patterns of thought and action may be viewed as an outcome of adaptation, involving processes of development/growth or decline (human capital perspective), socialisation (normative perspective), and coping responses (stress perspective) (Moschis 2007). The following sections organise the academic literature on malnutrition in older adults around the LCP framework.

Human capital perspective

Human capital refers to capabilities, resources, qualifications, skills, and knowledge that people acquire in the course of life. Accumulated over an individual's lifetime, this capital inevitably shapes thoughts and actions. Malnutrition risk factors in the elderly are essentially due to a degradation of part of this capital (Hickson, 2006). For example, the loss of income inherent to retirement can impact the budget devoted to food and lead to a decline in the quantities purchased - particularly of animal proteins (Allais et al., 2020) and increased attention to the quality-price ratio (Hunter and Worsley, 2009). Ageing is also characterised by a gradual loss of social roles and relations. Thus, losing a partner often leads to a decline in eating as the loss of commensality is combined with sadness, suffering, and even depression (Heuberger and Wong, 2014). Moreover, the bereaved person will need a period of adaptation to reorganise their food practices before finding new stability and greater satisfaction (Vesnaver et al., 2015).

A large body of the literature on nutrition and gerontology points to the effects of declining physical and physiological capacities on eating practices. Neurochemical changes in olfactive and gustative sensorial perceptions (i.e., a reduction in the intensity of flavours after 60 years old) result in less appetite (Elsner, 2002; Doets and Kremer, 2016). Biological ageing is also characterised by reduced salivary flow and loss of dentition, making it difficult to chew and swallow, again resulting in lower food intake (Mojet et al., 2001). Loss of appetite may also be due to reduced energy levels. As people become less physically active, they eat smaller quantities, and cooking may be viewed as a chore (Chatindiara et al., 2020). Finally, articular or muscular problems can result in difficulty getting around, so procuring food consequently becomes more challenging (Jackson et al., 2019). Physical disability can also be a handicap if it prevents a person from sating their hunger, which may be the case if they find it hard to use cutlery, for instance (Edwards et al., 2017).

In addition to a loss of resources and capacities, LCP suggests that older consumers' needs and behaviours may be explained by changes in socialisation: the normative perspective.

Normative perspective

The life course is viewed as a set of multiple social roles in that an individual's behaviour and interactions with others can be explained at a social level. Events – such as retirement, birth of a grandchild or death of a spouse – serve as markers of the transition into important social roles, e.g., retiree, grandparent, widow(er) (Elder et al., 2003). People will then behave in accordance with these social roles, based on social expectations and the impression they wish to make on others (Goffman, 1959). However, elderly people find themselves in a social system that often takes away their social roles (Cumming and Henry 1961). The normative perspective is considered when researchers investigate the identity negotiation between the lived situation and the stereotypes of ageing. In the literature on food practices of the elderly, much of the work has focused on frail individuals who have no choice but to delegate their food choices to others (family, neighbours, health care personnel, care service company). It is in such cases that conflict may arise between the choices made for elderly individuals and their own values and preferences (Kim, 2016), a situation that is particularly difficult when the delegated tasks were central to daily routines and organisation (e.g., cooking a meal) in the former life (Dyen et al., 2022).

The last perspective of the LCP concerns coping with stress, which is explored in the following paragraph.

Stress perspective and the SOC model

At this stage, the LCP provides a framework for organising the literature on malnutrition risk factors among the elderly. These risk factors arise from two main drivers: either a loss in human capital - in the form of a decline in physiological and physical capabilities, a decline in social relations and/or a decline in disposable income, all involving a loss of social roles. In addition to this model, which explains why events change behaviours in the medium and long term, it is interesting to opt for an approach that focuses on the way elderly people experience these losses and how they cope with them. We thus need an approach that emphasises coping strategies, defined as all cognitive and behavioural efforts required to control, reduce, or tolerate internal or external demands that threaten or exceed an individual's resources (Lazarus and Folkman, 1984). We should note that in the case of older people's food practices, it is not so much the changes in lifestyle and physical condition that are liable to deteriorate the nutritional status of the elderly, but the stress generated by these changes (Payette et al., 1995). In this respect, the Selection Optimisation Compensation (SOC) model (Baltes and Baltes, 1990; Freund and Baltes, 1998; Young et al., 2007) appears well suited to understanding the coping strategies of older age groups as it focuses on why individuals seek to Select, Optimise, or Compensate for lost resources (where other models may combine resource-based and emotions-based coping, for example (Lazarus and Folkman, 1984)). Faced with ageing marked by shrinking resources, individuals may opt for certain goals to the detriment of others (selection), or decide to make more effort, even if it means changing the way they do things (optimisation), or else find new resources (compensation). Combining the LCP and the SOC therefore allows us to examine the extent of resource disruption and the strategies used to compensate for this disruption.

Understanding the mechanisms by which individuals select, optimise, or compensate for lost resources in their human capital and/or social role models, and especially the goals they seek to achieve, can throw light on their actions and mindset. This approach provides insights into why older people value routine in their eating habits, since it allows them to maintain continuity in their lives in a context of loss of other reference points (e.g., Plastow et al., 2015; Guillemot et al., 2022). It also explains why respect for traditions, customs, and habits is especially important for older adults (Doets and Kremer, 2016; Thomas and Emond, 2017; Van Den Heuvel et al., 2019).

To sum up, the present paper examines changes in food practices in later life based on the LCP. This is useful for formulating public health recommendations based on what people actually experience. Focusing on overall food practices that can be the object of public health prevention, we examine not only the food eaten, but also shopping and cooking practices that have an indirect impact on the quality of food (Chatindiara et al., 2020). We also include the temporality of meals and commensality insofar as these aspects are linked to better health through sociability (Douglas et al., 2017). From a social marketing perspective, a better grasp of how food practices ensue from the impact of various events can help to develop more targeted and progressive prevention campaigns aimed at seniors, and to foster the coping strategies that can prolong their health as they get older.

METHODOLOGY

Study context: food practices of the elderly in France

Our study was conducted in France, a country where more than 25% of the population will be over 65 in 2040 compared to 20% in 2019. In the same period, the percentage of over 75-

year-olds is likely to increase even more, rising from 9.4% to 14.5% (Sadana et al., 2018; Organisation for Economic Co-operation and Development, 2011; French National Institute of Statistics and Economic Studies, 2020). These trends are similar in all European countries, leading governments to look for ways to limit the growth of health care spending (Wang and Wang, 2021). To support its ageing population, the French government has based its policies on a report published by a panel of experts in 2019. The *Rapport Libault* (Libault, 2019) stresses the importance of anticipating and taking preventative action, notably by monitoring the weight of elderly people. In addition, France launched a national nutritional awareness campaign in 2001: the *Programme national nutrition santé* (PNNS - National health nutrition programme) which describes the classes of foods that should be eaten, the daily organisation of meals, and foods that should be restricted. The PNNS draws particular attention to the risks linked to weight loss in the elderly, the main proxy in assessing the healthiness of older people's food consumption and habits.

Data collection: semi-structured interviews

The aim of the data collection was to understand how and in what ways the ageing process leads to changes in food practices. To this end, we adopted a comprehensive qualitative approach using the life stories method: “*there is a narrative when a subject tells another person, researcher or not, some episode of his lived experience*”¹ (Bertaux, 2016 p. 36). This allowed us to observe trends, understand the origins of events, and identify their consequences (Özçağlar-Toulouse, 2009). 42 semi-structured interviews were conducted in France with retirees (9 men and 33 women) aged between 60 and 91 years (average age: 76.4 years) (Appendix 1). These two criteria (people over 60 and retired) are generally combined to define the elderly in marketing research in France (Guiot and Urien, 2012). Retirement is an age-related milestone event, with the average age of retirement in France at 60.8 years at the date of the interviews (Organisation for Economic Co-operation and Development, 2021). The sample population was selected less to guarantee statistical representativeness than to provide significant diversity in life trajectories and thus to inform our study objective in as rich a way as possible. Consequently, we were careful to vary the socio-demographic characteristics such as age, marital status, and place of residence in order to obtain a variety of life course events, according to the illustrative sampling method (Turrentine and Kurani, 2007). Our sample includes a majority of women as they are generally the ones in charge of food in the generations under study (Poulain, 2013; Wolfson et al., 2021) and so were best able to inform our study objective. Recruitment of the respondents was by word of mouth and through associations for retired people (sports or cultural). The interviews aimed to identify where, with whom, when, and according to what criteria food practice choices were made, whether in terms of shopping, preparing, and/or eating. In addition to the issues addressed that sought to garner the most exhaustive description of food practices, the interview guide encouraged respondents to describe their present and past practices. For some, the memory and reflexivity exercise was not easy. Thus, in a first step, we got the respondents to describe highly factual aspects of their present-day life. Indeed, starting with descriptive facts such as “*tell me how you organise yourself to do the shopping?*”, we were able to gradually engage with the description of practices. We then invited the respondents to explain, point by point, how these practices differed or not from the past. In a third step, and based on these relatively factual elements, we began the more reflexive work, which involved tackling the sensitive issues of lived experience. Average interview length was 1 hour 15 minutes (between 20 minutes and 2 hours 30 minutes).

¹ Quote translated by the authors

Data analysis

The interviews were all fully transcribed (1765 pages). The data were analysed in French - the language in which the interviews were conducted - and translated into English at the end of the publication process. First, changes in food practices were identified and coded according to a matrix constructed *a priori* into 5 categories: (1) Temporality of meals, (2) Commensality, (3) Cooking, (4) Quality of food, and (5) Shopping. Within these categories, the changes observed differ in nature (e.g., frequency, preference). These changes were then compared with the PNNS recommendations. The analysis shows that while changes sometimes correspond to a deterioration, they also correspond to an improvement at times (Table 1).

Table 1. Changes observed in food practices

Practices	Changes observed
Temporality of meals	-Frequency (some meals are skipped) -Time (mealtimes are earlier, later, or more flexible) -Duration (longer or shorter)
Commensality	-Number of people eating together daily (fewer or more), and relations with these people (frequency of social meals more exceptional)
Cooking	-Frequency (preparation tends to be done in stages) -Preparation time (longer or shorter) -Degree of elaboration of dishes (recipes are simpler or, on the contrary, more sophisticated)
Quality of food	-Type of food (less of certain products - e.g., meat, charcuterie - or more of certain types of food - e.g., dairy products, fruit and vegetables) -Production methods (e.g., preference for organic products)
Shopping	-Frequency of shopping trips (fewer in order to reduce trips to shops or else more often to make the average shopping basket lighter) -Favourite shop (closer) -Preferred form of transport to go shopping (e.g., greater use of car, waiting for friends or family with car)

The events that generated these changes were then identified in the respondents' discourse and coded by two researchers independently. 10 key events were identified; 5 concerned social events (retirement, death of partner, children leaving home, becoming a carer, becoming a grandparent), 4 were biological in nature (health incident, tiredness, less physical activity, decline in physiological functions), and 1 was psychological in nature (relationship with the time remaining to live).

Following this, the authors performed a matrix analysis linking events and biological evolutions to changes in food practices. Within the cells of this matrix, the authors adopted an interpretivist approach (Charmaz, 2000) to understand the mechanisms by which the trajectory diverged between the events causing the changes and the changes themselves.

FINDINGS

Table 2 presents the matrix that links the observed changes in food practices to the events that caused them - as perceived by the respondents. The processes that explain these relationships appear to differ in nature: (1) Selecting new food practices in response to an imbalance due to a new life configuration; (2) Optimising and compensating existing food practices when there is an imbalance due to gradual changes in circumstances; (3), Relying on

normative perspectives to adopt new food practices related to a new social role; and (4) Relying on human capital to adopt food practices in line with a new state of mind. All these factors are detailed in the following sections.

Table 2. Events leading to changes in food practices

The figure in brackets corresponds to the number of verbatim associated with each event or each change in food practices. Thus, for example, changes in meal temporalities, 26 of which refer to the impact of retirement, 10 to the loss of a partner, 6 to children leaving home, and 6 to less physical activity.

Main changes in food practices mentioned at least 5 times	Main events affecting behaviour (number of verbatim)	Examples of verbatim
Temporality of meals	Retirement (26)	<i>“I take my time over breakfast if you like. It’s something we used to grab on the run so as not to be late for work, but now we can take half an hour, three quarters of an hour over it, maybe with the newspaper [laughs]!” (François)</i>
	Death of partner (10)	<i>“Well, I have to admit that since my husband is gone, died, I eat a bit strangely, let’s say. When I feel like it. At least, it’s still vaguely a meal at lunchtime, then another in the evening. But it depends.” (Berthe)</i>
	Children leaving home (6)	<i>“We’ve been eating at 1pm for many years. [And when the children were there, was it also like that?] No, maybe, we tended to eat there. Although we only ate here at the weekend, so no, I guess we didn’t eat before 1pm either.” (Henriette)</i>
	Less physical activity (6)	<i>“In the evening, we ate in the evening, but well... you know, we’d eat a little bit more than now because, well, now we eat less in the evening, but before, we were young and so of course we ate... and then often, when the children ate at the canteen other times, so in the evening we’d have a meal and I’d have some left over for lunch the next day. [OK. Because before you were hungrier in the evening or it was different?] Yes, hungrier, yes. We tended to eat more in the evening. Because, well, at midday, we used to eat a bit more on the run, or not so much and it’s true that after, in the evening, well, there you go” (laughs). (Maryse)</i>
Commensality	Retirement (25)	<i>“It’s... when I was working, I had to do that kind of thing because there were often meals, things like that, when we ate with people we didn’t really know. Now, I don’t really want to force myself to do things I don’t feel like doing.” (Françoise)</i>
	Death of partner (11)	<i>Sometimes I invite people, from time to time, but it’s rare. But you find yourself getting a meal ready on your own when you have people round. When these people are sitting at the table, you’re over there in the kitchen. You don’t have anyone to give you a hand. [And that’s different from when your husband was there, for instance?] Oh yes! Because, well, there was someone at the table with the guests.” (Michelle)</i>
	Children leaving home (10)	<i>“[And it’s because you put it in the kitchen that it’s more and more present at the table, this TV?]. No, perhaps not. It was gradually after the children grew up ... [Because when there are children, you didn’t eat with the TV on at the table?] No.” (Marie-Pierre)</i>

	Carer (partner or someone else) (5)	<i>"I used to invite people a lot, I still invite people, but a bit less though because first, it's a little bit heavy with my partner; I have to do a lot for him really."</i> (Paulette)
	Health Incident (12)	<i>"Because of the analyses, [I] clearly saw that I had to reduce at least some of my fat intake to try to lower my cholesterol level [...]. Sometimes there are people I go and eat with and at times I find it boring. And so sometimes I find a pretext not to go because I know that they eat fatty foods."</i> (Norbert)
Cooking	Retirement (19)	<i>"Not necessarily. No, I think that now I'm retired, if I don't feel like cooking, I take my time to cook. So yes, maybe before I made dishes that were quick, but now, no."</i> (François)
	Death of partner (16)	<i>"And now that I'm on my own, it's even less. I hate cooking now I'm on my own."</i> (Geneviève)
	Children leaving home (19)	<i>"I didn't really enjoy cooking fancy dishes when there were the 2 of us. Casseroles, stews, everything that was meat in sauce, I didn't really enjoy doing any of that anymore."</i> (Geneviève)
	Carer (partner or someone else) (5)	<i>"Well, yes, so, for 3 years, we went there 10 days a month. My husband was really kind, and so he'd cut the grass while I managed the food and the shopping for mum. We lived with my mother..."</i> (Geneviève)
Quality of food	Death of partner (6)	<i>"Ah, I eat less fatty food! Because when my husband was there, he liked fatty foods, but it's true that we didn't eat the same way. So now I just think for myself."</i> (Marie-France)
	Grandparent (7)	<i>"Because our daughters buy organic, so when we have the grandchildren, well we buy organic milk for them, but then we started to buy it for ourselves too."</i> (Sandrine)
	Health Incident (79)	<i>"Because of my heart, as I had a heart operation. Well, it was some time ago, but I don't remember anymore. [...] Since my operation, my health... I'm like... then, I don't eat the same way. Everything has to be minced or in compote or yogurts or things like that. I've got some fruit there, but I have to wait, I have to peel it and then I mash it."</i> (Christiane)
	Tiredness - Lassitude (6)	<i>"But we take care, we don't eat too much charcuterie, not too much bacon. [...] [since when, always?] ...] No, after 60 years old [Why?] Because we're more at risk after that."</i> (René)
	Less physical activity (8)	<i>"We eat very little meat in the evening... Yes, it's a bit rich, it's true. Our stomachs get smaller too, I think, or else we don't feel like eating anymore..."</i> (Françoise)
	Decline in physiological functions (16)	<i>"Well, tins of baked beans or ravioli, things like that, it's stuff I don't eat anymore... because tinned stuff, I don't like tinned food anymore."</i> (Henriette)
	Relationship with the time remaining to live (49)	<i>"We are what we like, everyone lives and eats in their own way, but as I said earlier, they say that when we live, we're condemned to die, in other words, all of us, in a more or less long time, will disappear one day, so I go by the principle that when we're lucky enough to be in good health, I always say we should never sit around and wait, because some people say, well yes, put it to one side and don't enjoy the little pleasures of life, the little joys, and I always say, we should</i>

		<i>never sit around waiting, and I'm talking about enjoying food."</i> (Jean-René)
Shopping	Retirement (23)	<i>"I do a drive-in shop once a month for the big things, but otherwise I go to the Coop or the market. [...] I don't know. Maybe when I stopped working, I didn't really take much notice of it, because I also had more time to go to the market or the Coop..."</i> (Françoise)
	Death of partner (12)	<i>"[You do your own shopping? Here?] I do my own shopping, but someone takes me, I don't have a car. [Did you do it with your husband before?] [...] Yes. He would drive me and everything."</i> (Annie)
	Grandparent (8)	<i>"It's my son's son, the young one. Now, he's in Montpellier at the moment because he's doing an internship there. But otherwise it's often him who takes me [shopping]. And so he makes me laugh because sometimes he looks at the list and he says to me 'hey, gran'ma, have you seen the list, it's got longer, hasn't it? We have to go to the supermarket.' That's because sometimes, when we go together, I buy him a few bits and pieces because he lives alone."</i> (Rose)
	Carer (partner or someone else) (8)	<i>"My mother-in-law... was born in 1900 so she was already quite old, and she couldn't drive, and I did the big shop for her. Let's say, she could get the small things, but afterwards she had problems. She had glaucoma and she couldn't see properly and all that, she couldn't see anymore."</i> (Viviane)
	Tiredness - Lassitude (5)	<i>"Now in Carrefour they've adopted a system of... what do you call it? A scanner. When I go shopping, I scan each item, I put it in the caddy and when I get to the check-out, I don't have to carry it (i.e., unpack and pack) at all"</i> (Marie-Pierre)

Rebuilding after a tsunami: selecting new food practices

The first configuration observed is when life events are at the origin of a restructuration around new practices and respondents adopt so-called 'selection' coping strategies, whereby some food practices are abandoned and replaced by new habits as the configuration of their life changes. As such, our results are consistent with the literature: these new life configurations are the result of major changes in the individual's social role (retirement and widowhood) or are linked to a health incident (i.e., diagnosis of a serious illness, a crippling fall). By modifying individuals' daily organisation, such events lead to changes in the quality of food intake, the temporality of food practices, shopping practices, and commensality. To illustrate this, Anita explained how becoming a widow altered her food practices. Concerning shopping, for instance, while in the past she planned *"her menus for the week,"* she explains that: *"now, I go, and I don't know what I've bought anymore."* In other words, she acknowledges a form of disengagement with regard to her food. Moreover, her husband's death affected the social dimension of her food practices. For instance, she often invited people when her husband was alive as *"he loved, he just loved having people round, he didn't like going to other people's, that annoyed him, but he loved inviting people"*. Now, as a widow, she feels excluded from some circles of friends, and says that *"I'm not really invited anymore nowadays."* If such events are considered in the literature to have a high potential for malnutrition, it is because they generate many reconfigurations that affect all food practices, as shown in Table 2 when we see the number of verbatim in this sense.

The present research highlights another life event that (to the authors' knowledge) does not appear in the literature, but which tends to generate such reconfigurations, in other words, becoming a partner's or a parent's carer if the latter becomes dependent. This situation concerned few people in our sample (Paulette, Viviane, and Geneviève), but its effects on food practices are multiple in terms of commensality, shopping, and cooking. For example, Paulette relates how having to take care of her partner involved constraints and reorganisation that made social moments around food difficult: *"I used to invite people a lot, I still invite people, but a bit less because first, it's not easy with my partner. I have to do a lot for him really."* (Paulette).

Plugging the gaps: optimising and compensating existing food practices

A second mechanism liable to explain changes in food practices in the course of ageing is the optimisation/compensation of existing practices (e.g., smaller quantities, meal frequency). For example, *"I eat a little less. [...] I also choose products that don't contain too much sugar because I don't like it anymore as I get older"* (Viviane). These changes are considered as progressive insofar as they are linked to outcomes of the gradual biological ageing process, such as tiredness, reduced activity, declining senses. It correlates with the literature that presents this progressive coping behaviour as an important risk factor leading to malnutrition. Our findings raise two important points.

First, this coping process is partly "invisible". Indeed, compared to the events presented as "tsunamis" in the previous section, such progressive evolutions were mentioned far less often in the respondents' answers. When made, the respondents added the links retrospectively, that is, once they had adapted the practice: *"It's true that I started getting rheumatism in my hands, so I stopped cooking as much"* (Germaine). This section thus reflects the notion of "gaps" that individuals fill in little by little, without necessarily realising why.

Second, these evolutions in practices are not perceived as negative. On the contrary, they are sometimes even experienced as a relief (although the literature presents them as a threat): *"Yes it's true that I enjoyed cooking, yes. But it's also true that I'm glad I no longer do it. [...] My arms hurt. Everything is heavy"* (Yvette), or *"I don't drink milk anymore. No, it's because it's sold by the litre, and a litre is still heavy. [...] But I found a trick! I buy powdered milk. At least that's light. It's much better"* (Geneviève). This discourse is not only about the "logistical" aspects of food but also concerns its social aspects. For example, shared meals are complicated for Marie as she cannot hear well when there are a lot of people (*"too much buzzing"*), while Denise avoids some shared meals as she is not sure she will manage *"to cut the meat"*. Both of these people are thus relieved to eat less in public due to social factors.

Getting into character: relying on a normative perspective

The findings highlight a third mechanism through which food practices evolve. Social roles can change during the ageing process due to the lives of relatives. The two main events identified are first, children leaving home and second, becoming grandparents. In both cases, the results show that some specific food-related norms present a way to endorse these new roles.

Rose explains: *"When I had all my children, every Sunday I made a cake for dessert. [...] That's obviously changed now that I'm alone, I don't make them anymore."* She adds that, above all, the symbolism around this practice has evolved: formerly routine, it is now a source of nostalgia for the time when the children were there, but also a shared family memory that is a vector of moments of exchange: *"Yes, when the children come to visit me, I sometimes make them again [...] And sometimes we make them together. The other day [my daughter] called me*

and said: 'Mum, I have some dough, if you want, I'll bring it and we'll bake a cake together' [...] So, these are interesting moments of sharing, things we didn't do before." In this sense, some practices seem to embody adoption of the new social role, as in this specific case, the mother who takes care of her family "as before", reproducing a kind of ritual.

In the same vein, the results show that becoming a grandparent changes the norms around food practices, and endorsing this new role can imply increased attention to healthy and natural foods, which can both serve as an example to the grandchildren and help to preserve the grandchildren's health. As Table 2 shows, the changes are related to shopping (moments shared with grandchildren) and to the quality of food. This food socialisation can also be "reversed" when the grandchildren's food practices are transmitted to the grandparents. Illustrating this point, Sandrine explains that she started eating organic food when she had to look after her grandchildren, who themselves only ate organic food.

It's a matter of perspective: relying on human capital

The respondents' discourse revealed an effect of ageing on individuals' relationship with the time remaining to live. The findings indicate that food is a means of responding to the way in which we envisage our remaining time. This can generate cognitive coping, such as either the incentive to stay healthy or the determination to enjoy the time left to live. These psychological adaptations have an impact on choices related to nutritional features of food.

The incentive to stay healthy is a common theme in the interviews (49 verbatim). Attention to food quality is a plan used by many respondents to prevent illness and/or to age serenely. Several respondents alluded to the intention of making changes to their diet, or to changes already made in a bid to age well. Anita explained that she wanted to take care of her health by starting the Cretan diet: "*I'd like to go on the famous Cretan diet... Olive oil with lots of dried fruit, almonds, nuts, things like that, lots of vegetables. [...] for a certain age, it's better. Well, I try to do it anyway.*" Without completely changing her diet like Anita, Marie-Ange buys certain healthy foods and has reduced her intake of processed foods in order to stay healthy. Marie-France, on the other hand, has started to reduce her consumption of charcuterie "*because I'm getting older and I think I need to take care,*" a concern shared by the couple Myreille and Juan: "*Now we have to be careful.*"

On the contrary, some explained that seeing the end of their life arrive made them want to make the most of it and enjoy the last pleasures left. Thus, Jean-René does not follow all the instructions he has been given to reduce his consumption of certain products (e.g., butter), insisting several times during the interview that "*we should never just sit and wait to enjoy food,*" and "*life is too short, it's true. After being ill, I said to myself, life may seem too short, but now I have the chance to carry on, well, we have to know how to make the most of the present moment, whether it's food or any other... leisure activity.*" Marie-Pierre, who has many dietary restrictions due to age-related weight issues, is very careful of her diet but says she does not want to give up the little pleasures like the *kir*² she shares with her husband at the end of the day. Finally, Marie-Thérèse told us that when "*we have less time left, we mustn't sacrifice everything*" while Paulette, determined to make the most of the time she has left, noted that "*today is the last day of the rest of your life.*"

² A mix of wine and blackcurrant liquor

DISCUSSION

This article adopted a more experience-based approach to public health, taking the life courses of individuals into account. It suggests ways of reconciling the general population approach needed in public health with consideration of the realities experienced by older people.

The French case studied within the framework of the LCP thus shows that the different areas targeted by campaigns promoting healthy eating (shopping, cooking, eating) are affected by ageing. More precisely, it shows that some ageing events induce massive reconfigurations of individuals' lives, implying changes to the different facets targeted by campaigns by substituting many routine food practices with new ones (*“rebuilding after a tsunami”*). Other more diffuse and gradual effects of ageing lead to adaptations of pre-existing food practices and, in a more localised way, the areas targeted by healthy eating campaigns (*“plugging the gaps”*). Last, this paper shows that a normative perspective can help to endorse a new social role (*“getting into character”*), and that relying on one's human capital (*“it's a matter of perspective”*) can help people to cope with new states of mind related to ageing. Thus, the study offers significant new insights into the way various life events gradually and concomitantly determine food practices. From a theoretical perspective, the study offers insight into the place of food in the process of coping with ageing, showing that food can be either a problem to solve or a resource to cope with social or psychological imbalances. In addition, the holistic view adopted herein helps to identify other events occurring during the ageing process that impact food practices, and consequently health. These two main contributions are discussed below, together with the resulting practical recommendations.

The place of food in the process of coping with ageing

Mobilising the LCP, the present research investigates certain imbalances generated by ageing. Various kinds of imbalance are identified: logistical (e.g., change of rhythm with retirement), social (e.g., becoming a grandparent), and emotional (e.g., becoming a widower). While some imbalances directly affect food, others do not disrupt it directly, but food is nonetheless used as a means to cope with the imbalance (psychological or social role imbalance in our results). Consequently, echoing the literature on coping, we examine the place of food as a resource or a problem (Lazarus and Folkman, 1984) in coping with ageing. Indeed, when eating practices are directly affected by an event, the selection and optimisation/compensation of practices constitutes a coping strategy by and for food. On the other hand, relying on normative or human capital perspectives to compensate for psychological or social role imbalances shows how the norms associated with food and the diversity of attitudes towards food practices create resources for coping with indirectly food-related imbalances due to ageing.

With this in mind, and echoing the overall aim of the paper to take experience into greater account when targeting individuals for health campaigns, our theoretical contribution has two practical implications. The first is to consider the role that food can play in events or changes seemingly unrelated to food, serving as an accompaniment for ageing individuals in their new social role or helping them to cope with a change in their perception of life. In contrast to the first implication, the second implication is that we should not forget that by targeting certain food practices, we can affect the balance of individuals, whose social role or psycho-emotional balance depends on certain symbolic routines. This can be explained in particular when certain food practices echo past identities or meanings (Guillemot et al., 2022). The results of this study highlight the fact that some food practices, which could be perceived as harmful for health, can be experienced as a relief by the individuals in question.

A holistic view of ageing to better identify the events/processes causing imbalances

In illustrating the interaction effects between ageing processes, the findings contribute to the current literature, suggesting a need to address the behaviour of older adults with respect to variables other than age (e.g., Moschis, 2019; Prakitsuwan and Moschis, 2020; Kuppelwieser and Klaus, 2021). Indeed, the holistic overview adopted in this study provides a picture of the relations between ageing events and food practices, and consequently health. Tsunami events form structuring milestones in the life course in the sense that they lead to a restructuring of all or part of an individual's food practices. These include retirement, the death of a partner, becoming a carer, and major health incidents. The notion of a tsunami is relative since the imbalances caused are more or less important depending on the nature of the event. However, the mechanism remains the same since practices inevitably evolve as a result. Around these tsunami events, events related to the biological and social ageing process lead to changes in food practices. These adjustment processes are insidious as they are hardly perceptible to the individuals concerned. Finally, the study highlights the key role of the psychological relationship with time left to live. This has the effect of orienting individuals towards a healthier or tastier diet, sometimes to the detriment of nutritional quality (the health-taste trade-off, Raghunathan et al., 2006). It is important to consider these coping processes together since they interact with one another. The psychological relationship with time left to live can arise from experience of tsunami events, from gradual biological evolution, or from meanings associated with a social role (Gourmelen et al., 2016; Sengès et al., 2019). For example, if the death of a partner leads to a disruption in routines, it also leads to a change in social role (role of widow/er), with salient meanings associated with death that can generate a different relationship with the time left to live (Plaud and Guillemot, 2015).

Implications for Preventative Health Policies

In addition to these theoretical arguments, our findings point to new implications for improving preventative health policies.

First of all, tsunami events require specific vigilance. In the same way that Nutrition campaigns and Public health websites often have a section dedicated to pregnancy (a life event impacting food practices), there could be sections on retirement, widowhood, or dietary advice for carers or people with critical illnesses. For example, dedicated sections for retirement could combat the destructuring of meals and the loss of commensality by encouraging enrolment in mealtime groups, or giving tips on how to maintain regular food intake (e.g., planning small menus that can encourage people to eat, planning mealtimes into the day's schedule, etc.). For carers, dedicated advice could include recipes that help them to cook dishes which can be easily adapted to the nutritional constraints of both the carer and the person cared for (e.g. adding cheese to just half of the dish at the end of the cooking process if the cared-for person has to avoid fat while the carer is allowed to eat it). In addition, prevention by doctors could be strengthened, particularly in cases of diagnosis of major illnesses or paralyzing falls since, as our study shows, these events have an impact on the temporality of meals, shopping activities, and the quality of food, and therefore also impact practices conducive to good health.

With regard to more gradual changes, the challenge is to identify them initially as they are less tangible than events such as those described above. The study provides markers (feeling of fatigue, reduced activity, perception of failing senses) and milestones (children leaving home, birth of grandchildren), which require increased vigilance. From this improved diagnosis, targeted advice could be given to maintain the practices recommended by public health

websites/platforms. For example, if family and friends identify a drop in energy in their relative, a section of the site could warn of the impact this may have on food shopping activities and give preventative advice on measures that can help with certain activities (e.g., taking a shopping trolley to the market), or even setting up home deliveries and accompanying the elderly person in the process that is often challenging for older generations. In this respect, the Massachusetts Executive Office of Elder Affairs (EOEA) launched social media campaigns to promote food access programmes and to emphasise the need to check on the nutritional health of older neighbours (Chao and al, 2021).

Finally, the study highlights the interest of improving the characterisation of profiles of individuals based on life experience. One possible solution is to perform multi-group analyses based on life event segmentation (Mathur et al., 2005). Statistical methods for analysing critical life events (Fraser et al., 1994) can be used to this end. However, the problem with measures that capture the occurrence of life events is that they tend to be static and infer different levels of response to measures obtained at a given point in time (Moschis, 2021). Thus, in addition to a study of life events, one option emanating from this research would be to develop an understanding of individuals' relationship with the time remaining to live. Gourmelen et al. (2016) propose a measure of ultimate time pressure that includes a cognitive dimension and, interestingly, two affective dimensions - one positive (i.e., the desire to take advantage of the limited time left to live), and the other negative (i.e., fear of running out of time). The propensity to experience one or other of these emotions could help to better characterise individuals and to predict the type of reaction they will have towards public health campaigns.

In short, the implications suggest that if marketing has a role to play in implementing integrated care (Keeling et al., 2018), it is not just true with regard to medical care, but also with regard to the social context, especially to food behaviours.

Limitations and future research avenues

Specificity of cultural context: replicating the study in other cultural contexts. While the literature tends to focus on the nutritional dimensions of food behaviour, this study shows that they are not the only dimensions affected by ageing. Indeed, social aspects (cooking and commensality) are also important, with an indirect impact on nutritional quality (regular mealtimes, food diversity, respect for dietary and medical recommendations). It is true that unlike some other studies, the data were collected in a French cultural context, and that the relationship with food and health in France tends to differ from the Anglo-Saxon model (Rozin et al., 1999; Fischler, 2011). Anglo-Saxon cultures tend to consider meals as largely involving nutrition and intimacy, while Latin cultures associate food with sociability, commensality, and conviviality. As well as offering a potential research avenue, this limitation invites readers to consider the paper in the light of the specific cultural context in which it was conducted.

Beyond individuals' own experience: the role of family and friends The LCP approach led us to consider the fact that health is rooted in an individual's experience, over and above certain objective criteria such as age. The literature also shows that, as physical and cognitive abilities decline due to age, decisions may be delegated to the family. This aspect, called the "elderly consumption ensemble" (ECE) by Barnhart and Peñaloza (2013), thus becomes a component in its own right in the management of health as we age. With this in mind, and in order to pursue our investigation of how individuals' health is constructed over time, it would be interesting to explore how the experiences of members of the ECE impact the health of elderly individuals. By broadening our understanding to include a wider diversity of actors in charge of the health of the elderly, this approach is in line with work suggesting that there should be greater consideration of the role of carers in integrated care (Hughes et al., 2022).

Sample: key events to explore. An important aspect of ageing that we did not take into consideration concerns seniors in nursing homes. This was a deliberate choice as, once in a care home, an elderly person is no longer autonomous with regard to shopping or cooking, or even their food consumption (Guillemot et al., 2022). Nonetheless, it would be interesting to examine this factor in more depth in order to understand how individuals adapt, especially in relation to the ways they have adapted to major events in the past. In addition, in the framework of the present paper, our sample did not include individuals with serious physical or mental health problems at the time of the interviews. It is possible that the relationship with time left to live is different for such people insofar as they may feel they have already lived long enough and perhaps not cling to life to the same extent (Van Wijngaarden et al., 2015).

These limitations offer further avenues for research, inviting scholars to examine various life-changing events (serious illness, moving into an institution) in order to extend the study to the impact of such changes on food practices.

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Appendix 1: Summary of the sample population

Respondent	Gender	Age	Respondent	Gender	Age
1 – Alfred	M	79	22 – Marie	F	83
2 – André	M	61	23 - Marie-Ange	F	60
3 – Anita	F	77	24 - Marie-France	F	65
4 – Annie	F	85	25 - Marie-Pierre	F	77
5 – Arlette	F	75	26 - Marie-Thérèse	F	63
6 – Berthe	F	90	27 – Maryse	F	73
7 – Chantal	F	85	28 – Maurice	M	90
8 – Christiane	F	87	29 – Mauricette	F	65
9 – Denise	F	83	30 – Michelle	F	75
10 – Edith	F	91	31 – Myrille	F	85
11- François	M	62	32 – Nicole	F	85
12 – Françoise	F	69	33 – Norbert	M	70
13- Geneviève	F	84	34 – Paule	F	70
14 - Henri	M	77	35 – Paulette	F	73
15 - Henriette	F	70	36 – Pierrette	F	81
16 - Jean	M	62	37 – René	M	70
17 - Jean-René	M	67	38 – Rose	F	90
18 - Josette	F	80	39 – Simone	F	87
19 - Leila	F	68	40 – Suzanne	F	87
20 - Marguerite	F	76	41- Viviane	F	81
21- Marianne	F	72	42 – Yvette	F	79