Food Activities and the Maintenance of Identity in Later Life

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by

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Abstract

Background: Participating in meaningful activities, and maintaining identity, are each embedded within best practice guidelines to improve mental well-being among older adults in the United Kingdom. Food plays a part in many meaningful activities that are important to health and wellbeing. Although there is moderate evidence that participating in food activities contributes to identity maintenance and change, only six studies include British older adults.

Aim: To explore the relationship between food activities and identity maintenance among community-living older adults in West London.

Methods: A concurrent mixed-methods design from a pragmatist perspective was used. Data collection included semi-structured interviews with 39 older adults (60 to 89 years). Qualitative data were analysed using grounded theory methods. Quantitative methods were used to investigate the relationship between demographic data, transformed qualitative data, and the Occupational Performance Measure of Food Activities. Q methodology data were analysed using centroid factor estimation and interpretation, and triangulated with the qualitative and quantitative components using qualitative matrix analysis and quantitative methods.

Findings: This study found three predominant past and present identities as 'food-lover', 'non-foodie' and 'not bothered'. These food identities are defined as a composite sense of who one is, derived from one's experience of participating in food activities. Maintenance of food identities was explained in the processes of 'Participation and maintenance', 'Threat and compensation', and 'Changes in meaning and identity'. These processes varied according to the importance and meaning of food activities for each participant. There was no consistent relationship between maintenance or change in food identities, and participants' hoped-for, feared and expected possible selves.

Conclusions: Participation in food activities maintains older adults' important identities and mental wellbeing when food activities are an important and pleasurable part of daily life. Nevertheless, older adults whose food activities and identities change continue to experience mental well-being in later life.

Preface

This research was undertaken to deepen our understanding of the relationship between food activities and identity maintenance in later life. This study was informed by my own love of food and family, my work as an occupational therapist with older adults, and an interest in the value of both meaningful activity and identity maintenance for health and wellbeing. I am also an aspiring academic and researcher in the field of gerontology, who hoped to develop the skills necessary to conduct high quality research by completing a PhD.

The scope of this study is limited to predominantly White British older adults living in one area of London, United Kingdom. The findings contribute to our understanding of how these older adults use important activities to maintain important identities and their mental wellbeing. The findings also highlight that a change in food identities because of transitions and losses experienced in later life does not necessarily have a negative impact on mental wellbeing. Furthermore, the researcher reached the conclusion that the concurrent mixed methods research design used in this study is inappropriate for time-limited studies, and those conducted by novice researchers such as students.

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Publications of this Study

This thesis contains data and text also contained in the following publications, in accordance with Section 5.27 of Senate Regulation 5: Research Degrees (2013 – 2014), Brunel University:

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National and International Conference Presentations of this Study

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Plastow NA, Gilhooly M, Atwal, A (2009) Ageing, food and the maintenance of identity: The challenge of measuring possible selves using Q methodology. Postgraduate Conference on Ageing Studies, Oxford Institute for Ageing Studies.

Plastow NA, Gilhooly M, Atwal A (2010) Ageing, food and identity: Creating meaning through food-related activities. 39th Annual Conference, British Society of Gerontology, London, UK.

Plastow NA, Atwal A, Gilhooly M (2010) Ageing, food and identity: Exploring occupations involving food and possible selves. 34th College of Occupational Therapists Annual Conference, Brighton.

Plastow NA, Gilhooly M, Atwal A (2011) Hopes, fears and expectations: The possible selves of older adults. International Society for the Scientific Study of Subjectivity 27th Annual Conference, Birmingham, UK.

Plastow NA, Atwal A, Gilhooly, M (2011) Food and identity in later life. British Geriatrics Society Autumn Meeting, Brighton.

Dixon A, Wilson L, Plastow N (2012) Culinary Confessions: The meanings of food activities for younger adults. 9th COTEC Congress of Occupational Therapy, Stockholm.

Plastow NA (2015) Food activities and the maintenance of occupational identities in later life. 39th College of Occupational Therapists Annual Conference, Brighton.

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Glossary

Active Ageing – The 'process of optimising opportunities for health, participation, and security in order to enhance quality of life as people age' (World Health Organisation, 2002a p. 2).

Food Activity – Any task, action, or life experience involving food, including acquiring food, eating, drinking, preparing meals and managing diet (World Health Organisation, 2001).

Food Identity – A composite sense of who one is derived from one's past and present participation in food activities (Based on Kielhofner, 2002).

Food-related Selves - The different ways in which a person thinks and feels about who they are, as components of their identity, when they are participating in or talking about their food activities.

Identity Maintenance – A person's ability to preserve a consistent and stable view of who they are across the past, the present, and the future.

Later Life / Older People – Adults who have stopped full-time employment or completed child-rearing (Department of Health, 2001)

Meaningful Activity – A broad range of physical, social and leisure activities that a person likes, and that are tailored to their needs (National Institute for Health and Care Excellence, 2013).

Mental Wellbeing – A multidimensional concept that includes life satisfaction, quality of life, optimism, a sense of mastery and control, a sense of support and belonging, and self-esteem (National Institute for Health and Care Excellence, 2008).

Occupational Performance - Includes both the objective ability to perform an activity, and the subjective level of meaningfulness and satisfaction with this performance (Creek, 2003; Law and Baum, 2001; Law *et al.*, 1997).

Occupational Performance of Food Activities - An individual's ability to do the food activities that are meaningful to them, in a way that satisfies their life needs, within the context of their environment, life stage, and life roles (Plastow, *et al.*, 2014).

Personal Identity – 'The person we think we are' (Christiansen, 1999 p. 577).

Possible Selves – Components of future identity that include who people hope to become, and who they fear becoming (Markus and Nurius, 1986).

CHAPTER 1   INTRODUCTION

1.1   Background to the Study

Active ageing is currently ingrained within health and social care policy as a driver of best practice for older adults in the United Kingdom. The active ageing policy framework of the World Health Organisation (WHO) suggests that healthy ageing includes more than reducing disease and disability. Instead, older adults can have a good quality of life by experiencing physical, mental, and social wellbeing; by participating actively in society, and by feeling secure (World Health Organisation, 2002a). Mental wellbeing, as one of the key components of active ageing, includes life satisfaction, quality of life, optimism, a sense of mastery and control, feelings of support and belonging, and self-esteem (NHS Health Scotland, 2014). One of the personal determinants of active ageing is the ability to cope with and adapt to changes and loss in later life. Changes in later life can include the transition from employment to retirement, while losses may include bereavement, serious illness, and moving into a care home (World Health Organisation, 2002a).

The ability to maintain identities in spite of these transitions and losses is an indicator of how well an older adult has been able to adapt and cope. Identity is a multidimensional construct that is understood in a variety of ways across the literature (Vignoles, Schwartz and Luyckx, 2011; Mead, 1934/2003; James, 1890/2009). In this study, the researcher drew on Christiansen's theoretical paper in which he defines identity as *'the person we think we are'* (Christiansen, 1999). This is a composite definition of identity that is based on feelings and ideas about ourselves (selves/identities), conclusions or inferences about ourselves (self-concept), and how we evaluate ourselves (self-esteem), within the context of our interpersonal relationships and daily lives (Christiansen, 1999). Identity also includes thoughts about who we were in the past (past selves), who we are now (present selves), and who we might become in the future (possible selves) (Vignoles, Schwartz and Luyckx, 2011; Christiansen, 1999; Markus and Nurius, 1986). In this study, the word 'selves' refers to specific components of identity. 'Identity' refers to a composite definition of who one is in a specific context, that is made up of a variety of selves. 'Personal identity' refers to an overall sense of who a person thinks they are, based on many different selves and identities.

In the literature, Christiansen's (1999) conceptualisation of identity has subsequently been referred to as occupational identity (Vrkljan and Polgar, 2007; Unruh, 2004; Howie, Coulter and Feldman, 2004; Kielhofner, 2002; Laliberte-Rudman, 2002), defined as *'a composite sense of who one is and who one wishes to become as an occupational being, generated from one's history of occupational participation'* (Kielhofner, 2002). This definition of identity also emphasises a synthesis of past, present and future selves. An older adult will have many different experiences of being themselves across their life course. This means it is important to understand not only what their selves and identities are, but also how these interact to make up one's personal identity. Some selves and identities are more important than other selves and identities (Rosenberg and Kaplan, 1982). Some selves and identities are also more noticeable (salient) in some contexts than others (Oyserman, Elmore and Smith, 2012; Markus, 1982). However, Rosenberg and Kaplan (1982) caution that salience of a self or identity should not be confused with importance of that self or identity. This is because a particular self or identity may be noticeable in a particular context, but be relatively unimportant to a person. Simultaneously held selves and identities may also either support or be in conflict with each other.

Since a person's identity consists of many different important and unimportant, noticeable and less noticeable, consistent and conflicting parts, an individual's selves, identity, and personal identity may change as their circumstances change (National Institute for Health and Care Excellence, 2013; Christiansen, 1999). Many of the transitions and losses of old age highlighted by the World Health Organisation also threaten or change selves and identity. During retirement, bereavement, illness and moving home older adults need to adapt to changes in their thoughts and feelings about themselves as a widow (Bennett, 2010; DeMichele, 2009), retiree (Teuscher, 2010; Maguire, 2008), or resident (Kroger and Adair, 2008). Identity maintenance is a person's ability to preserve a consistent and stable view of who they are across the past, the present, and the future, in spite of these changes.

More recently, the importance of maintaining identities in later life has been recognised at a policy level in the United Kingdom through the National Institute for Health and Care Excellence's (NICE) quality standards (QS50) entitled '*Mental wellbeing of older people in care homes*' (National Institute for Health and Care Excellence, 2013). In that document, maintenance of personal identity is identified as a high-priority area for quality improvement, because identity maintenance promotes dignity and has a positive impact on mental wellbeing

among older adults living in nursing and residential care. NICE (2013) recommends that health professionals working with this group of older adults maintain their personal identities. Practical guidance includes a) identifying residents' needs and preferences through life history work, b) enabling residents to choose what to wear and where to sit when they eat, c) having their most important personal possessions available, and d) recognising the importance of relationships (National Institute for Health and Care Excellence, 2013).

The earlier NICE guideline [PH16] *'Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care'* (National Institute for Health and Care Excellence, 2008), includes guidance for community-living older adults. This guideline does not include identity maintenance as important for mental wellbeing among community-living older adults. Instead, many of the recommendations in this document focus on improving older people's access to and participation in physical activities. This guideline also recommends that occupational therapists offer individual or group sessions that focus on daily routines and activities that maintain or improve health or wellbeing. In addition, occupational therapists should improve older adults' knowledge and awareness of reliable advice on a broad range of health and wellbeing related topics.

The researcher would argue that the maintenance of personal identities is also an issue for community-living older adults who are experiencing transitions and losses in later life. In a scoping review for this study, there was moderate evidence that identity maintenance contributes to the mental wellbeing of community-living older adults. The qualitative literature suggests that identity maintenance is associated with feelings of being supported and belonging, of mastery and control, and of hope and optimism in the face of many transitions and losses in later life. The quantitative literature, on the other hand, suggests that some flexibility in selves and identities is needed to maintain a positive personal identity. In some studies, a balance between change in selves and identities, and maintenance of a personal identity was associated with higher self-esteem and life satisfaction. This suggests that further research is needed to understand identity maintenance among community-living older adults.

One of the ways in which older adults can maintain their identities is by engaging in meaningful activities. Christiansen's (1999) central argument is that individuals are able to create, develop, and maintain their personal identity - or a coherent story of who they are - by participating in meaningful activities. Meaningful activities include a broad range of physical, social, and leisure activities that a person likes, and that are tailored to their needs (National Institute for Health and Care Excellence, 2013). There is strong evidence that participation in meaningful activities contributes to wellbeing in later life (Stav *et al.*, 2012). For participation in activities to be meaningful, a person also needs to feel they have choice, control, challenge or mastery, a supportive environment, and a focus on the experience 'here and now', rather than worrying about future consequences (Law, 2002). It is unfortunate that neither the NICE Quality Standards 50 nor NICE Guideline (PH16) recognise participation in meaningful activities as a way of maintaining identities and promoting mental wellbeing in later life.

As an occupational therapist working with older adults in the United Kingdom, the researcher had experienced the close relationship between meaningful activity and identity maintenance. Her patients on an in-patient ward for older adults with dementia enjoyed coming to the occupational therapy kitchen for reminiscence sessions in which we enjoyed local Yorkshire treats like dripping on toast and fish and chips. The kitchen was a safe space in which men and women talked about who they were, and their hopes and fears for a future with dementia, while peeling potatoes and carrots for a corned beef hash. Her experiences of creating different kinds of life history books for older adults in care homes who were suffering from depression highlighted the importance of keeping connections between past, present, and future selves (Plastow, 2006). On the other hand, as a community-based occupational therapist in London, the researcher organised home care visits or prescribed assistive technologies as part of her interventions that enabled older adults to live as independently as possible in their own homes. For some of the older adults she worked with, this help came as a relief. For others, it was a loss that changed how they carried out their meaningful activities, and showed how they were becoming more dependent.

The researcher chose food activities as a focus for this study of the relationship between meaningful activities and identity maintenance because food activities are one domain of daily activity in which all older adults have to participate. Food activities include acquiring food, eating, drinking, preparing meals and managing diet (World Health Organisation, 2001). Food activities are important because diet and lifestyle have considerable impact on

morbidity and mortality across the life span. This is clearly demonstrated in the publication *'Keep fit for life: Meeting the nutritional needs of older persons'* (World Health Organisation, 2002b), which comprehensively reviews the role of nutritional components in chronic diseases, as well as nutrition-related functional and health changes in later life. Consequently, the active ageing policy framework of the World Health Organisation identifies healthy eating as a behavioural determinant of active ageing (WHO, 2002a). Food activities also play a symbolic role in the way adults view themselves as individuals (Pietrykowski, 2004), as part of their families (Fiese *et al.*, 2002), and as members of society (D'Sylva and Beagan, 2011; Locher *et al.*, 2005; Devine *et al.*, 1999). The way older adults participate in food activities also contributes to quality of life and successful ageing (American Dietetic Association, 2005).

Despite the importance of both food activities and identity maintenance for wellbeing in later life, there are a number of gaps in our understanding of the relationship between these two concepts. In a systematic review for this study (Plastow, Atwal and Gilhooly, 2014) no papers were identified that intended to investigate if and how food activities contribute to identity maintenance in later life. In those studies where there is evidence of identity maintenance and change, the unique experience of older adults is not clear. Much of the research has been conducted with both younger and older adult participants in the same sample. No studies of a relationship between food activities and future aspects of identity, such as possible and ideal selves, were identified. There is also a focus on the effect of changes in health on identity. This means there is little evidence of the impact other transitions and losses, such as widowhood or retirement, on the relationship between food activities and identity maintenance.

When this study commenced in 2008, no studies demonstrating or explaining a relationship between food activities and identity maintenance among British older adults had been published. Since then, two studies have demonstrated evidence of a relationship between food activities and the maintenance of a Polish identity among older women living in London (Janowski, 2012) and the contribution of rural village shops to the maintenance of social and community identities (Scarpello *et al*., 2009). A further four studies show evidence of a relationship between food activities and changes in identity among British older adults.

The aim of this study was to address these gaps by exploring the relationship between food activities and identity maintenance among community-living older adults in West London, in the United Kingdom. West London is an urban part of England that includes the five London boroughs of Brent, Ealing, Harrow, Hillingdon, and Hounslow. The 2011 census for England and Wales shows the population is ethnically diverse, with 51% residents identifying as White British. This is in comparison to 83% across England. There are substantial socio-economic inequalities in West London. For example, Brent is among the most deprived London Boroughs, while Harrow is among the least deprived. Twelve percent (12%) of the 1.3 million residents are aged over 65 (Office for National Statistics, 2014). This area offered the opportunity to interview older adults with a variety of different life experiences.

1.2   Structure of the Dissertation

There are four parts to this dissertation, presented in Figure 1. Chapters 1 and 2 provide a background to the study. The study is introduced in this chapter, Chapter 1. Chapter 2 first situates the study within the field of active and successful ageing through a scoping review of the relationship between identity maintenance and mental wellbeing in later life. Then a systematic review and narrative synthesis of existing knowledge of the relationship between food activities and identity maintenance in later life is presented.

The research methodology is presented in the second part of this dissertation. Chapter 3 describes and justifies the concurrent mixed methods design that was approached from pragmatist perspective. Then an overview is provided of the two pilot studies conducted for this research. The findings of the pilot studies are presented according to their implications for the qualitative component, their implications for the quantitative component, and their implications for the Q methodology component of this study. Chapter 4 describes the methods used in the main study.

The findings of the three methodological components are presented in the third part of this dissertation. Chapter 5 presents the findings of the qualitative component. This chapter focuses on the processes of participation and identity maintenance, threat and compensation, and loss. Chapter 6 presents the findings of the quantitative component. This chapter focuses on triangulating and verifying findings from Chapter 5. Chapter 7 presents the findings from

the Q methodology component. The possible selves of participants are explored using the Possible Selves Q sort. Then the relationship between these possible selves and food identities (described in Chapter 5) and possible selves and food activities (described in Chapter 6) is explored.

An integration and interpretation of the results is presented in the fourth part of this dissertation. Chapter 8 presents a discussion of the results in relation to the literature. Chapter 9 considers the implications of the findings for mixed methods research, our understanding of the maintenance of identity through meaningful activities, occupational therapy practice, and policy in the United Kingdom.

The concurrent mixed-methods study presented in this thesis will make a unique contribution to knowledge by demonstrating how older adults who love their food and enjoy their food activities maintain their food identity and mental wellbeing by participating in food activities, in spite of transitions and losses in later life. The findings will also show that cumulative change in participation in and meaning of food activities leads to changes in food identity, but not mental wellbeing. Finally, the thesis will contribute to knowledge by analyzing the value of concurrent mixed methods research designs. The thesis concludes with consideration of the consequences of both maintenance and change in food identities for mental wellbeing in later life.

Figure 1   Overview of the Structure of this Dissertation

Background to the study	

CHAPTER 1	CHAPTER 2
Introduction	Literature Review

Development and application of the pragmatist concurrent mixed-methods design	

CHAPTER 3	CHAPTER 4
Aim, Design Overview, & Pilot Studies	Methods

Findings of Three Data Analysis Components	

CHAPTER 5
Qualitative Data Analysis

CHAPTER 6
Quantitative Analysis

CHAPTER 7
Q-Methodology Analysis

Integration and Interpretation of the Results	

CHAPTER 8	CHAPTER 9
Discussion	Conclusions & Implications

CHAPTER 2 LITERATURE REVIEW

2.1 Introduction

Chapter 1 highlighted the importance of mental wellbeing to active ageing (World Health Organisation, 2002a), Christiansen's ideas about identity maintenance through meaningful activity (Christiansen, 1999), and the current health and social care policy context in the United Kingdom (National Institute for Health and Care Excellence, 2013; National Institute for Health and Care Excellence, 2008). This literature review presented here in Chapter 2 extends knowledge of the relationship between identity maintenance and wellbeing among community living older adults, by presenting a scoping review. Then a systematic review and meta-synthesis of the relationship between food activities and identity maintenance is presented. The chapter concludes with a justification for this study.

2.2 The Importance of Identity Maintenance for Mental Wellbeing

2.2.1 Search Strategy

The aims of this first part of the literature review were to:

- Explore and summarise existing research on the benefits of identity maintenance for mental wellbeing in later life
- To identify gaps in the existing literature on the relationship between identity maintenance and mental wellbeing among community-living older adults

The PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) guidelines for systematic reviews were followed, including four phases of identification, screening, assessment of eligibility, and inclusion (Moher *et al.,* 2009). A scoping review, rather than a systematic review, was conducted because the review aimed to identify gaps in the current literature, quality was not the primary focus of the review, and synthesis used qualitative rather than quantitative methods (Armstrong *et al.,* 2011). Key differences between systematic and scoping reviews are illustrated in Table 1.

Table 1   Comparison between Systematic and Scoping Reviews

Systematic Review	Scoping Review
Focused research question with narrow parameters	Research question(s) often broad
Inclusion/exclusion usually defined at outset	Inclusion/exclusion can be developed *post hoc*
Quality filters often applied	Quality not an initial priority
Detailed data extraction	May or may not involve data extraction
Quantitative synthesis often performed	Synthesis more qualitative and typically not quantitative
Formally assess the quality of studies and generates a conclusion relating to the focused research question	Used to identify parameters and gaps in a body of literature

(Armstrong *et al.*, 2011 p 148. Used with permission)

 The key question guiding the review was:

What is known about the relationship between identity maintenance and mental wellbeing among community-living older adults?

The researcher used the research databases Academic Search Complete, CINAHL PLUS, MEDLINE, and PsycINFO. Papers published up to September 2014 were obtained. The key words used in combination were identity AND maintain, identity AND continuity, identity AND assimilation, possible selves AND maintain, and possible selves AND continuity. Limits were placed on this search according to the options available on each database. These limits are presented in Table 2. Reference lists of the review papers were also scanned for additional papers. The researcher then screened the study titles and abstracts of the searches to determine which articles met the inclusion criteria. The full text of the articles that met the inclusion criteria was reviewed in more depth to determine if the inclusion and exclusion criteria were met.

Inclusion criteria were:
   a) Any aspect of mental wellbeing included in study design or findings
   b) For quantitative studies: A measure of identity maintenance included in study design
   c) For qualitative studies: Themes related to identity maintenance evident in study findings

Table 2   Identity Maintenance and Wellbeing in Later Life: Application of Search Limits to Research Databases

	Academic Search Complete	CINAHL PLUS	MEDLINE	PsycINFO
Keywords in Abstract	Yes	Yes	Yes	Yes
Aged over 65 years	Yes	Yes	Yes	Yes
Peer reviewed	Yes	-	-	Yes
Journal Article	a)	Yes	Yes	Yes
English Language	Yes	Yes	Yes	Yes
Human Participants	-	-	Yes	Yes

Exclusion criteria were:

a) Studies including no adults over 65 years

b) Studies including only older adults living in nursing or residential care

c) Studies that did not investigate the concept of identity maintenance, but made general statements about identity maintenance in the discussion or conclusion

d) Studies that focussed exclusively on identity loss or change

e) Grey literature

2.2.2 Synthesis and Quality Assessment of the Findings

The researcher conducted a narrative synthesis of the findings, which uses words and text to summarise and explain the findings. The synthesis was guided by the iterative process described by Arai *et al.* (2007). First, studies were grouped according to the component of mental wellbeing measured. Content categories included i) Life satisfaction and quality of life, ii) Support and belonging, iii) Mastery and control, iv) Self-esteem, v) Hope and optimism, vi) Purpose in life, and vii) other Mental health components (e.g. Affect and depression). These content categories were based on the definition of mental wellbeing used in the NICE guidelines and quality standards (NHS Health Scotland, 2014). Next, key characteristics and findings of each study were included in a table. The synthesis concluded with a comparison and description of the findings, using the content categories as a thematic framework.

Although the quality of existing research was not the focus of this review, it was still important to assess the quality of existing research in order to identify research gaps. First, the quality of the articles selected for review was assessed using the six quality assessment parameters for qualitative studies, and six assessment parameters for quantitative studies, described by Annear *et al.* (2014) (See Table 3 and Table 4). A score of 3 (three) was allocated in each parameter where the study met high standards of rigour. A score of 0 (zero) was allocated if the parameter was not described or poorly described or justified in each study. Annear *et al.* (2014) consider a score < 9 (below nine) to be methodologically weak. Second, the strength of evidence was assessed based on the number of studies published, the overall quality of the studies, the context in which studies had been conducted, and the consistency of the findings between studies.

2.2.3 Literature Review Results

As illustrated in Figure 2, the initial searches yielded a total of 13 588 articles. This was reduced to a total of 196 articles once limits had been applied and duplicates removed. Screening of the titles and abstracts of these 196 articles found that 31 articles met the inclusion and exclusion criteria. An additional 5 articles were identified through citation tracking. Further analysis of the full text of these articles led to the inclusion of 20 articles in the final review (See Table 5 and Table 6).

This scoping review found identity maintenance promotes mental wellbeing by enhancing life satisfaction, feelings of support and belonging, a sense of hope and optimism, feelings of mastery and control, and by enhancing self-esteem and affect. These findings were evident across 10 qualitative and two quantitative studies of moderate quality. At the same time, seven studies contradicted a consistent relationship between identity maintenance and mental wellbeing. Three of the seven studies showed that a balance between maintenance and change in identity was more beneficial for self-esteem than identity maintenance. Two others found that identity change, not maintenance, contributed to life satisfaction, and the intensity of positive emotions. Troll and Skaff (1997) found a relationship between identity maintenance and wellbeing at Time 1, but not Time 3 in their longitudinal study. Weinberger and Whitbourne (2010) also found no relationship between identity maintenance or identity

Table 3   Quantitative Assessment Parameters

Assessment Parameters	Assessment Score			
	0	1	2	3
Research design	NR/IN	Cross-sectional/ quasi-experimental design	Longitudinal	Randomised controlled trial
Reliability and validity of measures	NR/IN	Reliability and validity of some measures ascertained	NA	Pilot testing/ prior verification of all measures
Sample size and representativeness	NR/IN	Small sample size	Sample size >500 (power requirements not reported)	Representative sample (power requirements reported)
Response rate	NR/IN	<60%	60 – 79%	>80%
Appropriateness of statistical analysis	NR/IN	Generally appropriate but some inconsistencies	NA	All hypotheses and objectives adequately addressed
Control of potential confounders	NR/IN	NA	NA	Potential confounders included in the analysis

(Annear *et al.*, 2014 p596) *Notes:* NR: not reported. IN: inappropriate in the context of the study

Table 4   Qualitative Assessment Parameters

Assessment Parameters	Assessment Score			
	0	1	2	3
Research design	NR/IN	NA	NA	Appropriate to the aims of the study
Sampling and recruitment strategy	NR/IN	NA	NA	Appropriate to the aims of the study
Theoretical framework use	NR/IN	NA	NA	Theoretical framework for methods or design present
Evidence of reflexivity	NR/IN	NA	NA	Preconceptions or meta-positions are addressed
Rigour of data analysis	NR/IN	NA	NA	Well-documented and systematic process
Validation of findings	NR/IN	NA	NA	Triangulation and verification of results

(Annear *et al.*, 2014 p596) *Notes:* NR: not reported. IN: inappropriate in the context of the study

balance and depression. Had identity maintenance prevented depression, we would expect a negative relationship between these variables. Each of the studies in this review is discussed in more detail in the following paragraphs.

2.2.4 Life Satisfaction and Quality of Life

One quantitative study considered the relationship between identity maintenance and life satisfaction. Haslam *et al.*'s (2008) study focussed on the relationship between maintenance of social group identities and life satisfaction among 53 stroke survivors in the United Kingdom. The study found a significant relationship between life satisfaction and the maintenance of group memberships after stroke using a group affiliations listing (p < .01) and the Exeter Identity Transitions Scales (p < .01). The authors conclude that continuity of social identities is important for wellbeing after stroke. However, this study was limited by its small sample size, and the absence of a control group of older adults without stroke.

2.2.5 Hope and Optimism

There was conflicting evidence of a relationship between identity maintenance and hope and optimism. In their qualitative study with 11 patients with cardiac disease and other terminal illnesses, Shaufel *et al.* (2011) found that being a person who does not give up, instead of resigning oneself to the illness and death, contributes to positive experiences of hope, within the theme *'Identity as seriously ill - between go-ahead spirit and resignation'*. The participants in that study also used meaningful activity, including hobbies, tasks at work, and helping others, as a way to reach their goals; experience a sense of achievement, pride, and inspiration; and maintain their positive identity as someone who does not give up.

In contrast, an emergent pattern of change in possible selves, rather than maintenance of hoped-for possible selves, is associated with increasing life satisfaction in later life. Smith and Freund (2002) conducted a longitudinal study over four-years with 206 older adults aged over 70 years, as part of the Berlin Aging Study. The maintenance of possible selves was measured by matching possible selves in specific domains that were reported at both Time 1 and Time 3 four years later. The authors also classified participants as either stable or

Figure 2 A Scoping Review of the Relationship between Identity Maintenance and Mental Wellbeing

Databases Searched
Academic Search Premier
CINAHL Plus
Medline
PsychInfo

Records identified through database searching

(n = 13 588)

Limitations Applied
Keywords in abstract
Aged > 65 years
Peer reviewed journal
English
Human

Search Terms
identity AND continuity
identity AND assimilation possible selves AND maintain, and possible selves AND continuity

Title & Abstract Screened

(N = 196)

Records identified through citation tracking
(n = 5)

Excluded

(N = 164)

Full text articles assessed for eligibility

(N = 36)

Excluded (N = 16)
a) Did not meet inclusion criteria (n = 12)
b) Insufficient data (n = 1)
c) Focus on other identity process (n = 3)

Included Studies

(N = 20)

Qualitative Studies

(n = 10)

Quantitative Studies

(n = 10)

Mixed Methods Studies

(n = 0)

changing, depending on the overall pattern of maintenance or change across possible selves domains. Smith and Freund (2002) correlated changes in possible selves with changes in the following variables between Time 1 and Time 3: Self-perceived health, life events, satisfaction with ageing, and life satisfaction. There was no relationship between an overall pattern of stability or change in possible selves and life satisfaction. At a domain level, adding possible selves in one domain, and at the same time losing a possible self in another domain increased life satisfaction. Smith and Freund (2002) conclude that balancing hoped-for and feared possible selves with age is related to increasing life satisfaction.

Frazier *et al.* (2002) also found that possible selves change over time. In this study with 151 older adults living in Florida, United States of America the most dominant possible selves domain for older adults aged 60 – 70 years was leisure. Participants in their 60's also had significantly better general health, report better physical functioning, and were more likely to feel in control of their own health. Conversely, the domain of health became progressively more important, with a statistically significant increase in the number of reported health related possible selves from 11% of participants in their 60's increasing to 48% for those aged over 80 years. Older people in their 70's and especially those over 80 years, reported poorer general health, felt their health was controlled by powerful others or by chance, and reported poorer physical functioning.

The results of this study showed that as people age, leisure related possible selves fade and are replaced with health related possible selves. Possible selves in the health domain are primarily predicted by age, but there is also complex interaction between the effect of sex, global health, control over health and quality of life (Frazier *et al.,* 2002). What is interesting when considering the relationship between identity maintenance and wellbeing is that there was a relationship between emotional wellbeing and leisure selves, which were the selves that changed. On the other hand, there was also a relationship between health-related quality of life and health-related possible selves.

Similar to Smith and Freund (2002), Frazier *et al.* (2002) conclude that flexibility in possible selves is adaptive, particularly when visions of the self that are no longer achievable are replaced with those that can be achieved. This confirms previous research suggesting that over time possible selves are acquired, maintained, transformed and given up depending on an individual's age or life stage (Cross and Markus, 1991). The findings of these two studies

are also important because subsequent research suggests identity diversity after retirement is associated with increased life satisfaction (Teuscher, 2010). In addition, it confirms James' (1890/2009) view that changes in identity are not necessarily a negative experience.

2.2.6 Support and Belonging

There was a relationship between identity maintenance and feelings of belonging and support in three qualitative studies was more consistent. Hocking *et al.* (2002) explored the meaning of recipe work among Thai (n = 33) and New Zealand women (n = 16) in a qualitative study using three focus groups at each research site. Within the theme *'Meaning and symbolism'* the authors found Thai food held a literal meaning. For example, long glass noodles symbolised a long life, and banana leaf wrapped around sweet or savoury fillings symbolised how family are united. Furthermore, the theme *'Negotiating tradition over time'* highlighted the importance of carefully following specific ways of preparing food at Songkrang, in order to maintain connections over time, and to show gratitude to one's ancestors. For the New Zealand women, a change in traditions during Christmas meal preparation was more prominent. Although the author's do not specifically relate these findings to mental wellbeing, it is evident in the results that maintaining cultural continuity and identity as a Thai woman , but not a New Zealander, contributed to a sense of belonging and support as a component of mental wellbeing.

The role of food activities in identity maintenance of specific family and cultural identities is similarly evident in Kohinor *et al.'s* (2011) study of the dietary behaviour of Surinamese immigrants with diabetes, living in the Netherlands. This study included 32 patients with type 2 diabetes mellitus who participated in in-depth interviews. Data were analysed using principles of grounded theory. In that study, cooking and eating in a traditionally Surinamese way was seen as central to the maintenance of a Surinamese identity. Importantly, maintenance of a Surinamese identity also maintained a sense of connection to Suriname for these immigrants.

Kong and Hsieh's (2012) study of the social meaning of Chinese traditional medicine practices among older adult Chinese immigrants in the United States was a third qualitative study supporting the relationship between identity maintenance and belonging and support.

Table 5   Qualitative Studies of Identity Maintenance and Wellbeing

Authors	Research Design/ Data Collection	Sampling	Theoretical Framework	Data Analysis	Evidence of Reflexivity	Validation of findings	Score
Life Satisfaction and Quality of Life							
Shaufel et al. (2011)	Qualitative: Semi-structured interviews	N = 11 Women (n = 6) Men (n = 5) Age: 26 – 88	Vetlesen's conditions of existence	Systematic text condensation	Yes	No	12
Mastery and Control							
Phinney et al. (2007)	Qualitative longitudinal design	N = 8 Women (n = 4) Men (n = 4) Age: 64 to 88 Canada	No	Interpretive Analysis – Well described	No	Yes	12
Kidd et al. (2008)	Qualitative longitudinal design	N = 11 Women (n = 3) Men (n = 8) Age: 49 to 76	Leventhal et al.'s (1984, 1997) Self-Regulation Model	Framework analysis	No	No – but part of a larger mixed-methods study	12
Reynolds et al. (2008)	Phenomenological: Modified photo-elicitation	N = 12 All women	NR	Interpretative phenomenological analysis	No	Triangulation of data sources and researchers. Member checks	12
Dollard et al. (2012)	Grounded theory: Semi-structured interviews	N = 9 Women (n = 6) Men (n = 3) Australia	None	Grounded theory methods of Strauss and Corbin (1998)	Yes	No	12
Van den Hoonard (2009)	Qualitative study: Semi-structured interviews	N = 26 All men Age: 56 – 91 North America	Symbolic interactionism	Thematic approach	Strong evidence and reporting of previous related research	No	15
Daley et al. (2013)	Grounded theory: Interviews and theoretical sampling	N = Unclear Data suggests 28 to 38 participants	Recovery	Grounded theory methods	No	Theoretical sampling and saturation Triangulation of researchers	12
Support and Belonging							
Hocking et al. (2002)	Qualitative: Focus groups	N = 49 Women Age = > 60 – 65 Thai (n = 33) NZ	No	Interpretive analysis Narrative approach	No	Triangulation of researchers (data analysis)	12
Kohinor et al. (2011)	Qualitative Semi-structured interviews	N = 32 Age: 36 to 70 Women (n=20) Men (n=12) Netherlands (Surinamese)	Grounded theory principles (No evidence of application)	Coding matrix	No	Triangulation of researchers	12
Kong and Hsieh (2012)	Grounded theory: Focus group, Interviews	N = 20 Age: 58 to 75 Women (n = 12) Men (n = 8) US (Chinese)	Grounded theory	Open & Axial coding Concurrent data collection and analysis	No	Triangulation of researchers	15

Table 6   Quantitative Studies of Identity Maintenance and Mental Wellbeing

Authors	Research Design	Reliability and Validity of Measures	Sample	Response Rate	Appropriateness of Statistical Analysis	Control of Potential Confounders	Score
Life Satisfaction and Quality of Life							
Haslam et al. (2008)	Cross-sectional survey	Reliability and validity of all scales reported	N = 53	> 80%	All objectives addressed	NR	10
Hope and Optimism							
Frazier *et al.* (2002)	Cross-sectional	Reliability and validity of all scales reported	N = 151	NR	All objective addressed	Reported in analysis	11
Smith and Freund (2002)	Longitudinal	Inter-rater reliability of Possible Selves Questionnaire reported	N = 206	60 – 79%	All objectives addressed	Reported in analysis	13
Self Esteem							
Whitbourne and Collins (1998)	Cross-sectional	Reliability and validity of all scales reported	N =292	NR	All objectives addresses	Yes	11
Sneed & Whitbourne (2003)	Cross-sectional	Reliability and validity of all scales reported	N = 173	NR	All objectives addressed	NR	8
Skultety and Whitbourne (2004)	Cross-sectional	Reliability and validity of all scales reported	N = 222	NR	All objectives addressed	NR	12
Westerhof et al. (2012)	Cross-sectional	Reliability and validity of all scales reported	N = 554 American (n = 319) Dutch (n = 235)	NR	All objectives addressed	Yes	12
Affect							
Troll and Skaff (1997)	Longitudinal	Reliability and validity of scales not reported	N = 144 (T1) N = 90 (T3)	NR	All objectives addressed	NR	7
Charles and Pasupathi (2003)	Short-term longitudinal	Reliability of scales reported	N = 182 Women (n = 92) Men (n = 90)	NR	All objectives addressed	NR	9
Weinberger and Whitbourne	Cross-sectional	Reliability of scales reported	N = 68	NR	All objectives addressed	NR	9

The authors interviewed 20 adults aged 58 to 75 years using focus groups (n = 4), didactic interviews with couples (n = 12), and individual interviews (n = 4). Data were analysed using well-described grounded theory methods. *'Participants concerns for their culture and identities'* was one of two key themes identified during open coding. This was related to traditional Chinese medicine in the theme *'Performing and reaffirming cultural identity'* in the final analysis. The data supporting this theme also provides evidence of the role of food activities in the maintenance of a Chinese identity, similar to the findings of Hocking *et al.* (2002) and Kohinor *et al.* (2011). For example, one participant noted *'Because you are still an Asian. It's in your blood. The food you eat, the medicine you take; they are all part of you.'.* Maintaining an identity as Chinese was important for a sense of belonging to participants' own cultural group. It was also evident in the way participants talked about other Vietnamese, Indian, and Mexican immigrants, that identity maintenance also contributed to a sense of belonging to a broader immigrant community within the United States.

2.2.7 Mastery and Control

There was a similarly consistent relationship between identity maintenance and feelings of mastery and control in six qualitative studies of moderate to high quality. Phinney *et al.* (2007) explored the concept of meaningful activity from the perspective of people with dementia, in an interpretative phenomenological study with eight Canadian community-living older adults. The researchers conducted three in-depth interviews with each participant over two to six months. Data were analysed using interpretive methods. The theme *'Autonomy and identity'* reflects the close relationship between identity maintenance and a sense of autonomy. Phinney *et al.* (2007) found maintaining a sense of normality, independence, and contributing to family life all contributed to the meaning of productive, leisure, social, and household activities.

Kidd *et al.* (2008) conducted a 6-month longitudinal study of experiences of self-care among patients with colorectal cancer. Similar to the findings of Phinney *et al.* (2007), the researchers found participants' ability to maintain their identities was closely linked to perceived control through the maintenance of a sense of normality in everyday life, within the theme *'Preserving self-identity'*. In that study, the first author interviewed 11 patients aged 59

to 76 in Scotland who were receiving the same chemotherapy regime. Interviews were conducted at the beginning and end of their treatment. Participants, who were mostly men (n = 8), maintained their identities by finding ways to continue socialising with friends and family, preserve their everyday routines, and minimise the impact of their illness on their lifestyle. Kidd *et al.* (2008) conclude that self-care activities are important for identity maintenance, rather than just being a process of 'doing'.

The importance of activities in identity maintenance that was evident in Kidd *et al.* (2008) and Shaufel *et al.*'s (2011) studies is also evident Reynolds *et al.*'s (2008) study of the meaning of personal artwork for women with cancer. In their phenomenological study, each of the 12 women aged 23 to 74 years with various types of cancer participated in modified photo-elicitation interviews based on 4 – 6 pieces of their own artwork. The procedures of interpretative phenomenological analysis guided the independent data analysis by all three authors. A summary of the five major themes was sent to participants for member checking. The themes of *'proof of capability', 'continuity of the self'* and *'social connectedness'* all point to the importance of both identity maintenance and mental wellbeing through personal art activities. Similar to the findings of Kidd *et al.* (2008), Reynolds *et al.* (2008) found maintaining normality and maintaining family traditions, despite the illness process, were elements of identity maintenance.

In her article reporting the strategies older men used to maintain their masculinity during an interview about their experiences of widowhood, Van den Hoonard (2007) does not directly address the benefits of identity maintenance. The author used a symbolic interactionist approach in this study to understand the experiences of widowhood from the perspective of the 26 North American widowers, aged 56 to 91 years, that she interviewed. However, it is clear in the themes of *'Being in charge'* and *'Using personal diminutives to assert control'* that maintenance of masculine identities as a *'real man'*, in the face of the threat of widowhood, provided a sense of mastery and control over the interview situation.

'Threat to identity' was the core category in Dollard *et al.'s* (2012) grounded theory study of older adults' experiences of falling and their perceptions of other older adults who fall. The study included nine Australian older adults aged 65 to 86 years who participated in a single semi-structured interview. The authors describe a positive identity as someone who is *'the type of person who does not fall'*. The older adult participants used a range of strategies to

maintain this identity, such as blaming external factors for the fall – including the environment, an accident, or bad luck. Alternatively, they described themselves as responsible and vigilant older adults who were too careful to fall. By maintaining an identity as a non-faller, participants were able to maintain a sense of competence, and thus mastery.

In contrast to Dollard *et al.'s* (2012) study, *'Continuing to be me'* was the core category in Daley *et al.'s* (2013) grounded theory study of recovery among users of older adult mental health services in South London. In that study, recovery was understood as the process of taking personal responsibility for regaining control over one's life and mental health. The study included interviews with service users, concurrent data collection and analysis, and theoretical sampling. The number of participants is not clear since the authors report 30 and 38 interviews in different parts of the text, but only 28 participants are evident in the tables. Similar to both Kidd *et al.*(2008) and Reynolds *et al.* (2008), Daley *et al.* (2013) found maintaining social networks, roles, and meaningful activities contributed to the process of identity maintenance. The authors recommend that mental health professionals should focus on identity maintenance for users of older adult mental health services.

2.2.8 Self Esteem

Unlike the studies showing a relationship between identity maintenance and belonging and support, and mastery and control, the four studies by Whitbourne and colleagues of the relationship between identity processes and self-esteem showed less consistent relationships between identity maintenance and self-esteem. All four studies used quantitative designs of low to moderate quality.

Identity Process Theory suggests changes in physical and cognitive functioning with age challenge or threaten identity (Sneed and Whitbourne, 2005; Whitbourne, Sneed and Skultety, 2002; Whitbourne, 2002; Whitbourne, 1996). These experiences of change activate one of three identity processes - assimilation, accommodation, or balance. Assimilation is a process of identity maintenance in which an individual maintains their identity by reinterpreting life experiences that are incongruent with existing identities. This can include minimising or ignoring an experience. Changes in identity are explained by accommodation. During the process of accommodation, an individual acknowledges changes to the self with

age, and consequently revises and redefines their identity. Within the process of balance, an individual flexibly adapts to life experiences and incorporates change into existing identities. This means a consistent and positive identity is maintained, even though some self-descriptions change (Whitbourne and Collins, 1998; Whitbourne, Sneed, Skultety, 2002).

Whitbourne and Collins (1998) conducted a cross-sectional study that explored the impact of physical and cognitive changes on identity processes among 242 American adults aged 40 to 95. The study also explored the relationship between identity processes and self-esteem in the areas of appearance, competence, basic functions, and cognition. Analysis of the total sample showed a positive relationship between identity maintenance (assimilation) and self-esteem in the areas of appearance, basic functions, and cognition. There was also a negative relationship between identity change (accommodation) and self-esteem in the areas of appearance, competence and cognition. There was no relationship between identity balance and self-esteem. The authors conclude that identity maintenance is important for psychological wellbeing, and that clinicians should work to restore a sense of hopefulness and a stronger sense of identity among those older adults who experience significant changes in their identity.

In a later study, Sneed and Whitbourne (2003) investigated the relationship between the same identity processes and age and gender among 173 American middle aged and older adults (Aged 42 to 85 years). This methodologically weak study found that those who were able to maintain a stable and positive view of themselves, while also incorporating changes in their identity (balance), were most aware of their inner thoughts and feelings in a way that increased their self-esteem. In contrast, internal state awareness was negatively correlated with identity change (accommodation). Consequently, Sneed and Whitbourne (2003) conclude identity balance is the process most likely to contribute to successful ageing. A subsequent study investigated gender differences in the relationship between these identity processes and self-esteem in middle aged and older adults (Skultety and Whitbourne, 2004). This survey study included a convenience sample of 222 adults aged 40 to 84 years. Participants completed the same measure of identity processes used in Sneed and Whitbourne's (2003) study, as well as a measure of self-esteem and a demographic questionnaire. Analysis using ANOVA found women's identity was more likely to change (accommodation) than men's ($p < .01$). Identity accommodation was associated with lower self-esteem among men ($p < .01$) and women ($p < .01$). On the other hand, identity balance

was associated with higher levels of self-esteem (p < .05) for the total sample. There was a relationship between identity maintenance (assimilation) and self-esteem among women, but not among men or across the total participant sample.

A more recent study comparing American (n = 319) and Dutch (n = 235) adults aged 40 to 85 years found personal experiences of ageing explained some of the relationship between identity processes and self-esteem (Westerhof, Whitbourne and Freeman, 2012). Identity change (accommodation) was positively correlated with physical decline and social loss, and negatively correlated with self-esteem, in both groups. In contrast, there was a positive correlation between identity balance and self-esteem in both groups. There were also substantial cross-cultural differences in experiences of the ageing self, which led the authors to caution that the ageing self should be studied within its cultural context (Westerhof, Whitbourne and Freeman, 2012).

The finding across all four studies of a negative relationship between identity change and self-esteem suggests that substantial changes in identity compromise mental wellbeing. On the other hand, adults and older adults who achieve identity balance by maintaining a consistent and positive identity, while also changing some self-descriptions, are more likely to have a higher self-esteem (Westerhof, Whitbourne and Freeman, 2012; Skultety and Whitbourne, 2004; Sneed and Whitbourne, 2003). These findings apparently contradict the findings of the qualitative studies already described, but also add weight to Smith and Freund's (2002) findings that changes in possible selves promotes mental wellbeing.

2.2.9 Affect

Similar to the self-esteem studies, research that has shown a relationship between identity maintenance and affect has been quantitative in nature. Two studies of low quality show mixed evidence of a relationship between identity maintenance and affect.

Troll and Skaff (1997) investigated perceived continuity in the self in the oldest old in a 30-month longitudinal study including 150 older adults aged 85 to 103 at Time 1, and 90 older adults at Time 3. That study used James' (1890/2009) and Mead's (1934/2003) conceptualisation of the 'I' and 'me', where the 'I' was viewed as the core self, and the 'me'

as self-descriptors which made up the self. As part of the analysis, Troll and Skaff (1997) investigated the relationship between continuity of the self and mental wellbeing using an 8-item version of the Bradburn Affect Balance Scale (Bradburn, 1969). The analysis showed a positive relationship between maintenance of both the 'I' self and 'me' selves and mental wellbeing at Time 1, but not 30 months later. They suggest this may be because of the smaller sample size at Time 3. The key conclusion of the study was that the core self, or personal identity, of older adults remains stable over both shorter and longer periods of time. Concurrently, individual characteristics that are understood as selves and identity in the present study, can change. This reflects the identity process of balance within identity process theory (Whitbourne, Sneed and Skultety, 2002; Whitbourne and Collins, 1998). Troll and Skaff (1997) also highlight the need for further research on the relationship between continuity of the self, or identity maintenance, and mental wellbeing in later life.

Charles and Pasupathi's (2003) study does not support a relationship between identity maintenance and mental wellbeing. In their study of identity variability in 182 American men and women aged 18 to 94 years (M_{age} = 54.77, SD = 20.61), the researchers asked participants to rate their personality traits and frequency and intensity of a range of positive and negative emotions at five random times per day for seven days, when prompted by a pager. The study found older women were more likely to maintain their identities across different situations than younger women, and men. Similar to the findings of previous studies showing a negative relationship between identity change and self-esteem (Westerhof, Whitbourne and Freeman, 2012; Skultety and Whitbourne, 2004; Sneed and Whitbourne, 2003; Whitbourne and Collins, 1998), Charles and Pasupathi (2003) found participants whose identities varied across different situations reported a higher intensity of negative emotions. Contrary to their hypothesis, participants whose identities varied across different situations also reported a higher intensity of positive emotions. Participants whose identities were stable reported a lower intensity of positive emotions.

In further cross-sectional research by Weinberger and Whitbourne (2010) with 68 older adults (M_{age} = 74.4 years), there was a significant relationship between physical functioning and identity change, and between identity change and depressive symptoms. There was also a significant relationship between physical functioning and depressive symptoms. Thus, changes in identity mediated, or explained in part, the relationship between decreased

physical functioning and an increase in depressive symptoms in later life. However, the findings do not support a hypothesis that depression may be reduced, and mental wellbeing improved, by enabling older adults to maintain their identities when their physical functioning declines. Instead, this study found no negative relationship between either identity maintenance (assimilation), or a balance between maintenance and change in identity and depression.

2.2.10 Discussion of the Findings

The findings of this scoping review suggest that further research is needed on identity maintenance in later life. The finding that both maintenance and change in identities contributes to mental wellbeing in later life, that was evident in the quantitative studies, is not explained by the qualitative studies. Instead, the qualitative studies consistently show that identity maintenance is important for different aspects of mental wellbeing. In addition, most of the research has been conducted in North America, while only two studies have included British older adults (Daley *et al.*, 2013; Reynolds, Lim and Prior, 2008).

Another significant gap in the research was the role of meaningful activities in identity maintenance. Participating in meaningful daily activities and routines was one of the ways in which older adults in the qualitative studies maintained their identities. The importance of hobbies and other leisure time activities was evident in some studies (Schaufel, Nordrehaug and Malterud, 2011; Reynolds, Lim and Prior, 2008). Social activities appeared more important in other studies (Daley *et al.*, 2013; Haslam *et al.*, 2008; Phinney, Chaudhury and O'Connor, 2007). Being able to continue with self-care activities and maintain a sense of 'normality' in everyday life was also a way in which older adults simultaneously maintained their identities and mental wellbeing (Kong and Hsieh, 2012; Kohinor *et al.*, 2011; Kidd *et al.*, 2008; Phinney, Chaudhury and O'Connor, 2007; Hocking, Wright-St. Clair and Bunrayong, 2002). Nevertheless, only the study by Reynolds *et al.* (2008) focussed specifically on the role that a meaningful activity, in this case artwork, played in identity maintenance. Furthermore, none of the quantitative studies measured any aspect of activity participation.

This is a significant gap because the benefit of meaningful activity is well documented elsewhere in the literature. In a systematic review of the relationship between engagement in activities and occupations, and health outcomes, Stav *et al.* (2012) found strong evidence that engagement in daily activities in the work and physical, leisure, social activity and community domains improved health outcomes in later life. That review included 3 Level I (Systematic reviews, meta-analysis, randomised controlled trials) and 95 Level II (Longitudinal cohort/ follow up) studies published between 1990 and October 2008. Studies were identified across seven different databases, and included a broad range of daily activities. The authors reportedly assessed the quality of the evidence, but no criteria are provided in their methodological paper (Arbesman and Lieberman, 2012). The review also included papers recommended by experts up to 2010 (Stav *et al.*, 2012).

One finding evident in Stav *et al.*'s (2012) systematic review is that participating in meaningful activities improves mental wellbeing. The authors found volunteering is associated with lower levels of depression (Musick and Wilson, 2003), higher levels of life satisfaction (Van Willigen, 2000), and a positive view on life (Hao, 2008; Lum and Lightfoot, 2005; Shmotkin, Blumstein and Modan, 2003). There is also a consistent relationship between social activities and improved quality of life (Dahan-Oliel, Gelinas and Mazer, 2008; Silverstein and Parker, 2002). Leisure activities also improve coping in widowed women (Janke, Nimrod and Kleiber, 2008). Furthermore, participation in religious activities was associated with lower levels of depression and higher self-esteem (Hebert, Dang and Schulz, 2007; Greenfield and Marks, 2007; Keyes and Reitzes, 2007).

2.3   The Role of Food Activities as Meaningful Activity in Identity Maintenance

Food activities offer a unique focus when exploring the relationship between meaningful activity and the maintenance of identity for mental wellbeing. All older adults need to participate in some form of food activity on a daily basis for survival – whether this is growing or shopping for food, preparing simple or more complex meals, or eating. Food plays a part in many meaningful activities that are important to health and wellbeing, including the productive, social, leisure, religious, and activities of daily living described in Stav *et al.*'s (2012) review. Furthermore, all three studies that focus on belonging and support

in the scoping review point to the importance of food activities as one specific domain of daily activity that contributes to identity maintenance and wellbeing in later life.

Food activities are also important for the maintenance of other aspects of active and successful ageing – particularly physical wellbeing. At the time planning for this study commenced, one in ten community-living adults aged over 65 years in the United Kingdom were at risk of malnutrition (European Nutrition for Health Alliance, 2005), while at least four in ten older adults admitted to hospital were malnourished (Age UK, 2010; Age Concern, 2007; European Nutrition for Health Alliance, 2005). One later cross-sectional study of adults in one United Kingdom hospital (n = 328) also found 28.1% of adults aged 60 to 79 years were obese. Nevertheless, 9.5% of participants in that study who were obese were also at high risk of malnutrition (Lamb *et al.*, 2009). More recently, the results of the BAPEN (formerly British Association for Parenteral and Enteral Nutrition) survey of malnutrition in hospitals in the United Kingdom have shown that among 34,699 patients admitted to 661 hospitals in the United Kingdom between 2007 and 2011, 29% were at medium or high risk of malnutrition (Russell and Elia, 2014). Those patients older than 65 years had the highest incidence of nutritional risk (32%).

This incidence of poor nutritional health means that food activities are also a priority area of concern for health professionals working with community-living older adults. Despite limited research to support practice, food-related activities like cookery are popular in rehabilitation settings (Rand, Katz and Weiss, 2007; Bryant and McKay, 2005; Duncombe, 2004), while meal programmes are commonly used to support frail community-dwelling older adults (Krondl, Coleman and Lau, 2008; Lirette *et al.*, 2007; Keller, 2006; Gollub and Weddle, 2004; Keller, 2001). It is the researcher's view that reducing nutritional risk requires a multi-disciplinary approach that goes beyond ensuring the older person has access to meals or supplements that are nutritionally balanced and adequate. Instead, we also need to consider how the meaning that older people get *out* of shopping, cooking, eating and eating well contributes to the maintenance of their identities and their mental wellbeing.

The findings of the scoping review, and consideration of the broader literature, led to a systematic review and meta-synthesis of the relationship between food activities and identity maintenance. This type of review can lead to new insights in the literature that have not been previously recognised (Arai *et al.*, 2007).

2.3.1 Search Strategy

The aims of this systematic review were to:

CHAPTER 3   Describe existing knowledge

CHAPTER 4   Evaluate the strength of evidence and

CHAPTER 5   Identify gaps in existing research on the relationship between food activities and identity maintenance in later life.

The PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) guidelines for systematic reviews were followed again (Moher *et al.*, 2009).

 The key question guiding the review was:

> *What is the relationship between food activities and the maintenance of identities in later life?*

The researcher used the research databases Academic Search Complete, CINAHL Plus, MEDLINE, and PsycINFO. Papers published up to March 2014 were obtained. The key words used in combination were self and identity, identity, identities, possible selves, and food. The keywords self and identity, identities, and possible selves were used to capture past, present and future aspects of identity from a range of theoretical perspectives. Limits were placed on this search. These limits were keyword in abstract, aged over 65 years, peer reviewed journal, English language, and human participants. Secondary searches were carried out using the keywords for identity (identity, possible selves) and key words for food activities. The food activity keywords used were grocery, cook, meal preparation, eat, nutrition, and grow. Reference lists of the review papers were also scanned for additional papers.

The researcher screened the study titles and abstracts of the limited and secondary searches to determine which articles met the following inclusion criteria:

a) Any aspect of food activity included in study design or findings

b) For quantitative studies: A measure of identity included in study design

c) For qualitative studies: Themes related to identity evident in study findings

Exclusion criteria were:

Figure 3 Studies including only older adults living in nursing or residential care

Figure 4 Studies that did not investigate the concept of identity, but made general statements about food identities in the discussion or conclusion

Figure 5 Studies including animal subjects or focussed on nutritional properties at a biochemical level

Figure 6 Duplicate studies

The full text of the articles that met the inclusion criteria was reviewed in more depth to determine if the inclusion and exclusion criteria were met.

5.1.1 Synthesis and Quality Assessment of the Findings

Once again, the researcher used the narrative synthesis methods of Arai *et al.*(2007). Unlike the content analysis methods of the scoping review, this systematic review used thematic analysis to reveal new understanding of the relationship between food activities and identity maintenance. First, the author used textual description to systematically summarise the included studies. Next, key characteristics of the studies were tabulated to begin comparison and identification of patterns between studies. Then studies were grouped according to overarching identity themes. Thematic analysis was conducted within these overarching themes to identify salient or recurrent themes, by reading and re-reading the findings or results section of each article.

The robustness of evidence supporting a relationship between identity maintenance and mental wellbeing was assessed again using Annear *et al.*'s (2014) quality assessment criteria (See Table 3 and Table 4) and an assessment of the strength of evidence.

5.1.2 Literature Review Results

Findings are presented in 0. The search yielded 8016 abstracts. This was reduced to 1388 papers after limits were applied to the initial search. Screening of the study titles and abstracts using the inclusion and exclusion criteria further reduced the number of papers for

Figure 7   A Systematic Review of Food Activities and the Maintenance of Past, Present and Future Identities in Later Life

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│ Keywords            │     │ Databases Searched      │     │ Records identified through│
│ Food                │ ──▶ │ Academic Search Premier │ ──▶ │ database searching       │
│ 'Self and identity' │     │ CINAHL Plus             │     │                          │
│ Identity / Identities│     │ Medline                 │     │ (n = 8016)               │
│ Possible Selves     │     │ PsychInfo               │     │                          │
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                                                            │ Limitations Applied      │
                                                            │  Keywords in abstract    │
                                                            │  Aged > 65 years         │
                                                            │  Peer reviewed journal   │
                                                            │  English                 │
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                          │ Title & Abstract Screened│◀─────└──────────────────────────┘
                          │ (N = 1388)               │
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│ Records identified through│          │  ───────────────▶  │ Excluded             │
│ citation tracking and     │          │                    │ (N = 1229)           │
│ additional keywords       │          ▼                    └──────────────────────┘
│ used in literature        │    ┌──────────────────────────┐
│ (n = 8)                    │    │ Full text articles       │
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                                  └──────────────────────────┘    │ Excluded (N = 146)       │
                                         │           ───────────▶ │ a)      Did not          │
                                         │                        │   meet inclusion         │
                                         │                        │   criteria (n = 124)     │
                                         │                        │ b)      Not a            │
                                         │                        │   research study (n      │
                                         │                        │   = 13)                  │
                                         ▼                        │ c)      No               │
                                  ┌──────────────────────────┐    │   findings related to    │
                                  │ Included Studies         │    │   identity               │
                                  │ (N = 22)                 │    │   maintenance            │
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│ Qualitative Studies  │    │ Quantitative Studies │    │ Mixed Methods Studies│
│ (n = 19)             │    │ (n = 2)              │    │ (n = 1)              │
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review to 159. Eight additional papers were identified in the secondary search. This meant 167 full text articles were reviewed for eligibility using the inclusion and exclusion criteria. Thirty studies (30) met the inclusion criteria for the review.

Eight of the 30 studies showed a relationship between food activities and identity among adults and older adults, but not identity maintenance. Four of these eight studies measured the relationship between identity and consumer behaviour using quantitative methods (Cook *et al.*, 2002; Schryver and Smith, 2002; Schryver *et al.*, 2007; Michaelidou and Hassan, 2008). Another quantitative study measured the relationship between possible selves and health behaviour (Hooker and Kaus, 1992). One qualitative study explored the uptake of health promotion interventions in relation to health and ageing, using discourse analysis (Pond *et al.*, 2010). Another examined the enactment of ethnic identities among three ethnic groups (Devine *et al.*, 1999). Two other qualitative studies were part of a multi-national research consortium investigating meal preparation among women in New Zealand, Thailand, Canada, and the USA (Shordike and Pierce, 2005; Wright-St Clair *et al.*, 2013). Since there was no evidence of maintenance or change in food identities in these eight articles, they were excluded from the review.

The review found two overarching themes in the 22 included studies: 'Maintaining Identities through the Social Aspect to Food Activities', and 'Changing Food Choices, Changing Health, and Changing Identities'. This result indicates a relationship between both maintenance and change in identities and food activities in later life.

5.1.3 Maintaining Identities through the Social Aspect to Food Activities

There was moderate evidence from nine qualitative and two quantitative studies that there is a relationship between participation in food activities and maintenance of social identities in adulthood and later life. The quality of these studies ranged from a low score of three (Cantarero *et al.*, 2013) to a high quality score of 18 (O'Sullivan, Hocking and Wright-St. Clair, 2008), with a median of 12/18. The quality scores of individual studies are presented in Tables 7 and 8. Studies were conducted in a broad range of cultural contexts with both dominant and minority groups in the United Kingdom, United States of America, Canada, New Zealand and Thailand, Spain, and Chile. The narrative analysis found a variety of

identities were maintained by cooking traditional meals, giving and receiving love, eating traditional foods, and by shopping.

Table 7   The Relationship between Food Activities and Identity Maintenance – Quantitative Evidence

Authors	Research Design	Reliability and Validity of Measures	Sample Size and Representativeness	Response Rate	Appropriateness of Statistical Analysis	Control of Potential Confounders	Score
Cantarero et al. (2013)	Mixed methods. Quantitative phase included cross-sectional participant sample	NR	N = 816 Simple random sampling	NR (0)	Inappropriate tests used for type of data	NR	3
Schnettler et al. (2012)	Cross sectional	Measures pilot tested and reliability reported	N = 400 (1)	NR	Appropriate and hypotheses tested	Included in analysis	11

5.1.4 Cooking Traditional Meals

Beoku-Betts (1995) explored the inter-relationship between food and the preservation of cultural identity among Gullah women in the United States of America in an ethnographic study conducted over 3 years. This was a black-feminist study using the theoretical perspective of Afro-centric value systems. The Gullah are descendants of West African slaves living in South Carolina and Georgia. Beoku-Betts (1995) used semi-structured interviews with 22 Gullah women and field observations to generate ethnographic data. Participants were aged between 35 and 75, and were married (n = 11), single parents (n = 2), and widowed (n = 9). The author reports using qualitative and inductive methods of data analysis, but does not give a systematic account of the data analysis process. The study setting is described in detail, to provide the reader with a comprehensive understanding of the location of the research.

Having a 'rice culture' is a central component of a Gullah identity (Beoku-Betts, 1995). Participants described rice as essential for a 'full meal', and as essential for continuing tradition. These oral traditions were expressed through songs, folk stories, and strict rituals for preparing rice. A Gullah identity was also maintained in the everyday practices of skilful

Table 8   The Relationship between Food Activities and Identity Maintenance –
Qualitative Evidence

Authors	Research Design/ Data Collection	Sampling	Theoretical Framework	Data Analysis	Evidence of Reflexivity	Validation of findings	Score
Maintenance of Women's Gendered Ethnic Identities							
Beoku-Betts (1995)	Ethnographic: Semi-structured interviews Journal/ Field observations	N = 22 Women Age: 35 – 75 USA (Gullah)	Black feminist studies Afro-centric values system	Qualitative inductive narrative analysis	Meta position as Black feminist scholar made explicit	Triangulation of data sources	15
Hocking et al. (2002)	Qualitative: Focus groups	N = 49 Women Age = > 60 – 65 Thai (n = 33) NZ (n = 16)	No	Interpretive analysis Narrative approach	No	Triangulation of researchers (data analysis)	12
Wright-St Clair et al. (2005)	Qualitative: Focus groups	N = 16 Women Age > 65 New Zealand	No	Interpretive analysis	No	Triangulation of researchers (data analysis)	12
O'Sullivan et al (2008)	Qualitative: Focus groups	N = 20 Women Age: 65 – 93 Canada	Symbolic interactionism	Interpretive analysis Narrative approach	Yes	Member checking Peer review Field notes Immersion Participant observation	18
D'Sylva and Beagan (2011)	Qualitative: In-depth interviews	N = 13 Women Age: 26 – 70 Canada (Goan)	NR	Inductive qualitative analysis	Explicit position of both researchers in relation to study	Theoretical saturation Field notes	15
Janowski (2012)	Food-centred life history methodology: Interviews	N = 7 Women Age: Born 1913 – 1938 UK (Polish)	NR	NR	Explicit position of researchers in relation to study	NR	9
Maintenance of Ethnic Identities							
Hadjiyanni and Helle (2009)	In-depth interviews	N = 13 Age: 36 - 68 Gender: NR USA (Ojibwe)	NR	NR	Design perspective	Research / field observations House plans Photographs	9
Maintenance of Community Identities							
Griffith (2003)	Semi-structured interviews	N = 25 Age: 50 – 91 Gender: Women (n=20) Men (n=5) USA	Symbolic interactionism	Comparative pattern analysis	NR	No	12
Scarpello et al. (2009)	Semi-structured interviews	N = 29 interviews Age: 18 – 65+ Gender: Women (n=22) Men (n=7) UK	No	Interpretative phenomenological approach	No	Theoretical Saturation Triangulation of researchers	9

selection and combination of food seasonings; preparing food from raw ingredients; finding ways to compensate for time pressure; and always cooking a little more for unexpected visitors. The women in Beoku-Betts' (1995) study also maintained their cultural identities through close networks with other Gullah women. This extended to church networks and sharing of tradition and a spiritual identity when women cooked Gullah food for community activities.

In contrast, a Gullah identity was threatened by the time needed to prepare traditional foods. Rapid economic growth and tourism in the areas inhabited by the Gullah also threatened their culture. The younger generation in the community studied by Beoku-Betts (1995) was also rapidly declining because of a lack of economic opportunities for young adults. Nevertheless, Beoku-Betts (1995) argues food work is a source of empowerment for the Gullah women, and a way of perpetuating group survival in the face of outside pressure.

In a study described earlier in this literature review, Hocking *et al.* (2002) compared the meaning of cooking and recipe work through focus groups with 33 older Thai and the 16 New Zealand women. The study used an interpretive methodology with a narrative approach. No specific theoretical framework was used, to include the broadest range of conceptual findings. The authors give a limited description of an interpretive analysis that included initial coding, comparison, and definition of overarching themes. In addition, research teams from each country met to compare findings. While women from New Zealand gain recognition and identity through talking about their recipes, Thai women maintain a sense of cultural continuity through their food activities.

There are a number of methodological issues with this study. It is not clear in the text how the methodology and approach influenced the data analysis or the results. Hocking *et al.* (2002) claim the absence of a theoretical framework limited the 'filtering effects' of any specific theory. While this is a valid argument for the findings, a theoretical framework to inform the methods would improve the study. The authors do not provide a clear study purpose, and insufficient detail is given about the study participants. Key participants characteristics that affect participation in food activities are not described, other than where participants were recruited from and the minimum age of recruitment of 60 years for Thai women and 65 years for New Zealand women. Furthermore, the authors do not report participant numbers for each focus group, or group characteristics. It is also not clear what effect, if any, group interaction

had on the way participants spoke in the group. These issues raise concerns about the overall rigour of the study.

The second publication by this research group used data from the New Zealand component only (Wright-St Clair *et al.,* 2005). All of the 16 participants were over age 65, none identified as Maori, all lived independently in the community, and all spoke English as a first language. Wright-St Clair *et al.* (2005) found identity was a uniting concept across the three themes of '*Being and becoming a New Zealander'*, *'Making and remaking family'*, and *'Validating the self'*. Christmas meal preparation activities contribute to the construction of cultural and gendered identities as a New Zealander women who are practical, thrifty, and caring (Wright-St Clair *et al.*, 2005). In addition, participants validated their individual identities as knowledgeable and skilled cooks by sharing family recipes in the focus group, and by serving and gifting favourite foods to family members at Christmas time. Although it is evident that data were independently coded by members of the research team, and then interpretation and emergent codes were discussed, description of the methods of data analysis used remains insufficient.

In O'Sullivan *et al.*'s (2008) research component with 20 older Canadian women, the relationship between Christmas food activities and identity maintenance is also apparent. The explicit use of symbolic interactionism as a theoretical framework means this study acknowledges the influence of a particular theoretical position on the results. O'Sullivan *et al.* (2008) included English-speaking Canadian women aged 65 to 93 from a rural area. The authors provide a detailed description of the participants and their backgrounds. The authors used the same interpretive approach as the previous two studies, but made significantly more effort to ensure trustworthiness. They used member checking, peer review, field notes, reflexivity, immersion in the data, and participant observation with two women.

The four key themes identified were *'Food as love'*, '*Food of culture', 'Food of life'* and *'Changing food practices'*. National identities based on the family's cultural heritage, and being Canadian, were more prominent in the theme *'Food of culture'*. A sense of cultural heritage was maintained by cooking and serving foods from the family's country of origin, and incorporating foods associated with other cultural heritages when other adults married into the family. Similar actions were noticeable in Wright-St Clair *et al.*'s (2005) theme of

'Being and becoming a New Zealander'. The authors argue that the special effort these women put into Christmas contributes to a strong sense of identity across the life course.

D'Sylva and Beagan's (2011) exploratory qualitative research with first-generation Goan-Canadian women supports the maintenance of ethnic and gender identities through food activities first evident in Beoku-Bett's (1995) study. D'Sylva and Beagan interviewed 13 Goan women, living in Canada for at least five years, aged between 26 and 70 years. Most participants (n = 9) were aged between 42 and 53, and still had children living at home (n = 8). Only one participant was widowed. Qualitative in-depth interviews and inductive qualitative analysis were used to explore the meaning of food and foodwork for these women, as well as the way in which food activities maintained their gendered ethnic identities. This study is strengthened by the researchers' reflexivity and their clear statement of their position as a fellow Goan and outside observer in relation to the participants.

Two key themes emerged from the analysis: Goan food and Goan identity, and Goan women and the meaning of food work. These findings are not presented in a way that is consistent with the thematic analysis the authors describe, because it is not clear which aspects of identity and meaning were major themes and which were sub themes. It is also difficult to draw specific conclusions about food identity in later life, because the individual characteristics of the participants are not described. This means it is not clear how many participants were over age 65. Furthermore, some of the women in that study were not born in Goa, but had emigrated to Canada via Africa, Pakistan and Britain. Their Goa identities were therefore possibly influenced by experiences of being Goan in other countries.

Despite these limitations, the authors found Goan food was important to a Goan sense of identity. The women in D'Sylva and Beagan's (2011) study maintained their Goan identities through the continued preparation of Goan foods on an almost daily basis, and especially during family celebrations such as Christmas, and at community events. Becoming older and having fewer childcare responsibilities made more time available for traditional cooking, contributing to identity maintenance. Similar to the findings of Wright St Clair *et al.* (2005) and Hocking (2002), food activities were also a means of maintaining family and community identities.

D'Sylva and Beagan (2011) also emphasise the importance of foodwork as a source of empowerment within the family and the wider Goan community, because of the value placed on Goan culinary skills. On the other hand, food identities were challenged by a desire to eat more healthily and time constraints. Similar to Kohinor *et al.*'s (2011) study with Surinamese immigrants in the Netherlands, the Goan-Canadian women in D'Sylva and Beagan's (2011) study viewed eating rice and curries, and cooking with oil, as conflicting with Canadian healthy eating guidelines. Adapting meal preparation for health raised questions about the authenticity of meals.

Time availability and time use across the life course appear be issues in the theme 'Cooking traditional meals'. Both Beoku-Betts (1995) and D'Sylva and Beagan (2011) highlight pressure on time as a threat to Gullah and Goan identities respectively. The busy women in Beoku-Betts' (1995) study viewed taking short cuts or making substitutions acceptable – as long as the spice mix was correct and the meal contained raw ingredients. Notably, some women in D'Sylva and Beagan's (2011) described having more time to cook and eat Goan food as they aged, because of fewer childcare demands. Conversely, other women described Goan cooking as time and labour intensive. In addition, the women in D'Sylva and Beagan's (2011) study, and participants in Kohinor *et al.'s* (2011) studies highlight the discrepancy between traditional cooking and national healthy eating guidelines. The women in D'Sylva and Beagan's (2011) study cooked traditional foods such as curry less, because they wanted to eat more healthily and manage their weight. Although changes in time use and health may have threatened a Goan identity, there is no evidence that these threats led to change in identity as a Goan woman.

Another common theme across these studies of women's gendered food identities is the 'authenticity' of the meal. This is most evident in Janowski's (2012) study of the role of food and food work in identity. Janowski (2012) focused her study on seven Polish women who were deported to Russia during World War II. All were living in one community in the United Kingdom in late 2008 and 2009. The women were born between 1913 and 1938. Janowski (2012) used lightly structured interviews and food diaries to creative a narrative of these women's war and post-war experiences of trauma and migration through stories about food. The author did not position this study as ethnography, although its methods resemble Beoku-Bett's (1995) study with Gullah women. The theoretical framework used is unclear,

and the description of the data analysis methods Janowski (2012) used lacks sufficient detail to replicate the study. Findings do not appear to be validated either.

Although the study is largely historical and is less methodologically sound than other studies discussed here, Janowski (2012) draws interesting parallels with the present day. One narrative thread running through the article is the desire to cook authentic Polish food. 'Authentic' food requires the correct ingredients. Across D'Sylva and Beagan (2011), Kohinor *et al.* (2011), Hadjiyanni and Helle (2009) and Janowski's (2012) studies, participants experienced difficulty getting the right ingredients as a threat to their identities. 'Authentic' food also requires knowledge passed across generations. D'Sylva and Beagan (2011) highlight passing on food knowledge to younger generations as a positive experience. As does Beoku-Betts (1995). In contrast, many of Janowski's (2012) participants were too young to learn from their mothers before deportation. Even as older women they questioned their 'Polishness', because they had not learned to cook Polish food in Poland.

A third common thread is the traditional meal pattern. Hadjiyanni and Helle (2008) and Kohinoor *et al.* (2011) talk about a pattern of eating when hungry, in their studies with Native American and Surinamese participants respectively. In contrast, Janowski (2012) describes a central cooked meal (*obiad*) in three courses: soup, a starch-based course, and stewed fruit. It is expected that the whole family eat together at this meal. During times of transition, and in situations where ethnic differences are highlighted, meal preparation and food choice seem to become more important to the maintenance of women's gendered cultural identities (Devine *et al.*, 1999). This was evident in the adjustments the New Zealand women in Wright-St Clair *et al.*'s (2005) study made to Christmas meal preparation in a hot climate, as this contrasted with their British heritage. O'Sullivan *et al.* (2008) also highlight the importance of blending different cultural traditions in their multi-ethnic Canadian families. It is interesting that gendered ethnic identities were even evident for these women who belonged to the contemporary dominant ethnic group in New Zealand and Canada.

5.1.5 Giving and Receiving Love

A second major theme evident in many of the previously reviewed studies was giving and receiving love as a way of maintaining identities. There are noticeable similarities between

Wright-St Clair *et al.*'s (2005) theme of '*Making and remaking family*' and O'Sullivan *et al.*'s (2008) theme *'Food as love'* in which giving and receiving love through food preparation also maintained women's family identities. In Wright-St Clair *et al.*'s (2005) study, Christmas meal activities were used to make and remake family identities over time as the family changes through births, marriages, and deaths. Similarly, O'Sullivan *et al.* (2008) found using meaningful objects handed across generations, and maintaining traditions unique to the family maintained a sense of being a family. In D'Sylva and Beagan's (2011) study, the maintenance of a Goan family identity occurred first through the preparation of meals as a way of caring for the family, and second through the teaching of cooking skills by older generations to younger generations.

5.1.6 Eating Traditional Food

Three other studies of the relationship between food activities and ethnic identities that did not specifically consider gender identity were identified in the review. In their study of life satisfaction and satisfaction with food-related life among the Mapuche in Southern Chile, Schnettler *et al.* (2012) used logit and probit models to identify which variables explained life satisfaction as the dependent variable. The authors found participants who consumed Mapuche food only occasionally had a lower life satisfaction (β = -0.406, p < 0.1) than those who consumed Mapuche food generally. Consequently, the authors argue that the life satisfaction and quality of life are explained in part by the maintenance of ethnic identities through food activities. This is an interesting finding because it adds weight to Haslam *et al.'s* (2008) finding that identity maintenance improves life satisfaction.

However, a number of methodological issues raise questions about the relationship between life satisfaction and the maintenance of ethnic identities through food activities. Schnettler *et al.,* (2012) operationalised ethnic identity in the variable 'Frequency of consumption of ethnically typically foods'. Binomial response options included 'occasionally' and 'generally'. These authors assume that Mapuche with a strong ethnic identity will eat ethnic foods. This is not necessarily the case, since Laroche *et al.* (1998) found ethnic identity only explains in part the consumption of ethnic foods among Italian-Canadians. In addition, it is not clear what is meant by 'occasionally' or 'generally'. This is significant because other

qualitative study participants have talked variably about eating ethnic foods every day (Kohinor *et al.*, 2011) through to weekly (Hadjiyanni and Helle, 2009).

The sampling procedures and characteristics of the sample are also unclear. It appears 400 participants completed a survey, with 19.5% over age 55. No age range is given. The authors did not include age in the explanatory model. Furthermore, the authors included scores for each of the five items on the Satisfaction with Food-related Life Scale (SWFLS) in the analysis. The total scale score was not included. This is unfortunate, as the five-item tool is well validated as a comprehensive measure of satisfaction with food-related life (Grunert *et al.*, 2007).

In a mixed methods study of the relationship between food preferences and cultural identity, Cantatero *et al.* (2013) developed a measure of favourite foods for inhabitants of Aragon (Spain). The authors used qualitative semi-structured interviews with 30 adults older than 20 years, and six focus groups with six participants each, again older than 20 years. The authors do not describe the recruitment procedures, participant characteristics, interview schedule, or the methods of data analysis. Measures of reliability and validity of the instruments the authors developed are also not reported.

In the quantitative phase, 816 participants ranked ordered their preference for seven types of food ranging from local Aragon specialities (e.g. *Ternasco* lamb) to convenience foods (e.g. Sausages, hamburgers, hot dogs). The proportion of participants over 65 years was 5.3%. Cantatero *et al.* (2013) initially used Chi-square analysis to examine the relationship between categorical variables, and the Kruskall-Wallis test for the ordinal variables (rank order of food preferences). However, as could be expected, the contingency tables were too complex to interpret. The authors then used analysis of correspondences to interpret the data.. The incorrect use of this statistical test makes interpretation of the data difficult, beyond the descriptive statistics reported. The authors of this study conclude that consumption of food symbolically related to one's own culture reinforces a sense of belonging. This conclusion is not necessarily supported by the weak and poorly reported study design, based on a score of only 2/18 using the quality assessment criteria (Annear *et al*., 2014). However, the descriptive statistics do show that adults aged 55 to 64 and over 65, and those participants who were retired, rated their preference for Aragonese food higher than other participants did. Higher preference was also associated with higher consumption of Aragonese foods.

In the only identified qualitative study of ethnic identities related to food activities, Hadjiyanni and Helle (2009) suggest that traditional foods are a means to re/claim the past and construct an ethnic or cultural identity for the Ojibwe, a native-American tribe. Hadjiyanni and Helle (2009) sought to explore how domestic spaces can support or challenge efforts to restore and construct an Ojibwe identity. The authors conducted 13 in-depth interviews of 2-3 hours each with the heads of Ojibwe household living in Minnesota. They also documented house-plans and furniture, photographs, and research observations. The theoretical position of the researchers, and details of data analysis methods are not reported.

Hadjiyanni and Helle (2009) found food was one means through which the Ojibwe could reclaim their past. Eating traditional foods at least weekly, and a traditional food pattern of eating when hungry, were both means to re/claim an Ojibwe identity. These themes are also evident in D'Sylva and Beagan's (2011) study with Goan-Canadians, and Kohinor *et al.*'s (2011) study with Surinamese in the Netherlands. Nevertheless, challenges to identity re/clamation were difficulty getting traditional foods, inadequate kitchen facilities, and eating boxed convenience foods (Hadjiyanni and Helle, 2009).

There are two key strengths to Hadjiyanni and Helle's (2009) study. The first is the use of narrative interviewing and a range of visual methods to understand the perspectives of a minority group. The second was the use of home interviews, since where questions are asked can have an effect on the identities that are salient (Oyserman, Elmore and Smith, 2012). In addition, interviews using visual methods such as the home environment can elicit richer data (Guilliam and Drew, 2010). These strengths enhanced the credibility of the study.

There are also some limitations to consider. Hadjiyanni and Helle (2009) included participants ranging in age from 36 to 68 years old, and it is unclear whether there were any differences in experience with age. In addition, there are significant weaknesses in the data analysis. No participant characteristics are given, so it is impossible to determine if women's or men's experiences are being described. No methods of data analysis are reported. This means it is unclear how the authors integrated their interview, visual, and observational data. There is also no evidence of a decision trail, or that all data were included in the analysis. These factors raise questions about the dependability, and therefore the overall rigour of the study.

5.1.7 Shopping and the Maintenance of Identities

Only two studies provide evidence of a relationship between shopping and identity maintenance. Griffith (2003) used the theory of symbolic interaction to examine the meaning of consumer shopping experiences using data from semi-structured interviews with 25 older adults in the United States (Griffith, 2003). Participants, aged 50 to 91 years, were recruited from four nursing homes (n = 11) and a local church congregation (n = 14), and data were thematically analysed using comparative pattern analysis. There is no evidence of reflexivity or validation of the study findings.

Griffith (2003) found shopping as a rite of passage provided an opportunity for the construction of identity, particularly in the early years. In addition, social intimacy was developed and maintained across the lifespan through shopping experiences, initially with parents, with friends and later with spouses. Shopping provided these older adults with an opportunity to share personal experiences and gain respite from their daily lives in a relaxing and distraction free environment.

In later life, Griffith (2003) links shopping to maintenance of identity through the construction of a network of social support in the retail environment (Griffith, 2003). This is characterised by friendships developed with employees and fellow customers, particularly later in life or after widowhood. However, these findings may be limited by the single geographical area in which the study took place, the predominance of women (n = 20) over men (n = 5), and the inclusion of nursing home residents who would not have needed to shop for food.

Another qualitative study of the food-related experiences of rural village shop customers in the United Kingdom also alludes to the social importance of shopping as a means to maintain community and social identities (Scarpello *et al.*, 2009). Scarpello *et al.* (2009) used semi-structured interviews with 40 participants purposively selected from 88 volunteers for geographic location, store size, and the range of foods on sale. The authors also used a poorly described interpretative phenomenological approach to analysis, which appears inappropriate given the large number of participants in comparison to other IPA studies. Analysis of interview transcripts stopped after 29 interviews, because the four authors agreed they had

reached data saturation. The triangulation of researchers for data analysis is a strength of this study. Nevertheless, the focus of the research was on the utility of the shopping experience, rather than the meaning of the village store and its importance for identity. Only six of the 29 interviews analysed were with people over 65, although just over half of analysed interviews were with villagers over 50.

Scarpello *et al.* (2009) found shopping at the village store was important for the maintenance of a community identity, within the main theme of '*Village store as icon*'. In addition, the village store became more important with age and frailty within the themes '*Village store as service provider*' and '*Lifestyle factors*'. The authors highlight the importance of a personal service and help from storekeepers, who perceived as friends or neighbours rather than just retailers. In addition, the study found that the village store maintained a sense of independence for some shoppers, because the village store was more accessible than out of town supermarkets. Notably, this point was illustrated by an extract from a 30-year old participant, rather than an older adult.

5.1.8 Changing Food Choices, Changing Health, and Changing Identities

There was also moderate evidence from nine qualitative studies of a threat to identity because of changes in the meaning and performance of food activities. This was not supported by one quantitative study. The studies varied in their quality, with two studies being assessed as weak (Moss *et al*., 2007; Locher *et al*., 2010), and two as very high quality (Bisogni *et al*., 2002; Atta-Konadu *et al*., 2011). Scores ranged between three and 18, with a median of 13/18 (See Table 9 and Table 10). The finding that changes in meaning and performance of food activities threatened identities was also consistent across a range of contexts. Studies were conducted in the USA (Bisogni *et al*., 2002; Moss *et al*., 2007; Locher *et al*., 2011), Australia (Broom and Whittaker, 2004), and Canada (Atta-Konadu *et al*., 2011; Mathew *et al*., 2012) . Four studies were conducted in the United Kingdom (Valentine, 1999; Peel *et al*., 2005; Bradbury *et al*., 2008; Rose and Howard, 2014).

Bisogni *et al*. (2002) found there were a variety of reasons why most of the 17 participants in their study had experienced some change in their food identities as a consequence of change in food choice. Health was the primary focus in nine other studies. Studies conducted with

participants with diabetes (Broom & Whittaker, 2004; Mathew *et al*., 2012; Peel *et al*., 2005), coeliac disease (Rose & Howard, 2014), cancer (Locher *et al*., 2010; Valentine, 1999), dementia (Atta-Konadu *et al*., 2011), and frailty (Moss *et al*., 2007) consistently showed changes in health led to changes food activity participation, that in turn threatened or changed identities. In three of the eight studies, a change in health also challenged and/or changed carers' identities (Atta-Konadu *et al*., 2011; Locher *et al*., 2010; Valentine, 1999). The primary reasons why a change in food activities threatened or changed identities were changes in food choice, a loss of control, a change in the social aspect to food activities, and changing roles and responsibilities.

5.1.9 Changes in Food Choice

In an important and methodologically rigorous grounded theory study investigating both the content and processes of food identities of 17 white, middle class, American adults and older adults (9 women and 8 men age 25 – 89 years, m = 47 years), Bisogni *et al.* (2002) found that identities developed from eating, and influenced food choice. These multiple identities included identities associated with eating practices, like range, type and quantity of foods eaten; identities associated with other personal characteristics, like body image, control over eating, and importance of food; and social and role identities, like mothering and being 'an older women'.

A second important finding of Bisogni *et al.*'s (2002) study is several identity processes were involved in food choice. The process of *'Development and revision'* represents how participants developed identities through their experiences with food and eating, and change in these identities. Biological, psychological, cultural, and social aspects to food and eating all contributed to the development of participants' food identities over their life course. Significantly, Bisogni *et al.* (2002) found all participants described some change in their food identities. These changes in food identity occurred because of changes in food choice; life course events and experiences; new health concerns; a change in values associated with eating; and a change in relationships, roles and responsibilities. Several participants revised their food identities multiple times across their life course.

The process of 'Evaluation and monitoring' represents the comparisons participants made between their current food identities and other people, their past identities, or the type of eater they hoped to be (Bisogni et al., 2002). This past, present, and future dimension to food identity processes is interesting. In Bisogni et al.'s (2002) study, the process of evaluation and monitoring was a positive experience for some participants, but caused anxiety, guilt, and frustration for others. Feelings of satisfaction were associated with successful efforts to improve eating patterns. In contrast, feelings of anxiety, guilt and frustration were associated with not meeting personal standards or not living up to the expectations of others. Being a 'healthy eater' was desirable for some participants. For others, being a 'healthy eater' was associated with disease management, weight management, and being 'sick'. Being a 'controlled eater' in contrast to a 'healthy eater', and 'normal' in contrast to 'extreme' were similarly desirable for some participants, but not others. Being a 'food-lover' was another identity with a strong evaluative element. These participants needed and expected eating to be a pleasurable, satisfying, rewarding and relaxing experience.

The process of 'Enactment' represents the effect of food identities on eating practices. Some participants described a commitment to their food identities and their need to make food choices that were consistent with these identities. Enacting food identities required time and effort, social support, and financial resources. Situations where participants could not eat as they wanted to threatened food identities. Some participants felt frustrated and unhappy until they could enact their important food identities again. Other participants compromised their identities, accepting their situation as temporary. Conflict between different identities sometimes also threatened self-esteem (Bisogni et al., 2002). For example, one participant felt frustrated with the conflict between their love of food and cooking, and restricting their diet to eat more healthily.

The methodological rigour of this study enhances the importance of its findings. The grounded theory method selected was appropriate for the authors' constructionist theoretical position on identity (Mills, Bonner and Francis, 2006; Charmaz, 2000; Strauss and Corbin, 1990). Constant comparison, theoretical sampling, and theoretical saturation are all features of a rigorously conducted grounded theory study (Draucker et al., 2007; Hallberg, 2006; Cutcliffe, 2005; Reynolds, 2003). Bisogni et al. (2002) used the constant comparative methods of analysis within and between participant interviews, as well as purposive and convenience sampling methods for theoretical sampling. Recruitment ceased once theoretical

saturation had been reached. The resulting conceptual description of the relationship between food choice and identity across the life course was clearly illustrated and described, enabling other researchers to readily apply this grounded theory to other research. Bisogni *et al.* (2002) highlight the need to extend this research with other groups of individuals because their participants were ethnically homogenous. This important study has subsequently informed further studies of food identity in adults. No studies were found that extended knowledge of the relationship between food choice and identities in later life.

5.1.10 Loss of control

The loss of control over food activities was a second important threat to identity. The effect of health conditions on identities is evident in Broom and Whittaker's (2004) study of the narratives of adults with diabetes. That qualitative study asked 119 Australian adults, only two of whom were Indigenous people, aged 20 to 90 years (M_{age} = 64 years), to tell the story of their diabetes from diagnosis to the present day. Data were analysed using thematic analysis. One of the three key themes evident in the data was *'The "spoiled identity" of diabetes'*. Within this theme, Broom and Whittaker (2004) highlight the moral dimension of developing diabetes as a condition associated with a lack of self-control and a 'bad' lifestyle. Participants' identity was challenged by blame – for not taking better care of one's health, and for lacking self-control.

Although the medical literature focuses on control of blood sugar levels, for the participants in Broom and Whittaker's (2004) study, control extended to diet and food choice, eating fats and sweets, and self-control. Participants tried to maintain a positive identity in a number of ways, despite these threats. These included the struggle for self-control; an on-going balance between '*salvation through hyper-compliance*' and a *'miserable life of denial'*; positioning the self as a child to divert blame; normalising diabetes; and hiding transgressions from healthcare providers by, for example, recording false blood sugar readings.

Broom and Whittaker's (2004) study included a relatively large number of participants for a qualitative study. Almost one third of participants were retired. It is unfortunate that the authors made no comparison between participants who were working and retired because they missed an opportunity to compare the experience of older adults with younger,

employed adults. Although the authors claim to use discourse and narrative approaches to the data, this is not evident in the methods of data transcription or in the poorly described thematic analysis conducted with 'The Ethnograph' analysis programme. The authors also do not specifically address the role of food activities in challenging or maintaining identities. Nevertheless, the role of food choice and diet in identity change are implicitly evident in some themes, and explicitly evident in extracts of participants' stories and some sub-themes.

A subsequent study using a discursive approach investigated dietary management talk in men and women with type 2 diabetes (Peel *et al.,* 2005). This study explored how 40 Scottish patients recently diagnosed with diabetes construct managing a diabetic diet. Interviews took place within six months of diagnosis, and then again six months later. The intention of the repeat interviews was to capture the change in discourse as participants adjusted to their diagnosis. Thirty-eight participants completed both interviews, while two participants completed only interview 1. Almost equal numbers of men (n = 21) and women (n = 19), aged between 21 and 77 years participated. Thirty-nine of the 40 participants were white.

Peel *et al.* (2005) found that men and women constructed their diabetes management in different ways. For women, diet was an individual concern, which was sometimes in conflict with the preferences and needs of the family. For men, it was a family concern. Second, participants tried to accomplish (or maintain) a positive identity as a 'compliant' or 'good' diabetic by justifying lapses and 'cheating'. 'Cheating' was blamed on particular contexts, like eating out. Health professionals' licensing of occasional prohibited foods, or inadequate advice, was another way of shifting blame from the self to others.

In focusing on failure, Peel *et al.* (2005) repeat the mistake of previous studies they review. The authors criticised previous studies for focusing on 'compliance' and 'non-compliance' within a bio-medical perspective. The authors claim to situate the study within the theoretical framework of discursive health psychology. Focusing the analysis on stories of failure seems to satisfy the authors' need to understand non-compliance. Consequently, the authors do not pay attention to the successes participants had in managing their diabetic diets, and how these successes contributed to mental wellbeing. The methods of transcription also seem to be at odds with the thematic discourse analysis used. At first, coding was completed with orthographic transcription of the interviews. This means interviews were transcribed verbatim, without particular emphasis on the pauses, hesitation, laughter, and other language

nuances that are interesting to discourse analysts. Only extracts of interest were then re-transcribed by the first author, using transcription notation. Important nuances in the discourse may have therefore been lost with the first coding. There is also no evidence of reflexivity or validation of the findings. Nevertheless, the findings are presented in a way that is consistent with a discourse analysis study.

The gender differences in diabetes management are further explored in a later study. Mathew *et al.*'s qualitative study (2012) found the development of a new diabetic identity for women contrasts with resistance to a diabetic identity for men. That study included 35 men (48.6%) and women (51.4%) attending a diabetes education centre in Toronto, Canada. Notably more than half of participants were foreign nationals (63%). The mean age of participants was 57 years. Age range was not reported. Mathew *et al.* (2012) conducted secondary analysis of five focus groups and nine individual interviews. The purpose of the initial study was to compare users and non-users of the diabetes education centre. Thematic analysis by three authors was used to identify initial codes, which were grouped into overarching themes. Two important theme were *'Identity and disclosure as a person living with diabetes'* and *'Struggles with diet and nutrition'*. The authors then analysed the themes for gender differences.

Mathew *et al.* (2012) found women were open about their identity as a diabetic, but experienced difficulty with control. Women also used emotionally laden language such as *'cheating'* to describe their lack of control, in a similar way to participants in Peel *et al.*'s (2005) study. Issues around control and moral judgement are also evident in Broom and Whittaker's (2004) study. Mathew *et al.* (2012) also describe a period of mourning for the loss of particular foods from participants' diets. This was particularly evident for participants from particular cultural backgrounds. Mathew *et al.* (2012) link this to the need to teach women how to modify traditional recipes, without addressing issues of authenticity raised by Kohinor *et al.* (2011). In contrast to the women, men had difficulty with a diabetic identity and often hid it from family and friends. This meant either they avoided social situations in which their diet would be disrupted, or they strayed from self-management and ate the foods on offer. This may be explained by Peel *et al.*'s (2005) finding that men did not take sole responsibility for their diabetes management, but rather distributed this responsibility to others in the family.

Although this is a secondary study, a key strength was the approach to data analysis. Three authors independently coded the interview transcripts. Then the 78 codes were clustered to produce sub-themes. Mathew *et al.* (2012) then compared the sub-themes for gender differences, before identifying the broader overarching themes for the study. The logical steps in the analysis process enhance the trustworthiness of this study. In addition, the coding by multiple researchers enhanced consistency between the data and the findings, by reducing the possibility of bias and improving reflexivity. Nevertheless, this study would be strengthened by positioning within a clear theoretical framework, and further consideration of the role ethnicity played in the findings.

Cancer is another health condition in which loss of control threatened identities. Locher *et al.* (2010) investigated meal preparation and eating as gendered work from the perspective of 30 American older adults with cancer, and 21 carers. Participants took part in a semi-structured in-depth interview at the cancer clinic in this qualitative grounded theory study from a constructivist perspective. The patients were aged between 68 and 90 years and included 17 women and 13 men. The researchers report that sampling ceased when theoretical saturation was reached.

It is evident in the text of Locher *et al.'s* (2010) findings that older women with cancer experience a threat to their identity as wives, mothers, and a person who is in control. Being unable to prepare meals disrupted these women's ability to carry out their gendered roles within their marriage, and their caring roles with their daughters. The women with cancer in Locher *et al.'s* (2011) study complained that their husbands did not belong in the kitchen, that the meals prepared were not what they would choose to eat, or that meals they did like were cooked in the wrong way. Locher *et al.* (2011) ascribe this frustration to a loss of control. This echoes attempts to regain control evident in Broom and Whittaker's (2004) study with adults with type 2 diabetes. At the same time, female carers of women with cancer (e.g. daughter, sister) and wives of men with cancer complained that their relative did not eat the food they '*should*' eat, or what they had prepared.

This is a poorly designed study with a number of limitations. Firstly, the claim that theoretical saturation was reached may be questioned since patients had many different types of cancer and were in varying stages of diagnosis and treatment at the time of interview. The results are presented according to gendered relationship and role groups, rather than by the

key theoretical concepts that emerged from the analysis. This is inconsistent with the claims of the authors that this is a constructivist grounded theory study. For example, the authors present separately '*Male spousal caregivers' perspectives of caring for female patients*' and '*Female non-spousal caregivers' perspectives on female patient demands*', even though they highlight that both groups echoed the same frustrations in caring for older women with cancer. The experience of male cancer patients is not included at all in the analysis, although the perspective of their female carers is. In addition, no information is provided about the carers, other than their relationship to the cancer patients.

5.1.11 A Change in the Social Aspect

A change in the social aspect to food activities was a third threat to identities. In Kohinor *et al.'s* (2011) study there was also evidence of a threat to identities because participants experienced difficulty negotiating between health and other identities. This study included both adult and older adult participants. This means it is not possible to determine specific issues for identity for the older adult participants. Although the study claims to use grounded theory principles, the authors describe a coding matrix of findings. The shared themes from this matrix were reported in the study, while unique themes were discarded. The use of a coding matrix restricts generation of fully grounded theories by providing pre-determined concepts observed and recorded by the researcher. Discarding unique codes in the data also means dissenting viewpoints are not considered. It is also not clear whether there were differing views for women and men, who may have different levels of control over meal preparation and diet. These limitations strongly suggest that the authors did not reach theoretical saturation in this study.

Coeliac disease requires a similar radical change in diet and lifestyle as diabetes, with subsequent changes in identity. Rose and Howard (2014) conducted a grounded theory study of the experience of living with coeliac disease. That study used a theoretical framework based on narrative psychology to analyse narratives written by 130 members of Coeliac UK, who responded to a survey questionnaire. Well-described grounded theory methods (Charmaz, 2006) were used to analyse the data. Participants were aged 19 to 78 years, with a mean age of 52.7 years. More participants were women (67%) than men (33%).

The central theme of Rose and Howard's (2014) grounded theory was '*A changed identity*'. Identities were changed through experiences of social invisibility and living with widespread ignorance. The social act of eating changed with a coeliac disease diagnosis. Participants experienced exclusion at social events, especially when they were unable to eat the same foods as others or had to be especially catered-for. This echoes Broom and Whittaker's (2004) finding that being treated 'differently' was another challenge to identity for those with diabetes - evident in one participant's resentful account of a separate table and very limited meal choices for 'the diabetics' on a bus tour. Rose and Howard (2014) conceptualise the result as the formation of a new 'minority' identity. Participants also demonstrated changes in their identities as they proceeded through different stages of grief as they came to terms with their diagnosis. The creation of a new and different identity was also evident in the way participants became part of '*a coeliac community*'.

This study was not a typical grounded theory study because it was based on written narratives that were received before data analysis began. Corbin and Strauss (2008) support the inclusion of this type of data in grounded theory studies, as long as other grounded theory principles are followed. For ethical reasons, Rose and Howard (2014) continued data analysis through all 130 responses, even after theoretical saturation had been reached. In addition, data were analysed by the first author (all narratives) and the second author (20% of narratives). Analysis past theoretical saturation and triangulation of analysis between the researchers enhances the trustworthiness of the study, and somewhat compensates for the lack of information about individual participants. However, there are further opportunities to compare narratives across gender, ethnicity, and age groups. This data were also analysed previously by the first author using a different method. It would be useful to understand how this initial analysis contributed to the subsequent analysis reported in this paper.

5.1.12 Changing Roles and Responsibilities

Changing roles and responsibilities was a fourth threat to identities. The threat of health conditions to the identities of carers is evident in the narrative description of the traditional division of labour between 'Walter' and his wife, until her death from stomach cancer (Valentine, 1999). Using seven case study examples and a narrative approach to identity formation, Valentine (1999) explored the relationship between identity and 'the home', using

the example of food. The author attempts to move away from a categorical approach to identity, by using narrative to explore the changing nature of identity stories. For 'Walter' his wife's illness and death involved changes in his identity from 'traditional man' to 'new man'. Part of the change in his identity came from needing to learn to cook, initially from his wife and later from television programmes and a family recipe book that had belonged to his mother-in-law. Walter also cooked for others – his children, mother-in-law and neighbours – as a means to maintain a family and community identity. However, Walter still felt unmotivated to cook his own 'proper' meals, since the social meaning underpinning meals at the dining table with his late wife was lost. Instead, similar to the participants in Moss *et al.*'s study (2007), he relied on convenience foods.

Valentine's (1999) case study provides some compelling evidence of identity change in the context of his caring role, widowhood, and his masculine identity. Nevertheless, some limitations to the study need to be considered. Valentine's (1999) study broadly investigated development, enactment, and challenges to identity across the life course. The theoretical underpinning of the research is clear, and a meaningful picture of food and identity is evident in the text. There is also substantial detail about Walter's experience, which creates a credible picture of the changes in his identity. However, it is not clear how the author chose or accessed the seven case study families, or her relationship with them. The only justification given is that they were 'different' to the nuclear family with small children dominant in the literature. The procedures used to collect and analyse the data are also unclear. This raises questions about the overall rigour of the study.

In later research Moss *et al.* (2007) conducted a qualitative ethnographic study of the perspectives on food and eating for 15 frail older men, aged over 75 years, in the United States of America. The authors found declining health threatened a masculine identity, because of a loss of ability to perform or do food activities. The men in that study adapted to this threat by adopting a work-orientation towards meal preparation, which emphasised speed and effectiveness in task performance, with many of the men making use of convenience foods. Masculinity was further maintained by being in charge of the way in which assistance was provided. The authors also report some widowed men spoke of eating to live, in contrast to some of the married men who expressed pleasure in eating and a joy in living. In addition, for the widowed and single men, eating alone was symbolic of their being alone, while for married men a shared meal was symbolic of mutual caring as a couple (Moss *et al.*, 2007) .

There are a number of limitations to this methodologically weak study. Although Moss *et al.* (2007) claim to use an ethnographic approach, they only included interviews in the data collection. This is inconsistent with other studies that make use of participant observation, field notes, and other data sources. The use of a single data source also raises questions about the validity of the findings. Moss *et al.* (2007) do not differentiate between the seven widowers and two other men, one of whom was long separated and the other never married. This raises questions about their comparison of married and unmarried/widowed men. The authors also describe accessing many different sources for their data analysis methods, without reporting in detail how they went about doing their own analysis. This means the study could not be repeated by other researchers using the same methods.

Atta-Konadu *et al.* (2011) investigated the food-related role shift experiences of Canadian women with dementia and their husbands. The aim of the study was to capture the inner experiences of participants, and meanings formed through these inner experiences. Atta-Konadu *et al.* (2011) used a grounded theory design (Corbin and Strauss, 2008), with explicit use of symbolic interactionism and Role Theory as guiding theoretical frameworks. The authors collected interview data annually over 3-years with nine dyads. Both dyad and individual interviews were conducted. By Year 3, four out of nine dyads were unable to participate. The reasons for drop-out are provided. Data were analysed using constant comparative analysis, with different types of coding consistent with a grounded theory study (Charmaz, 2006; Corbin and Strauss, 2008).

That study found a gradual shift in food-related roles from wife to husband with the progression of dementia. This shift is conceptualised as '*The sliding into food role process'*. The authors describe an initial process of tentative change in which wives are in control and husbands are less interested in meal preparation. This moves to a cooperative phase in which roles are shared and wives and husbands coach and help each other. In the final tapering off phase, husbands assume control of food activities as their wives lose capacity. A key motivator for this gradual shift is the honouring of each others' identities. Atta-Konadu *et al.* (2011) describe how men try to maintain their wives' standards, provide healthy and nutritious meals, and watch over their wives as a way of respecting and maintaining their role identities. Identities were threatened most in the initial phase of tentative change. In addition, this threat had a greater impact on psychological wellbeing for wives who viewed food roles as ingrained in a feminine identity. For these women, losing responsibility for food activities

meant failing to meet gendered expectations, and loss of part of their identity as wives and women. The men in these relationships also experienced a threat to their masculine identities, because they viewed food activities as tedious and not masculine.

This was a well-designed and methodologically robust study. The longitudinal design and focus on both women with dementia and their husband addresses important gaps in the literature on changes in food activities, roles, and identity in later life. Nevertheless, the authors highlight that their study is limited to a small group of middle income, white older Canadians in South-Western Ontario. There is a need to include participants from a wider variety of ethnic backgrounds, and also husbands and wives who have a poor relationship prior to the onset of dementia.

5.1.13 Wearing Dentures

The only study in which a change in health did not lead to a change in identity was Bradbury *et al.*'s (2008) quantitative study of dentate vs. non-dentate adults and older adults. Bradbury *et al.* (2008) investigated the predictive ability of self-identity and other psychosocial factors on the intake of fruit and vegetables in adults wearing dentures vs. dentate adults in the United Kingdom. The 131 participants were aged between 45 and 80 years ($M_{Age\ Dentures} = $ 66.8 years; $M_{Age\ Dentate} = 58.6$ years). In that study, self-identity was measured with responses to the two questions '*I think of myself as someone who eats a healthy diet*' and '*I think of myself as someone who is concerned about my health*' via a self-administered questionnaire. Participants kept a food diary to measure fruit and vegetable intake. Bradbury *et al.* (2008) found no difference in health identity for denture wearers [10.45 (2.28)] vs. dentate [10.62(2.10), p = 0.674] older adults.

This finding is important because it suggests that these participants maintained their health identities even when they lost their teeth. Further information about the self-identity variable would improve this study. The authors added the scores for the two identity questions. However, it is unclear in the methods whether this was a dichotomous variable, or rated using a Likert-type scale.

Table 9   Quantitative Evidence of a Threat to the Relationship between Food Activities and Identity Maintenance

Authors	Research Design	Reliability and Validity of Measures	Sample Size and Representativeness	Response Rate	Statistical Analysis	Control of Potential Confounders	Score
Bradbury et al. (2008)	Cross sectional	Measures verified using Cronbach's alpha	Representative but power calculation not reported	131/153 (85%)	Appropriate and hypotheses tested	Included in analysis	14

Table 10   Qualitative Evidence of a Threat to the Relationship between Food Activities and Identity Maintenance

Authors	Research Design / Data Collection	Sampling	Theoretical Framework	Data Analysis	Evidence of Reflexivity	Validation of findings	Score
Changes in Food Choice as a Threat to Food Activities and Identity							
Bisogni et al. (2002)	Grounded theory: Focus groups In-depth interviews Theoretical sampling	N = 17 Age: 25 – 89 Women (n= 9), Men (n= 8) USA (White)	Constructionist	Constant comparison	Yes	Theoretical Saturation	18
Diabetes as a Threat to Food Activities and Identity							
Broom and Whittaker (2004)	Discourse and Narrative Analysis	N = 119 Age: 20 – 90 Women (n=60) Men (n= 59) Australia	NR	Thematic analysis – poorly described	No	Diabetes support group Focus group with GP's	9
Peel et al. (2005)	Qualitative: Longitudinal over 6 months	N = 40 Age: 21 – 77 Women (n=19) Men (n = 21) Scottish (White)	Discursive Health Psychology	Thematic discourse analysis	NR	No	12
Kohinor et al. (2011)	Qualitative Semi-structured interviews	N = 32 Age: 36 to 70 years Women (n=20) Men (n=12) Netherlands (Surinamese)	Grounded theory principles (No evidence of application)	Coding matrix	No	Triangulation of researchers	12
Mathew et al. (2012)	Qualitative: Secondary analysis focus groups (n = 5) and Individual interviews (n = 9)	N = 35 Mean age = 57 years Women (51.4) Men (48.6%) Canada	No	Thematic analysis	Authors had variety of expertise - Reduced risk of bias in analysis	Independent coding by 3 authors	15

Table 10 Continued

Authors	Research Design / Data Collection	Sampling	Theoretical Framework	Data Analysis	Evidence of Reflexivity	Validation of findings	Score
Coeliac Disease as a Threat to Food Activities and Identity							
Rose and Howard (2014)	Grounded theory: Written narratives in a survey	N = 130 Age: 19 – 78 Women (67%), Men (33%) UK	Narrative psychology No clear theoretical approach to identity	Grounded theory methods (Charmaz, 2006) Described in detail	No	Theoretical saturation Triangulation of researchers	15
Cancer as a Threat to Food Activities and Identity							
Locher et al. (2010)	Grounded theory: Semi-structured in-depth interviews	N = 30 patients N = 21 carers Patient age = 68 – 90 Women (n=17) Men (n=13) USA	Constructivist Not evident in analysis	Claim Glaser and Strauss, but not evident in results	No	Theoretical saturation – unlikely given participant sample	3
Valentine (1999)	Qualitative: Case studies	N = 7 Age: NR Gender: NR Nationality: British (Yorkshire)	Somers (1994) conceptualisation of identity in narrative	Data analysis methods not clear	No	Substantial detail of each case study	12
Frailty as a Threat to Food Activities and Identity							
Moss et al. (2007)	Qualitative: Ethnographic Interviews	N = 15 Age: > 75 Gender: Men USA	No	Draw on many methods of qualitative data analysis. Do not describe own methods in detail	Theoretical position of the authors in relation to food literature is made explicit	Coding by one author Discussion of analysis in weekly meetings. No data triangulation	6
Dementia as a Threat to Food Activities and Identity							
Atta-Konadu et al. (2011)	Grounded theory: Longitudinal over 3 years	N = 9 dyads Age: 58 – 88 (T1) Wives with dementia and their husbands Canadian (white)	Grounded theory Symbolic interactionism Role theory	Constant comparison	Theoretical position of the authors in relation to food literature is made explicit	Coding by one author but discussion of analysis in weekly meetings. Longitudinal design	18

5.2   Discussion of the Literature Review Findings

The findings of this review suggest that further research is needed to understand which identities are maintained through food activities. More than half of the studies focussed on identity maintenance included only women. Women's gendered, family, and ethnic identities were the main focus of these studies. This is unsurprising given that the assumption that women are primarily responsible for meal preparation has been supported by the literature for

some time (Beardsworth and Keil, 1996; Warde and Hetherington, 1994; Dobson *et al.*, 1994; Charles and Kerr, 1988; Charles and Kerr, 1986). Even with the advent of the 'new age man', women spend more time and take more responsibility for meal preparation (D'Sylva and Beagan, 2011; Warde *et al.*, 2007; Pettinger, Holdsworth and Gerber, 2006). However, this means the role of food activities in the maintenance of men's identities is not fully understood.

The literature also focuses on the maintenance of relational identities and collective identities. Vignoles *et al.*(2011) define these respectively as identities associated with roles and positions relative to significant others; and aspects of identity associated with group membership and categorisation of the self by others, including social categories such as family, gender, religion, nationality, and ethnicity. This means that the relationship between food activities and individual identities remains poorly understood. Individual identities consist of a person's commitments, including their values and beliefs; their personal characteristics and individual life story; their opinions and thoughts about themselves, including self-esteem and self-evaluation; as well as their hopes, fears, and expectations of who they may be or become in the future (Vignoles, Schwartz and Luyckx, 2011).

No studies of the relationship between food activities and maintenance of these future-orientated aspects of identity and food activities were identified in the systematic review. Individual identities as who one hopes, fears, and expects to be in the future are particularly interesting, since both Christiansen (1999) and Kielhofner (2002) emphasise a synthesis of past, present, and future selves as components of a personal identity. The future-orientated aspects of identity most commonly described in the literature are possible selves (Markus and Nurius, 1986). Possible selves are the hoped for and feared images of the self that represent individuals' ideas about what they might become, what they would like to become, and what they are afraid of becoming (Markus and Nurius, 1986).

Possible selves are important because they are closely related to the personal action constructs of goals, personal projects, and current concerns (Markus and Nurius, 1986). Possible selves also give additional meaning to participation in activities, by providing a 'context of possibility' in which those activities occur (Markus and Nurius, 1986). In addition, possible selves are a component of personal identity across the lifespan, even in very old age (Cross and Markus, 1991; Hooker and Kaus, 1992; Frazier *et al.*, 2000; Black,

Stein, Loveland-Cherry, 2001; Frazier *et al.*, 2002; Smith and Freund, 2002; Hoppmann *et al.*, 2007).

The relationship between food activities and possible selves in later life is particularly important in this study because possible selves predict health related behaviours and participation in daily activities (Hooker and Kaus, 1992; Hoppmann *et al.*, 2007). Only one study with older adults in the United States of America suggests a relationship may exist between food activities and health behaviour in later life (Hooker, Kaus 1992). Hooker and Kaus (1992) investigated the relationship between possible selves and health behaviour in 114 community-living adults, aged 55 – 89 years (M_{age} = 72 years) in the United States of America. Using hierarchical regression analysis for 53 participants, the study found a strong relationship between expectations of achieving hoped-for possible selves and health behaviour. Participants' ability to achieve their health-related possible selves, and the importance of their health-related possible selves, also predicted their health behaviour. These health behaviours included dieting and losing weight. The relationship between outcome expectancy and behaviour is important, because judgements about a likelihood of success are critical for motivation.

Although this study provides some interesting insights into the relationship between possible selves and behaviour, the focus is not specifically on food activities. The authors did not analyse the variables "weight control" and "nutrition" separately; nor were specific types of activities analysed. This means it is not possible to distinguish the specific aspects of nutrition and weight management measured, or whether these two food-related activities were individually associated with health-related possible selves. Nevertheless, this study does point to a clear link between possible selves and behaviour in later life.

In a later study, Hoppmann *et al.* (2007) used time-sampling information from 83 participants in the Berlin Ageing Study (M_{Age} = 81.1 years) to investigate the relationship between possible selves and participation in everyday activities in three domains. The study found that these older adults were more likely to participate in health and social activities if they held hoped-for possible selves in these domains. However, there was no relationship between possible selves and everyday cognitive activities. This finding is important because it suggests that possible selves will provide motivation for some daily activities, but not others.

Hoppmann *et al.* (2007) also found that participating in daily activities that were associated with hoped-for possible selves was associated with better mental-wellbeing, and reduced mortality over 10 years.

The findings of these two studies are important, because they suggest that participating in daily activities that contribute to the achievement of some hoped-for possible selves will enhance both mental wellbeing and physical health in later life. At the same time, the literature identified in the scoping review also suggests that changes in possible selves enhance mental wellbeing in later life. It is also unclear whether participating in food activities contributes to the achievement or maintenance of possible selves, or if possible selves motivate participation in food activities. This means that further research is needed on the relationship between possible selves and food activities in later life.

Further research is also needed to explain how food activities contribute to identity maintenance among British older adults in particular. Only two studies where identity maintenance was evident included older adults living in the United Kingdom. Scarpello *et al.*'s (2009) study focused on adults in rural areas, while Janowski (2012) includes only older Polish women living in London. Neither of these studies had been published when the present study commenced. The literature from other countries shows that women maintain their identities by cooking traditional meals using authentic ingredients, and expressing love through food preparation. Both men and women also maintain their relational and collective identities by eating traditional foods, and going shopping. The emphasis in these studies is on the social aspect to food activities – whether this is expressing a strong cultural heritage, or being part of a family. However, data from the 2011 census shows that almost one third of older adults in the United Kingdom live alone (Office for National Statistics, 2014). In addition, there is little agreement on what constitutes 'traditional' food in the United Kingdom, and especially in multi-cultural communities such as those in London. This means that the ways in which food activities contribute to identity maintenance in other countries may not be applicable to British older adults.

There are also gaps in our understanding of which transitions and losses may threaten identity maintenance, or lead to changes in identity. Bisogni *et al.* (2002) found there were a variety of reasons why most of the 17 participants in their study with American adults had experienced some change in their food identities because of change in food choice. On the

other hand, in Bradbury *et al.*'s (2008) study of dentate vs. non-dentate adults and older adults, found a change in dentition did not lead to a change in identity. Bradbury *et al.*'s (2008) quantitative study measured health identities while the other qualitative studies considered a broader range of identities including personal identities (Broom & Whittaker, 2004; Rose & Howard, 2014) and gender identities (Valentine, 1999; Peel *et al.*, 2005; Moss *et al.*, 2007; Locher *et al.*, 2010; Mathew *et al.*, 2012).

Health was the primary focus in nine other studies. Studies conducted with participants with diabetes (Broom & Whittaker, 2004; Peel *et al.*, 2005; Mathew *et al.*2012), coeliac disease (Rose & Howard, 2014), cancer (Valentine, 1999; Locher *et al.*, 2010), dementia (Atta-Konadu *et al.*, 2011), and frailty (Moss *et al.*, 2007) consistently showed changes in health led to changes food activity participation, that in turn threatened or changed identities. It was interesting that adopting a caring role also threatened and sometimes changed the identities of both the carer and care-recipient. In three of the eight studies, a change in health also challenged and/or changed carers' identities (Valentine, 1999; Atta-Konadu *et al.*, 2011; Locher *et al.*, 2011). However, the narrative synthesis showed that the threat to identity was not necessarily from the health condition itself, but rather from changes in the social aspect to food activities, and roles and responsibilities, caused by the health condition.

There are also a number of gaps in this research related to study participants. The potentially unique experience of identity maintenance and change in later life has not been explored in depth because only one third of the studies (8/24) included only older adults in the participant sample. Some studies found differences in identity maintenance and change between men and women. While 15 studies included men and women, six included only women, and two included men only. There is more emphasis on men's threatened masculine identities, and women's enacted feminine identities in the literature. Whether men's identities are maintained through participation in food activities, or women's identities change has also not been explored in any depth.

Although self, self-concept and identity are complex phenomena that require multiple research perspectives (Oyserman, Elmore and Smith, 2012), most of the studies in the systematic review were qualitative studies. At the same time, the qualitative and quantitative studies in the scoping review provided different findings for the relationship between identity maintenance and mental wellbeing. There is an opportunity to deepen our understanding of

the relationship between food activities and maintenance and change in food identities by using mixed methods. Mixed methods research can include the mixing of qualitative methods only (Annells, 2006), quantitative methods only (Haig, 2005; Creswell *et al.*, 2003), or a combination of qualitative and quantitative approaches (Morse, 2003; Creswell *et al.*, 2003; Tashakkori and Teddlie, 1998). The benefit of this research design over previous studies is that mixed methods would provide a more comprehensive understanding of the relationship between food activities and identity maintenance and change than could be achieved with a single method.

Mental wellbeing, meaningful activity, and nutritional health are also areas of concern for health care professionals working with older adults. As an occupational therapist in the United Kingdom, it is the researcher's belief that the meaningfulness of food activities can be maintained if identities are maintained. Indeed, Christiansen (1999) proposes occupational therapists are able to provide special and unique services that enable older adults to maintain the meaningfulness of their daily activities, and consequently their identities. An understanding of the relationship between food activities and identity maintenance may enable occupational therapists to use food-related activities more effectively to improve rehabilitation outcomes, and thereby contribute to active and successful ageing amongst British older adults.

CHAPTER 6 THE RESEARCH DESIGN PROCESS

6.1 Introduction

Chapter 2 highlighted a number of gaps in our understanding of the relationship between food activities, identity maintenance, and mental wellbeing. This chapter presents the initial steps in the design of a research study that intended to address some of these gaps. The steps in the research design process are illustrated in Figure 8. These steps included development of the research aim, the selection of a concurrent mixed methods design from a pragmatist perspective, and the pilot studies used to develop the main study protocol.

6.2 Research Aim, Question, and Objectives

The aim of this study was to explore the relationship between food activities and maintenance of identities among community-living older adults in West London, United Kingdom. The primary question addressed in this study was:

> *What is the relationship between food activities and the maintenance of identities among community-living older adults in West London?*

As an exploratory study, the research objectives were (Johnson and Christensen, 2004; Newman *et al.*, 2003):

a) To explore the past, present, and future identities that are associated with food activities among community-living older adults in West London.
b) To explain how food activities contribute to identity maintenance among these community-living older adults.
c) To explore when and how later life transitions and losses affect the relationship between food activities and identity maintenance.
d) To critically evaluate the implications of these findings for mental wellbeing in later life.

Figure 8   Steps in the Research Process
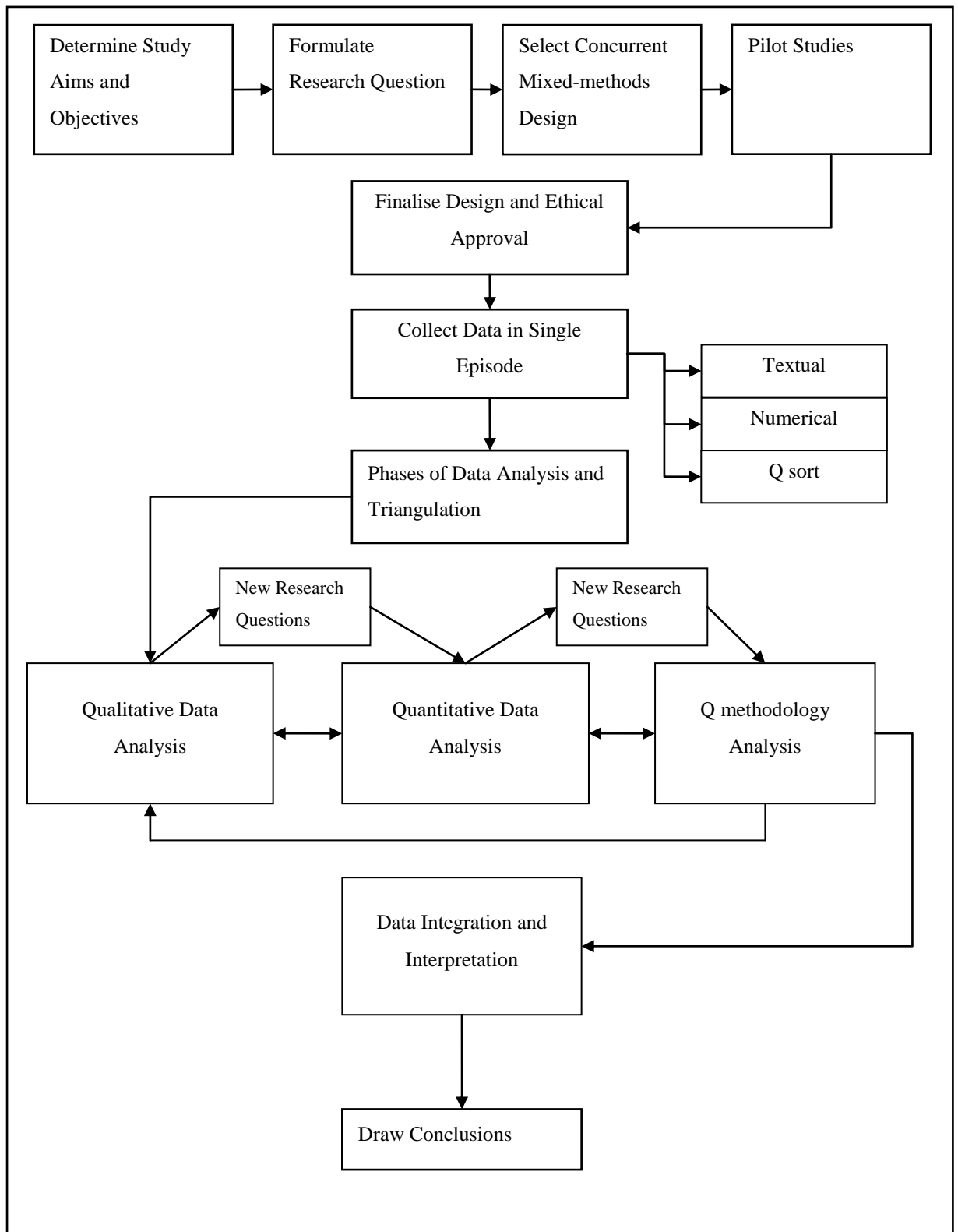
6.3   The Concurrent Mixed Methods Research Design

This study used a concurrent mixed methods research design from a pragmatist perspective because of the complexity of the concept of identity (Vignoles, Schwartz and Luyckx, 2011; Leary and Tangney, 2005); the exploratory nature of the study (Newman *et al.*, 2003) ; and the potential for the research aim to be met using either qualitative or quantitative methods (Onwuegbuzie and Leech, 2006). In this study, the use of qualitative, quantitative and Q methodologies maximised triangulation of the data. This enabled the researcher to generate fully grounded and verified tentative hypotheses (Eisenhardt, 2002; Morse, 1991; Denzin, 1978).

6.3.1 Simultaneous Collection and Analysis of Different Types of Data

The concurrent mixed-methods design was characterised by a single data collection episode (Johnson, Onwuegbuzie and Turner, 2007; Creswell *et al.*, 2003). Using Morse's (2003) taxonomy, the research design of this study is illustrated in Figure 9. Attention is drawn to the parallel rather than sequential nature of the different study components, and the relative importance of each component. Qualitative strategies formed the predominant or base study, while quantitative and Q methodology strategies were supplemental (Creswell, 2003; Morse, 2003). This meant that the qualitative component determined the overall theoretical drive of the study, while the supplemental studies provided information that could not be gathered using qualitative methods (Morse, 2003). The overlap between the three study components in Figure 9 also illustrates the many opportunities for between-method triangulation and integration of findings from different components.

Despite longstanding enthusiasm for using different types of data to comprehensively address research questions (Jick, 1979; Denzin, 1978; Glaser and Strauss, 1967), there is debate in the mixed methods literature about how different types of data should be analysed and integrated. Some argue for separate data analysis of each data type, followed by combination in a composite analysis (Yardley and Bishop, 2008; Morse, 2003). Others argue for a more integrated approach (Happ, 2009; Creswell *et al.*, 2003; Miles and Huberman, 1994) . The full integration used in this study meant the three components were integrated at the data collection, data analysis, and interpretation stages.

Figure 9   Components of the Concurrent Mixed Methods Design
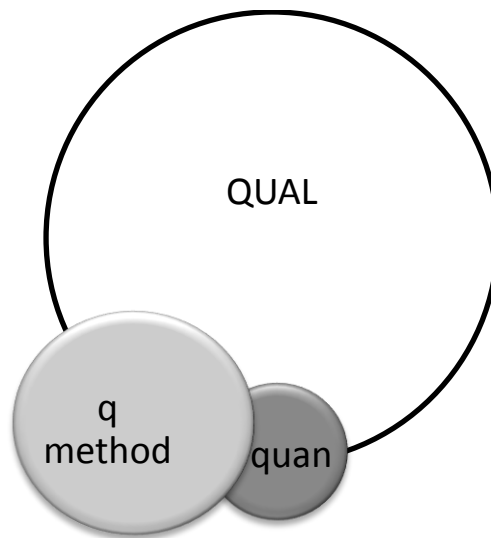
The researcher developed a multi-stage approach to analysis, including analysis of individual components and a systematic approach to integration of different types of data. This process was consistent with the multiple stages of mixed-methods analysis described by Onwuegbuzie and Teddlie (2003) and Onwuegbuzie and Leech (2006).

6.3.2 Between-Methods Triangulation

Denzin (1978) defines triangulation as the amalgamation of different types of data, investigators, theoretical perspectives, and / or research methods to study a phenomena. This study used between-methods triangulation, defined as the use of more than one research method to answer the same research question (Morse, 1991). Other authors suggest an advantage of mixed-methods is the strengths of one research method compensate for the weaknesses of another (Kelle, 2006; Creswell *et al.*, 2003). However, Denzin (1978) emphasised the use of triangulation to include as many different perspectives as possible, to avoid the biases of a single method or researcher, to complete the links between observation and theory construction, and to generate fully verified grounded theories.

In this study, findings from each component were compared, verified, elaborated, and integrated for a comprehensive analysis (Onwuegbuzie and Leech, 2006; Creswell, 2003; Denzin, 1978). Between-methods triangulation firmly grounded explanation of the relationship between food activities and the maintenance of identity in the data; and

explained the relationship between food activities and the maintenance of identity in later life in a more complete way than could be achieved with a single method.

6.3.3 A Pragmatist Approach

This study also used a pragmatist approach to mixed methods research. The relevance of a pragmatist approach to identity research is evident in the writings of James and Mead, considered founding fathers of both pragmatism and modern approaches to identity theory and research (Mead, 1934/2003; James, 1907; James, 1890/2009). The pragmatist mixed methods approach used was characterised by the development of new and useful ideas and knowledge through observing the practical outcome or effect of abstract ideas, and then building and testing explanatory hypotheses or theories based on these observations (Peirce, 1903 in Peirce, Hartshorne and Weiss, 1935; James, 1907; Johnson, Onwuegbuzie and Turner, 2007; Strübing, 2007; Yardley & Bishop, 2008). Participation in food activities was selected as an observed outcome through which the maintenance of identity could be explored. Within pragmatism, there is a lack of commitment to one philosophy or reality (Peirce Edition Project, 1998; Buchler, 1955; Peirce, Hartshorne and Weiss, 1935; James, 1907; Dewey, 1905). Instead, the researcher uses both realist and relativist assumptions when conducting the research (Creswell, 2003). This gave the researcher the freedom to select the combination of quantitative and qualitative methods, techniques, and procedures that best answered the research question (Glogowska, 2011; Denzin, 2010; Denzin, 2008).

Unlike many other concurrent mixed method studies with either an inductive or deductive theoretical drive, a pragmatist perspective meant an adductive theoretical drive was used to reach the best possible explanation for what was observed (Peirce, 1901 in Buchler, 1955). Abduction is the method of scientific reasoning through which new ideas develop into explanations in the process of observing an empirical 'fact', generating a set of explanations for that 'fact', confirming some of these explanations, ruling others out, or adding new explanations (Richardson and Kramer, 2006). Eventually, more explanations are eliminated than added, leaving a single hypothesis that includes all study components (Miller 2003). The process of abduction stops when the researcher is sure enough of their conclusions they are willing to act on them (Peirce 1901 in Buchler 1955; Haig 2005). Using abductive

reasoning therefore meant moving from making unique observations in the data (induction) to being able to *explain* these observations in a meaningful way (Shank, 2006).

6.4   Research Timeline

This study was completed between August 2008 and March 2013. Data for one pilot study was collected between September and November 2008. Data for a second pilot study was collected in October 2009. Data for the main study were collected between February and May 2010. Data analysis and interpretation extended throughout the writing up period. This thesis was submitted for examination on 8 March 2013. The thesis was examined on 18 December 2013. Further data analysis and interpretation occurred between January 2014 and August 2014, when corrections were made to the submitted thesis. Further details are provided in Table 11.

6.5   Pilot Studies

The overall aims of the piloting phase were:

a) To improve the precision and credibility of the study design by developing and selecting the best methods to answer the research questions (Mc Burney and White, 2010).
b) To identify and address problems with the planned research procedure before the main study.

The piloting phase included a review of the methodology literature and two pilot studies. Pilot Study 1 included focus groups and individual interviews using visual methods. Pilot Study 2 included a postal survey questionnaire. Findings from Pilot Study 1 were used to develop the qualitative, quantitative and Q methodology components. Findings from Pilot Study 2 were used to further develop the quantitative and Q methodology components. The development of different study components is summarised in Table 12.

Table 11   Research Timeline

Dates	Research Activities
Preparation	
November 2007 – March 2008	Proposal development
31 March 2008	Application for funding submitted to British Geriatrics Society/ Dunhill Medical Trust
Piloting	
1 September 2008	PhD registration
September 2008 to November 2008	Pilot Study 1 data collection
December 2008 to May 2008	Maternity leave
June 2009 to September 2009	Pilot Study 1 data analysis
October 2009	Pilot Study 2 data collection
October 2009 to January 2009	Pilot Study 2 data analysis
Main Study	
February 2010 to May 2010	Main study data collection
July 2010	Publication 1 – British Journal of Occupational Therapy (Letter)
October 2010 to March 2011	Full immersion in data analysis
March 2011 to February 2013	Concurrent ongoing analysis and writing up
March 2013	Submission of PhD thesis
December 2013	Examination of PhD thesis
Re-Evaluation	
January 2014 to November 2014	Revision of Manuscript
February 2014	Publication 2 – British Journal of Occupational Therapy (Special Edition)
September 2014	Publication 3 – Aging and Mental Health (Open Access)
November 2014	Publication 4 – American Journal of Occupational Therapy (Under review)
November 2014	Publication 5 – British Journal of Occupational Therapy (Under review)

Table 12   Summary of the Development of Mixed Methods Components across Pilot Studies 1 & 2

	Pilot Study 1 Focus Groups & Individual Interviews with Visual Methods	Pilot Study 2 Survey Questionnaire
Qualitative Component	Pilot focus groups for data collection Pilot individual interviews and visual methods for data collection Pilot thematic analysis as data analysis technique	None
Quantitative Component	Develop item pool with face and content validity for OPMF	Assess the measurement properties of the OPMF[1]
Q methodology Component	Select 61-item Q set Pilot administration of 61-item Q sort under two conditions of instruction	Compare 61-item Q sort administration with survey administration Select 35-item Q set

1. Occupational Performance Measure of Food Activities

6.5.1 Recruitment

Participants for both pilot studies were recruited from one community interest group for older adults in West London, the Association of Active Retirees (AAR)[1]. Inclusion criteria for both pilot studies were retired from full time employment, and living in the community within a London borough. Exclusion criteria were older adults living in nursing or residential care, and older adults who demonstrated an inability to give informed consent to participate.

Convenience sampling (Gravetter and Forzano, 2009) was used for Pilot Study 1. The Chairperson of the AAR sent an email invitation to 60 association members. Seven older adults responded. One respondent did not meet the inclusion criteria because she lived in a nursing home. A second respondent wanted more information and subsequently declined to participate. As evident in Table 13, the five participants varied in age, gender, and marital status. Each participant also had food-related expertise, based on their personal and professional experience. Five participants was an appropriate number for piloting of both individual interview and focus group methods with older adults (Toner, 2009; Barrett and Kirk, 2000; Kitzinger and Barbour, 1999; Quine and Cameron, 1995).

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[1] A pseudonym is used here to maintain participant confidentiality

Table 13   Pilot Study 1 Participant Characteristics

Pseudonym	Age	Gender	Marital Status	Ethnicity	Education	Food-related Expertise
Justin	55	Male	Married	White British	Vocational / College	Carer for his Father (Aged 84)
Penny	70	Female	Divorced	Mixed – Asian and White	University Degree	Retired General Practitioner
Martin	76	Male	Married	White British	University Degree	AAR Chairperson
Eva	84	Female	Married	White British	University Degree	Retired Sociologist
Edna	85	Female	Widowed	White British	Vocational / College	Retired Meals on Wheels Co-ordinator

Table 14   Demographic Characteristics of Survey Participants (N = 36)

Demographic Characteristic	n	%
Age Group		
60 – 74	18	50.0
75 – 84	10	27.8
85 – 91	8	22.2
Gender		
Male	5	13.9
Female	31	86.1
Marital Status		
Never married	7	19.4
Married	6	16.7
Separated, but legally married	1	2.8
Divorced	5	13.9
Widowed	17	47.2
Living Arrangements		
Living as a Couple	6	16.7
Living Alone	29	80.6
Living with Family	1	2.8
Socio-Economic Classification		
Managerial & Professional	24	66.7
Intermediate	9	25.0
Lower Supervisory & Technical	2	5.6
Semi-routine & Routine	1	2.8

For Pilot Study 2, the researcher distributed 90 survey questionnaires at a presentation to AAR members. The 36 questionnaires returned gave an acceptable response rate of 40% (De Vaus, 2002). The postal survey participants (N = 36) were aged between 61 and 90 years (See Table 14). All of the participants described themselves as 'White' (n = 36, 100%), most were women (n = 31, 86.1%), and most lived alone (n = 29, 80.6%). Two thirds of participants were in the highest socio-economic category (n = 24, 66.7%).

6.5.2 Evaluation of Recruitment Methods

A range of strategies for both recruitment and retention needed to be included in the study design (Bonk, 2010). The pilot studies' recruitment showed that email recruitment for Pilot Study 1 was less successful than the Pilot Study 2 presentation with the same group of older adults. Secondly, older adults may prefer to participate in a study with a single data collection episode (Pilot Study 2) rather than attend multiple interviews (Pilot Study 1). A single data collection episode was easier to arrange, reduced the risk of missing data in the quantitative component, and required less data collection time. Recruitment methods using face-to-face contact with potential participants and a single data collection episode, rather than multiple interviews, were selected as the best methods for the main study.

6.6 Pilot Study 1 Methods

The five older adult participants attended a series of four focus groups, and one individual interview. Groups were held fortnightly between September and October 2008.

a) Focus Group 1: The aims of this group were to introduce participants to the study; and to select a balanced and representative Possible Selves Q set for older adults. Participants discussed their views of the study. They also identified possible selves items that were most relevant to their age group in a card sorting activity (See Appendix A).

b) Focus Group 2: The first aim of this group was to pilot the proposed focus group protocol for the main study (See Appendix B and Appendix C). The second aim was to evaluate group administration procedures for a 61-item Possible Selves Q sort. The third aim was to develop an item pool for a new measure of food activity performance. Participants talked about their food activities within the group,

completed a Q sort, and explored the relationship between their food activities and their possible selves.

c) Individual Interviews using Visual Methods: Four participants were interviewed at home after Focus Group 2. The fifth was interviewed after Focus Group 4. The aim of these interviews was to evaluate the use of in-depth individual interviews using visual methods. Participants talked about their food activities using personal objects of meaning or photographs of their food activities. They also commented on their most expected possible selves from the focus group Q sort (Appendix D).

d) Focus Group 3: The first aim of this group was to understand participants' views of the data collection procedures and their recommendations for improvement . The second aim was to pilot the 61-item Possible Selves Q sort under a different condition of instruction. Participants talked about their experiences of Focus Group 2 and interview participation. They also completed a second Q sort (Appendix E).

e) Focus Group 4: The aims of this group were to explore the researcher's planned data analysis methods, and to facilitate group closure.

The focus groups were held in a local town hall for accessibility. Group duration was 90 minutes, with an extra 30 minute break for refreshments, as suggested in the literature (Baptist *et al.*, 2010; Kroll, Barbour and Harris, 2007). The researcher facilitated these groups alone. Prompt questions were printed in large font on A4 pages, and placed in the centre of the discussion table. These provided a reminder of the discussion topics. Only Focus Group 2 was audio-recorded and transcribed verbatim for analysis.

6.7   Pilot Study 2 Methods

In Pilot Study 2, the 36 older adults completed a postal survey questionnaire (Appendix F). This survey was administered in October 2009. The aims of the survey were:

a) To compare survey administration with Q sort administration of the 61-item possible selves Q set.

b) To select a balanced and representative Possible Selves Q set of approximately 40 items.

c) To assess the measurement properties of the Occupational Performance Measure of Food Activities developed after Pilot Study 1.

In the first part of the survey, participants rated their hoped-for, feared and expected possible selves on a five-point Likert scale ranging from 1 (*Totally agree*) to 5 (*Least agree*). Each item used the same possible selves terminology as the 61-item possible selves Q sort. In the second part, participants completed the 15-items of the Occupational Performance Measure of Food Activities (OPMF). This tool was developed from a literature review and findings from Pilot Study 1. In the third part participants completed a demographic questionnaire, based on the Office for National Statistics harmonised concepts and questions for social data sources (Office for National Statistics, 2008). Data were analysed using statistical methods in SPSS 15.0 software. Findings were used to develop quantitative methods for data collection, and to further develop the Q methodology component of the main study.

Ethical approval for the studies was granted by the Brunel University Research Ethics Committee (Appendix G).

6.8   Pilot Study Findings: Qualitative Methods Piloting and Development

In Pilot Study 1, identity was defined as the meanings an individual holds for him or her-self (Burke, 2003). Focus Group 2 and the in-depth interviews using visual methods were piloted to answer the question 'What is the meaning of food activities in the daily lives of older adults?'.

6.8.1 The Evaluation of Focus Groups as a Qualitative Method

6.8.1.1 Justification for this Method

Focus groups are a data collection method in which small group discussion on a specific topic is guided by a moderator (Morgan and Bottorff, 2010; Krueger, 1995; Krueger, 1994). Focus groups were an appealing qualitative method because group interaction may generate rich, multi-faceted, textual data (Murdoch, Poland and Salter, 2010; Moen *et al.*, 2010; Halkier, 2010; Warr, 2005; Duggleby, 2005; Duggleby, 2004; Wellings, Branigan and Mitchell, 2000). Focus groups were successfully used in food identity research by Hocking and colleagues, particularly the relational and collective identities of women (O'Sullivan, Hocking and Wright-St. Clair, 2008; Shordike and Pierce, 2005; Wright-St Clair *et al.*, 2005;

Hocking, Wright-St. Clair and Bunrayong, 2002). Additionally, focus groups capture personal and social aspects of identity (D'Sylva and Beagan, 2011; Devasahayam, 2005; Griffith, 2003). Finally, focus groups offered a flexible means of data collection within a pragmatist perspective, because focus groups are an appropriate method within a variety of theoretical frameworks (Murdoch, Poland and Salter, 2010; Freeman, 2006; Warburton and McLaughlin, 2006; Groenewald, 2004; Wilkinson, 2000).

6.8.1.2 Methods

A focus group protocol was piloted in Focus Group 2 with the five participants of Pilot Study 1. The focus group started by asking participants the following two questions:

1. What kinds of daily activities do you do that involve food?
2. Why do you do these activities?

Following this, participants completed a Q sort answering the question

3. Which of these possible selves are most likely and least likely for you?

After the Q sort, participants were asked the following two questions:

4. What do you do to achieve or avoid these possible selves?
5. Can you link any of your most likely possible selves to the food activities we spoke about earlier?

6.8.1.3 Data Analysis

In-depth analysis of the data was needed for this exploratory study (Morgan, 2010; Morgan, Krueger and King, 1998; Carey and Smith, 1994). Three levels of data were considered in the analysis (Carey and Smith, 1994):

a) The group level, which included interactional and sequential analysis looking at censoring, conformity, group think, and individual status.

b) The individual level, which included responses and behaviours of individuals without considering the group context.

c) The interaction level, which included the relationship of the individual to the group.

The relative importance of analysing these different levels of data is subject to considerable debate and discussion in the focus group literature (Morgan and Bottorff, 2010; Morgan, 2010; Duggleby, 2005; Kidd and Parshall, 2000). However, there has been a growing call for the interactions in focus groups to be reported and analysed (Moen *et al.*, 2010; Wibeck, Dahlgren and Öberg, 2007; Freeman, 2006; Kidd and Parshall, 2000). Nevertheless, there are very few clear guidelines available for the analysis of group interaction outside of discourse analysis (Kidd and Parshall, 2000).

An integrated approach to data analysis was developed for this pilot study, based on the available literature. Focus group data were analysed first for content at the individual level, using thematic analysis (Braun and Clarke, 2006). Secondly, the influence of the group interaction on the focus group content was analysed (Vicsek, 2007; Lehoux, Poland and Daudelin, 2006; Kidd and Parshall, 2000). The key steps of data analysis followed included:

1. Transcribe and become familiar with data
2. Code transcript for types of interactions occurring (e.g. limited/significant, empathic/challenging, educational/personal, negative/constructive, humorous/serious) (Lehoux et al 2006, Vicsek 2007)
3. Inductively generate initial codes
4. Search for themes
5. Separately analyse individual coded data to determine if any new codes need to be added or dominant themes to follow up in interview (Kidd and Parshall, 2000)
6. Review themes
   a. Check themes work in relation to coded extracts using criteria (See Table 15)
   b. Check themes are valid representation of collective meaning / common ground
   c. Check themes work in relation to whole data set
   d. Thematic map of analysis
7. Define and name themes
8. Produce report
   a. Link to theory
   b. Interpret key findings in relation to research questions

Table 15   Criteria for Checking Focus Group Themes

Criteria[1]	Questions to ask within each theme
Words	What are the actual words participants use to talk about the topic?
	What do these words mean?
Context	What is the context in which statements were made?
	(Consider moderator's questions / responses, challenging / accepting role of moderator, interaction in group)
	Has the group unduly influenced any member?
	Has any individual unduly influenced the group?
Internal Consistency	What changes in option or position occur during the discussion?
	Where there is agreement, is this because of coercion or self-censoring of members with alternative viewpoints?
Frequency	How often are views expressed or comments made?
Extensiveness	How many participants hold this view?
	Does the contribution of one person dominate the theme?
	How does this affect the contribution of others? (Consider if participants are silent because they agree, because they disagree but do not wish to say so, or are 'social loafers')
	If one person dominates, is it still a valid theme?
Specificity of Comments	Are comments related to personal experience or the experience of others (e.g. a larger group)?
	(More weight is given to personal experience)
Intensity of Comments	What depth of feeling is evident in the comments?
Big Ideas / Common Ground	What larger trends emerge or cut across the various comments
	Is this consistent with the theme?

1. Based on Rabiee, 2004, Kidd and Parshall, 2000, Lehoux *et al*., 2006

6.8.1.4 Findings

The use of focus groups in Pilot Study 1 showed that focus groups were an inappropriate method to explore the relationship between individual's food activities and maintenance of their identity. The first problem was that it was difficult to observe participants' personal identities because of the nature of the discussion in the group. Bisogni *et al*. (2002) note similar difficulties in the use of focus groups in their study of personal identities related to food choice. One explanation for the limited discussion was the heterogeneity of the group.

Group interaction may also explain why participants talked about 'other' older adults, rather than themselves, reflecting a need to demonstrate 'expertise' in the group (Lehoux, Poland and Daudelin, 2006). In addition, the shift in discussion from boredom, at the beginning of the discussion, to enjoyment, may be evidence of participants expressing views different to their own to challenge the other group members (Warr, 2005). This was of concern because it highlighted a lack of internal consistency for some themes (Lehoux, Poland and Daudelin, 2006; Kidd and Parshall, 2000). Finally, the focus group data produced fewer themes than the individual interviews as noted by previous researchers (Cooper and Yarbrough, 2010; Fern, 1982).

The second problem was that focus groups were a resource intensive method of collecting data for qualitative analysis. In Pilot Study 1, the focus group cost more to run than individual interviews. Costs included hiring a suitable venue within easy commuting distance for participants, and providing refreshments to facilitate the smooth running of the group (Baptist *et al.*, 2010). Prior to running the group, more time was needed to accommodate the individual needs of the older adult participants, who experienced sensory and mobility impairments that could have affected their group participation (Kroll, Barbour and Harris, 2007). Finally, it took significant time resources to properly analyse the focus group data. Krueger (1995) has described focus group analysis as tedious, time consuming, and difficult.

This description reflects the experience of this researcher, particularly in integrating different levels of analysis in the findings. The methods of integrated analysis of content and group process were developed by the researcher following based on recent calls for interaction in focus groups to be reported (Moen *et al.*, 2010; Wibeck, Dahlgren and Öberg, 2007; Freeman, 2006; Kidd and Parshall, 2000). These integrated methods was found to influenced the findings of the overall analysis, because they broadened the analysis beyond the content of the group discussions. These methods therefore offer potential for within-method triangulation. However, in this study, the integrated analysis process was found to be at the expense of the main focus of the research (Morgan, 2010; Morgan and Bottorff, 2010). Therefore, for both theoretical and practical reasons, focus group were not included in the main study.

6.8.2 The Evaluation of Individual Interviews using Visual Methods

6.8.2.1 Justification for this Method

Individual in-depth interviews using visual methods were a second qualitative method included in Pilot Study 1. Visual methods refer to a broad range of research practices in which visual media such as photographs, video and visual arts are incorporated into the research process (Guillemin and Drew, 2010; Rose, 2007; Harper, 2002). Research over a long period has confirmed interviews using photographs are longer, more in-depth, and more focussed (Van Auken, Frisvoll and Stewart, 2010; Collier, 1957). In Pilot Study 1 participants' photographs and personal objects were discussed within in-depth interviews (Hesse-Biber and Leavy, 2010), since both types of visual media have been used in identity research with older adults (Maley, Warren and Devine, 2010; Kroger and Adair, 2008; Side, 2005). However, one of the challenges in analysing in-depth interviews using visual methods is finding a balance between visual and textual data (Mair and Kierans, 2007; Bolton, Pole and Mizen, 2001). The way Guillamin and Drew (2010) deal with these issues is to give equal weight to each source of data. However, they do acknowledge that expertise and experience in analysis of textual data may mean this data is given preference.

6.8.2.2 Methods

In-depth interviews using visual methods were conducted with all five participants for Pilot Study 1. Each participant was given a point-and-shoot digital camera, an instruction leaflet, and the full operating manual, at the end of Focus Group 2. Participants also had the option of selecting personal food-related objects in addition to or instead of taking photographs. The researcher conducted four of the five interviews in participants' homes. The fifth interview was held at a local public library at the participant's request.

 Interviews started with the instruction:

'Tell me about the photographs / objects you have chosen and how these remind you of your food activities'.

Once participants had discussed all the objects and photographs they were reminded of the focus group card sort.

'In the group discussion we talked about who you will most likely be in the future. I asked you to use a pack of cards to find your most likely possible selves. The possible selves you thought most likely were (name), (name) and (name). Are these related to your food activities in any way?'.

Interviews lasted between 40 and 80 minutes. Photographs were also taken of the objects participants chose to talk about in the interviews. All five interviews were recorded and transcribed verbatim for analysis.

6.8.2.3 Data Analysis

In this pilot study, visual and textual data were analysed simultaneously (Guillemin and Drew, 2010; Mair and Kierans, 2007). The researcher developed an integrated approach to thematic analysis of the text (Braun and Clarke, 2006) and participants photographs or food-related items at the image level (Rose, 2007), for this pilot study. Image/object analysis occurred across three modalities (Rose, 2007) including the technological, or looking at how the image is presented; the compositional, or the interrelationship between the arrangement of the image/object and its meaning to the participant; and the social, or the contexts that shape the way an image is interpreted or an object is used. Analysis was completed using the NVIVO 8 software package, which allowed coding of both visual and textual data, and mind mapping software.

The following steps in analysis, developed for this pilot study, were followed:

a) Transcribe and become familiar with textual data and visual data
b) Write memos of initial interpretation of key messages in the data
c) Divide textual data into chunks relevant to each image by copying relevant text from full transcript and pasting into comment boxes alongside the image within NVIVO 8.0. Code remaining text as 'Not object related'
d) For *each* image:

a. Write a detailed description of the image / object in the image

    i. What is the image of / object?

    ii. What are the physical properties of the image / object?

    iii. What is *my* interpretation of the image / object?

    iv. What do participants do with the contents of the image / object?

    v. Why did the participant select it?

b. Inductively generate initial codes by answering the following question:

    i. What does the image / object mean to the participant?

c. Write memos for each initial code considering each of the following questions:

    i. What aspect of meaning of the participant's food activities is revealed in this image and related textual data?

    ii. What is the formal arrangement of the image / object? (Only for photographs or where objects had been arranged prior to interview)

    iii. Is this meaning affected by the formal arrangement of the image / object? (Only for photographs or where objects had been arranged prior to interview)

    iv. What contexts shape the interpretation of the image / object?

e) Generate initial codes for data coded as 'Not object related'

f) Search for themes across the whole data set by grouping together initial codes that hold similar meaning

g) Review themes

a. Macro-analysis of images by grouping together images that represented similar meanings of food activities based on holistic content of the images

b. Check themes work in relation to coded extracts and images using criteria

c. Compare themes from Steps 7a and 7b to ensure themes are representative of both textual and visual data

d. Compare themes to key messages identified in Step 2

e. Thematic map of analysis with Buzan's iMindMap using themes generated and images related to that theme

h) Define and name themes

i) Produce report

a. Link to theory

b. Interpret key findings in relation to research questions

6.8.2.4 Evaluation of Individual Interviews using Visual Methods for Data Collection

Starting the open interviews with the open question 'Tell me about your everyday food activities' began an ongoing and detailed conversation in which participants described a range of different food activities. Participants talked freely about their food activities; little prompting was needed to maintain the flow of the interview. Participant photographs and personal objects provided an interesting focus for the start of the interview. However, some of the most interesting aspects of meaning were evident when they talked about household items they had not purposefully selected. The rich data generated in these conversations generated themes in which a range of food-related identities were evident. Simultaneous analysis of visual and textual data using thematic analysis and visual methods was both challenging and rewarding. Therefore, individual interviews had good potential as a data collection technique to meet the aims of the study.

However, visual methods alone were less successful than the interview technique. Only one of the five participants took photographs of her food activities, despite carefully selecting an easy to use point-and-click model, making the camera familiar by supplying it at the end of the focus group (Guillemin and Drew, 2010), and providing detailed verbal and written instructions for its use (Wang and Burris, 1997). The use of personal food-related objects selected by participants was included in the protocol as an alternative to the photographs (Kroger and Adair, 2008).

Differences between men (n = 2) and women's (n = 2) approaches to the selection of objects, previously highlighted in the literature (Kroger and Adair, 2008), were also evident in the pilot study. While the women took time before the interview to select their objects, both men only selected theirs when the researcher arrived and prompted them. Taking photographs or selecting objects before the interview required planning, introspection and reflection (Oliffe and Bottorff, 2007). In addition, participants may have chosen objects or taken photographs of aspects of identity they planned to reveal (Croghan *et al.*, 2008) . The difference between these men and women raised questions about the consistency of the data, and therefore the credibility of this method.

The use of thematic analysis (Braun and Clarke, 2006) as well as Burke's (2003) conceptualisation of identity as meaning were both problematic, because the researcher found a need to make an active connection between meaning and the concept of identity. The researcher's opinion was this connection meant findings were not firmly grounded in the data. Secondly, thematic analysis failed to identify themes related to the maintenance of identity, the specific focus of this study. The maintenance of identity was understood as an identity process (Sneed and Whitbourne, 2005; Bisogni *et al.*, 2002; Whitbourne, Sneed and Skultety, 2002; Brandtstadter and Greve, 1994; Rosenberg and Kaplan, 1982). Thus, qualitative methods were needed that could capture the dynamic nature of food-related identities, rather than grouping together similar food identities using thematic analysis (Braun and Clarke, 2006). Finally, participants predominantly talked about their past and present selves through their images and objects, while this study was also interested in participants' future identities. As a result, the main study included individual interviews with the same opening question as the pilot study, but no visual methods, and the qualitative data analysis techniques of Corbin and Strauss (2008) were selected for data analysis.

6.9   Pilot Study Findings: Quantitative Methods to Measure Food Activity Participation

One useful theoretical construct that captures the multidimensional nature of food activity participation is occupational performance. Occupational performance includes both the objective ability to perform an activity, and the subjective level of meaningfulness and satisfaction with this performance (Creek, 2003; Law and Baum, 2001; Law *et al.*, 1997). For this study, the occupational performance of food activities was defined by the researcher as:

> '*An individual's ability to do the food activities that are meaningful to them, in a way that satisfies their life needs, within the context of their environment, life stage, and life roles.*'

No existing measures of both subjective and objective dimensions of the occupational performance of food activities were identified[2]. Many of the available tools to measure

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[2] The nine activity and participation domains of the ICF (WHO, 2001) that included food, were used as a framework to review literature on the food activities of community-living older adults. The assessment of occupational performance was reviewed using the key word 'assessment' in combination with 'occupational

aspects of occupational performance (performance components) in food activity domains were too specific for this study, while others were not specific enough. For example, the McGill Ingestive Skills Assessment (Lambert *et al.*, 2006) specifically assesses feeding, chewing, swallowing. This measure was too specific for this study. Tools that were not specific enough included food activities as a component of other Activities of Daily Living (ADL) measures. For example, 'Feeding' within the Barthel Index (Collin *et al.*, 1998); and preparing main meals, washing up, and shopping as components of the 'Domestic Domain' in the Frenchay Activities Index (Schuling *et al.*, 1993). Measures of independence also lack a subjective component, such as the Barthel Index (Collin *et al.*, 1998) and 'In the Kitchen' subscale of the Nottingham Extended ADL Scale (Yohannes *et al.*, 1997; Nouri and Lincoln, 1987). An alternative was to measure food activity satisfaction. However, the satisfaction with food-related life scale (Grunert *et al.*, 2007) does not assess which issues may be decreasing satisfaction with food-related activities. To address this lack of assessment tools, the researcher developed and pilot tested an item pool to measure occupational performance of food activities for community-living older adults.

The primary aim for the quantitative methods component was to develop a valid measure of occupational performance of food activities that included both objective ability to perform food activities and subjective satisfaction with that performance. An iterative process of item pool development was followed, recommended by Clark and Watson (1995).

6.9.1 Stage 1: Selecting an Item Pool with Face and Content Validity

The aim of Stage 1 was to develop an item pool for the OPMF that had face and content validity. The research question guiding this stage was 'What daily activities do community-living older adults associate with food?'. By-word frequency count of the 1000 most common words across the transcriptions from Focus Group 2 and the individual interviews using visual methods in Pilot Study 1 was conducted using NVIVO 8.0 software. All verbs related to food were included in the analysis (e.g. eat, grill, nibble), because 'doing' is central to the construct of occupational performance. Food-related verbs associated with the same food activities were organised into themes using framework analysis (King, 2004). Initial codes were based on International Classification of Functioning, Disability and Health (ICF)

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performance' or 'food' or keywords used in the food activities literature review. Databases searched included AMED, Medline, and PsychInfo, with 'age over 65' as a search limit.

activity and participation codes related to food (World Health Organisation, 2001). New codes were created for activities that did not match these codes.

The word count frequency yielded 51 food-related verbs. The participants talked about seven food activities, matched with nine ICF codes (See Table 16).

6.9.2 Stage 2: Designing the Occupational Performance Measure of Food Activities

The Occupational Performance Measure of Food Activities (OPMF) had 15 response items within three domains of occupational performance. The author selected the five activities participants most clearly associated with food for inclusion in the item pool. These activities were shopping, cooking, eating, eating out, and eating healthily. The domains of occupational performance included in the item pool were Food Activity Importance, Food Activity Performance, and Food Activity Satisfaction. These domains were consistent with the definition of the occupational performance of food activities used in this study, and were based on the Canadian Occupational Performance Measure (COPM) (Law *et al.*, 2005; Law *et al.*, 1998; Law *et al.*, 1994).

The COPM is the most commonly used measure of occupational performance internationally (Carswell *et al.*, 2004). It has also been successfully administered with older adults (Kjeken *et al.*, 2004; Wressle *et al.*, 2003; Cup *et al.*, 2003; Sewell and Singh, 2001; Ripat *et al.*, 2001; Carpenter, Baker and Tyldesley, 2001; Richardson *et al.*, 2000; Wressle, Samuelsson and Henriksson, 1999). In the OPMF responses ranged from 1 to 10 for each item (See Table 17), because 10-point rating scales have higher reliability and validity those with less than four response categories; and are preferred by research participants (Preston & Colman, 2000). A 9-point range was also expected to be more sensitive compared to other measures.

6.9.3 Stage 3: Assessing the Measurement Properties of the OPMF

The aim of Stage 3 of the tool development process was to assess the measurement properties of the OPMF. The 36 participants from Pilot Study 2 completed the OPMF as part of a postal survey questionnaire. Data were analyzed using SPSS 15.0. There were five items in each

Table 16   Framework Analysis of Focus Group and Interviews (N = 5)

Theme	ICF Code and Descriptor	Food Activity Verbs
Shopping*	**Shopping (d6200):** Obtaining, in exchange for money, goods and services required for daily living (including instructing and supervising an intermediary to do the shopping), such as selecting food, drink, cleaning materials, household items or clothing in a shop or market; comparing quality and price of the items required, negotiating and paying for selected goods or services, and transporting goods.	Going (shopping)/ shop / shopping
	Basic economic transactions (d860): Engaging in any form of simple economic transaction, such as using money to purchase food or bartering, exchanging goods or services; or saving money.	Bought/ buy/ buying/ spending/ spend / spent
Cooking*	**Preparing meals (d630):** Planning, organizing, cooking and serving simple and complex meals for oneself and others, such as by making a menu, selecting edible food and drink, getting together ingredients for preparing meals, cooking with heat and preparing cold foods and drinks, and serving the food. *Inclusions: preparing simple and complex meals*	Boil / cook/ cooking/ cooked/ cooks/ fried/ making/ makes/ mix/ offer (to others)/ prepare (food)/ roast/ roasts/ set (the table)/ use (utensils)
	Doing housework (d640): Managing a household by…storing food…, washing counters, walls and other surfaces; collecting and disposing of household garbage...	
	Storing daily necessities (d6404): Storing food, drinks… and other household goods required for daily living; preparing food for conservation by canning, salting or refrigerating, keeping food fresh and out of the reach of animals.	freeze/ keep (storage)
Eating*	**Eating (d550):** Carrying out the coordinated tasks and actions of eating food that has been served, bringing it to the mouth and consuming it in culturally acceptable ways, cutting or breaking food into pieces, opening bottles and cans, using eating implements, having meals, feasting or dining. *Exclusion: drinking (d560)*	Ate/ chew / eat/ eaten/ eats/ enjoy (food and drink)/ nibble/ nibbling/ snack/ taste/ use (eating utensils)
Drinking	**Drinking (d560):** Taking hold of a drink, bringing it to the mouth, and consuming the drink in culturally acceptable ways, mixing, stirring and pouring liquids for drinking, opening bottles and cans, drinking through a straw or drinking running water such as from a tap or a spring; feeding from the breast.	Drinking/ drink
Eating Out*	Not included	Going (restaurant / lunch club/ church)
Eating healthily*	**Managing diet and fitness (d5701):** Caring for oneself by being aware of the need and by selecting and consuming nutritious foods and maintaining physical fitness.	Avoid / lose (weight)
Growing Food	**Taking care of plants, indoors and outdoors (d6505):** Taking care of plants inside and outside the house, such as by planting, watering and fertilizing plants; gardening and growing foods for personal use.	Gardening/ give (produce to others)/ grow/ growing/ grown/ keep (the garden)

*Included in the Occupational Performance Measure of Food Activities

Table 17   The Occupational Performance Measure of Food Activities (OPMF)

Subscale	Questions
	Grocery Shopping
I[1]	How important is grocery shopping to you?
P[2]	How well are you able to do your grocery shopping?
S[3]	How would you rate your satisfaction with the way you do your grocery shopping?
	Cooking
I	How important is cooking to you?
P	How well are you able to cook?
S	How satisfied are you with the way you cook?
	Eating
I	How important is eating to you?
P	How well are you able to eat?
S	How satisfied are you with your eating?
	Eating Out
I	How important is eating out to you? For example going to restaurants, a coffee shop, or a lunch club
P	How well are you able to eat out?
S	How satisfied are you with the eating out you do now?
	Eating Healthily
I	How important is eating healthily to you?
P	How well are you able to eat healthily?
S	How satisfied are you with your healthy eating?

1. Food Activity Importance: 1 (Not important at all) to 10 (Extremely important)

2. Food Activity Performance: 1 (Not able) to 10 (Extremely well)

3. Food Activity Satisfaction: 1 (Not at all satisfied) to 10 (Extremely satisfied)

sub-scale, with a maximum score of 10 for each item. Each sub-scale therefore had a total of 50 points. The measurement properties assessed included:

a) *Construct validity:* First the researcher assessed whether each item was measuring occupational performance as a concept (Kelley, 1942), by calculating the unidimensionality of the three sub-scales. Correlation coefficients between each item

and the rest of the scale were used (Leech, Barrett and Morgan, 2005; De Vaus, 2002; Hattie, 1985). Items which did not reflect the pattern of responses on the rest of the scale, indicated by a correlation coefficient between the item and the rest of the scale *r* < 0.3, were deleted (De Vaus, 2002).

b) *Reliability:* Cronbach's α is a measure of the lower bound of the reliability of a test (Cronbach, 1951). Cronbach's α is also commonly viewed as a measure of the internal consistency of a scale as it gives an indication of the 'average' degree of consistency in responses. The criteria for satisfactory reliability was α > 0.7 (Bland and Altman, 1997).

c) *Utility:* Finally, the researcher considered whether the item pool and rating scales could be easily administered to a group of community dwelling older adults as a component of a mixed-methods study. Results were examined for missing data and mean scores for each subscale were compared.

6.9.4 Results

Data characteristics: Key data characteristics are presented in Table 18. The Shapiro-Wilk test of normality showed all of the 15 items, other than cooking importance and cooking satisfaction, were normally distributed. This meant that data could be analysed using parametric statistical tests. The Food Activity Importance (M = 38.26, SD = 6.27), Food Activity Performance (M = 43.06, SD = 6.04) and Food Activity Satisfaction (M = 40.11, SD = 5.82) subscales were negatively skewed. This showed that participants were more likely to rate their food activities as more important than less important, that they were able to perform their food activities, and that they were more satisfied rather than less satisfied with their food activity performance.

Unidimensionality: As illustrated in Table 18, all items except Eating Out Importance reflected the pattern of responses on the rest of the scale, because they were above the threshold for the item-total correlations. These results suggested that the tool had adequate construct validity if this item were excluded.

Reliability: Statistical analysis using Cronbach's α showed acceptable internal consistency for all three subscales (See Table 18). This suggested the OPMF was a reliable measure of the occupational performance of food activities.

Utility: In the survey group, one participant had missing values on the OPMF (n = 1, 2.63%). This suggested participants had no difficulty completing the rating scales. For each item, the minimum range was 5 points, the maximum was 9 points. This suggested the scale was sensitive enough to evaluate occupational performance in an independently-living community population.

6.9.5 Discussion

The OPMF showed promising initial results for validity, reliability, and utility. However, this pilot study only addressed the first two steps in developing content validity by defining the construct of the occupational performance of food activities, and developing an item pool to measure this construct. One limitation is that this tool is at a very early stage in development. A second limitation is that the tool is based on the views of a specific ethnic and socio-economic group of mostly women, living in one geographical area. The researcher tentatively concluded that occupational performance of food activities could be validly and reliably measured using a 15-item measure across the subscales of Food Activity Importance, Performance, and Satisfaction. At the same time, there is considerable opportunity to develop this tool further.

Table 18   Raw Data Characteristics and Properties of the OPMF Subscales

	M	SD	Range		r	α
			Potential	**Actual**		
Food Activity Importance						
Shopping	7.43	1.74	1 – 10	3 – 10	.72	-
Cooking	7.20	1.89	1 – 10	3 – 10	.55	-
Eating	8.00	1.80	1 – 10	3 – 10	.65	-
Eating Out	7.14	2.05	1 – 10	2 – 10	.19	-
Eating Healthily	8.36	2.06	1 – 10	1 – 10	.35	-
Sub-scale Total	38.26	6.27	5 – 50	21 – 50	-	.75
Food Activity Performance						
Shopping	8.97	1.22	1 – 10	5 – 10	.66	-
Cooking	8.00	1.82	1 – 10	3 – 10	.75	-
Eating	9.03	1.30	1 – 10	4 – 10	.69	-
Eating Out	8.83	1.46	1 – 10	5 – 10	.66	-
Eating Healthily	8.08	2.10	1 – 10	1 – 10	.59	-
Sub-scale Total	43.06	6.04	5 – 50	26 – 50	-	.85
Food Activity Satisfaction						
Shopping	8.37	1.35	1 – 10	5 – 10	.48	-
Cooking	7.51	1.65	1 – 10	4 – 10	.70	-
Eating	8.39	1.34	1 – 10	5 – 10	.71	-
Eating Out	7.92	1.75	1 – 10	3 – 10	.51	-
Eating Healthily	7.83	1.94	1 – 10	1 – 10	.67	-
Sub-scale Total	40.11	5.82	5 – 10	28 – 50	-	.82

6.10   Pilot Study Findings: Measuring Possible Selves through the 35-item Possible Selves Q sort for Older Adults

Q methodology is a multi-stage research technique, developed by William Stephenson (Stephenson, 1953; Stephenson, 1952), which captures the subjective viewpoint(s) of participant(s) on a specific topic of interest. The researcher selected Q methodology to investigate the possible selves of participants for a number of reasons (Kerpelman, 2006; Kerpelman, Shoffner and Ross-Griffin, 2002; Brown, 1996; Brown, 1980; Stephenson, 1953). Possible selves research with older adults has focussed on only a small number of hoped-for and feared possible selves within pre-determined domains (Hoppmann *et al.*, 2007;

Cotrell and Hooker, 2005; Frazier, Cotrell and Hooker, 2003; Smith and Freund, 2002; Frazier *et al.*, 2002; Frazier *et al.*, 2000). Q methodology was a useful tool to investigate the hierarchical and inter-connected nature of possible selves. It offered a way of objectively viewing a range of possible selves at the same time, while also demonstrating which possible selves participants hoped-for and expected most or least, from the subjective viewpoint of participants. Q methodology was also suitable for between-methods triangulation within the concurrent mixed-methods research design. A six-stage process, summarised in Table 19, was used to develop the 35-item Q set used in this study.

Table 19   The Process of Developing a 35 – item Possible Selves Q set

	Aim	Methods	Items Reviewed	Items Selected
Stage 1	To identity the possible selves in later life concourse	Possible Selves Questionnaire[1] Literature Review	N/A	181
Stage 2	To select an initial Q set based on the concourse	Content Analysis using 18 content domains[2] and 7 content domains[3]	181	78
Stage 3	To select a balanced and representative Possible Selves Q set for older adults by evaluating and improving the initial Q set	Focus Group 1 in Pilot Study 1 (N = 5)	78	61
Stage 4	To evaluate the administration procedures for the 61-item Possible Selves Q sort for older adults.	Pilot Q sorts in Focus Groups 2 & 3 of Pilot Study 1 (N = 5)	61	60
Stage 5	To evaluate factor analytic data analysis techniques for the Possible Selves Q sort	By-hand calculation and centroid factor analysis Manual rotation Interpretation	N/A	N/A
Stage 6	To select a balanced and representative Possible Selves Q set of approximately 40 items.	Pilot Study 2 Survey Questionnaire (N = 36)	60	35
		Content Analysis using 17 content domains[2] and 7 content domains[3]	35	35

1. (Markus, 1987; Markus and Nurius, 1986)

2. (Frazier *et al.*, 2002)

3. (Smith and Freund, 2002)

6.10.1 Stage 1: Identifying the Possible Selves in Later Life Concourse

The aim of Stage 1 was to identify a range of statements that broadly represented a range of possible selves salient in later life. A structured approach was used based on an existing

possible selves measure, the Possible Selves Questionnaire (Markus, 1987). This questionnaire was used with college students by Markus and Nurius (1986) in their original paper on the concept of possible selves (Ryan and Zerwic, 2004; McKeown and Thomas, 1988). Further possible selves statements were drawn from key papers investigating the possible selves of older adults (Hoppmann *et al.*, 2007; Cotrell and Hooker, 2005; Frazier, Cotrell and Hooker, 2003; Waid and Frazier, 2003; Frazier *et al.*, 2002; Smith and Freund, 2002; Frazier *et al.*, 2000). The concourse initially consisted of the 130 possible selves in the Possible Selves Questionnaire (Markus, 1987) and 51 items from the literature review. Thus, 181 items were included in the range of statements representing the possible selves of older adults.

6.10.2 Stage 2: Initial Q set Selection

The aim of Stage 2 was to select a range of statements that represented all possible self domains. A larger, rather than smaller, number of statements is advisable in the early stages of the Q methodology process (Watts and Stenner, 2005). Content analysis of the 181-item concourse was completed with the six content domains used in previous possible selves research with older adults in Europe (Hoppmann *et al.*, 2007; Smith and Freund, 2002) , and the 18 content domains used in possible selves research with older adults in the United States (Frazier *et al.*, 2002). The systematic and objective summary of the concourse or Q sample using content analysis showed the concourse broadly represented the full range possible selves domains in later life (Watts and Stenner, 2012; Neuendorf, 2002). From this concourse of 181 items, 78 statements were selected by the researcher. Of these 78 statements, 40 were hoped-for possible selves, and 38 were feared possible selves. All domains were represented by at least one possible self statement.

6.10.3 Stage 3: Selection of the 60-item Q set

The aim of Stage 3 was to select a balanced and representative Possible Selves Q set for Older adults by evaluating and improving the initial Q set so that they met the following criteria (Watts and Stenner, 2005):

    a) The language used in the statements was clear.
    b) Each statement represented one proposition only.

c) There was no duplication of items with similar meaning.

d) Items represented a balanced range of statements.

e) There was adequate coverage of all possible selves domains in the resulting Q set.

Within Focus Group 1 of Pilot Study 1, the researcher and the five participants evaluated the 78 items from Stage 2. The participants initially rated each possible self item as *'relevant'*, *'possibly relevant'*, and *'not relevant'* for *'people of my age group'*, by sorting the statements printed on cards into one of three piles. Participants then discussed which of the *'relevant'* items were ambiguous, too similar, or unintelligible. The language used in the statements was discussed, and the group suggested modifications. A total of 61 items were selected for the Possible Selves Q set, as listed in Table 20.

6.10.4 Stage 4: Piloting Administration of a 61-item Possible Selves Q sort

The aim of Stage 4 of the Q methodology piloting process was to evaluate the administration procedures for the 61-item Possible Selves Q sort under two different conditions of instruction. Specific aspects of administration that required evaluation were the instructions to participants, the process of sorting 61 items, and administration of the Q sort within a group setting. The five participants from Pilot Study 1 completed the 61-item Possible Selves Q sort during Focus Group 2 and Focus Group 3, under two different conditions of instruction. Group administration of the Q sort was appealing because practical activities like a card sort can be a useful way to prompt discussion in a focus group (Colucci, 2007). Q sorts, however, offer a wider range of data analysis than card sorts (Plastow, 2010). A group setting also meant the Q sort procedure could be explained to a number of participants simultaneously, thereby reducing data collection time.

Table 20   The 61-item Possible Selves Q set

Statements	Statements
1. I will be independent	32. I will be unable to cook for myself
2. I will have a good quality of life	33. I will make a valuable contribution to society
3. I will be motivated	34. I will be able to defend myself physically
4. I will be secure	35. I will be self confident
5. I will be trusted	36. I will be able to remember the things that matter
6. I will be helpful	37. I will be a grandparent
7. I will be unable to do the things I want to do	38. I will be able to fix things
8. I will be loved	39. I will be depressed
9. I will be unable to care for myself	40. I will be health conscious
10. I will have a range of interests / hobbies	41. I will be unable to care for my spouse / partner
11. I will lose my memory	42. I will have a prolonged terminal illness
12. I will lose my close friends	43. I will be able to do the things I enjoy
13. I will be able to travel widely	44. I will be an art / music appreciator
14. I will be appreciated	45. I will be a victim of crime
15. I will be respected	46. I will be destitute
16. I will be unable to walk independently	47. I will be married
17. I will lose my spouse / partner	48. I will be religious
18. I will be able to cook	49. I will have a boring job
19. I will be relaxed / mellow	50. I will be a failure
20. I will be useless to others around me	51. I will be able to fix things
21. I will have a medium size comfortable home	52. I will be able to speak well in public
22. I will be blind / deaf	53. I will be boring
23. I will be in good shape	54. I will be in a nursing home
24. I will be in touch with my feelings	55. I will be lazy
25. I will cope well with the loss of family / friends	56. I will be offensive
26. I will have a good death	57. I will be on benefits
27. I will have a serious illness	58. I will be selfish
28. I will be a good parent	59. I will have a job I truly enjoy
29. I will be creative	60. I will have an affair
30. I will be incompetent	61. I will be lonely
31. I will be long-lived	

The introductory instructions used in Focus Group 2 and Focus Group 3 were based on the Possible Selves Interview (Cross and Markus, 1991) adapted for use with older adults (Cotrell and Hooker, 2005; Hooker and Kaus, 1992). In the first Q sort, participants were asked to sort their possible selves *'from the possible self you think you are most likely to become to the possible self you are least likely to become'*. In the second Q sort, participants sorted their possible selves *'from the possible self you hope for most to the possible self you dread most'*.

As they read through the 61 statements, participants sorted their cards into three piles: *'Most likely'*, *'Neutral'*, and *'Least likely'* in Pilot Group 2 and *'Hope for Most'*, *'Neutral'*, and *'Fear Most'* in Pilot Group 3. Participants then sorted the 61 statements across a forced normal distribution grid ranging from + 5 (*Most Likely)* to − 5 (*Least Likely*), illustrated in Figure 10; and + 5 (*Hope for Most*) to − 5 (*Fear Most*), in 0 (McKeown and Thomas, 1988). Participants alternated between each end of the distribution as they sorted their cards, until all cards had been rank ordered.

Figure 10 The Expected Possible Selves for Older Adults Q sort grid

Most Likely					Neutral					Least Likely
+ 5	+ 4	+ 3	+ 2	+ 1	0	- 1	- 2	- 3	- 4	- 5

Figure 11 The Hoped-for and Feared Possible Selves for Older Adults Q sort grid

Hope for Most					Neutral					Fear Most
+ 5	+ 4	+ 3	+ 2	+ 1	0	- 1	- 2	- 3	- 4	- 5
□	□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□	□
■	□	□	□	□	□	□	□	□	□	■
■	■	□	□	□	□	□	□	□	■	■
■	■	■	□	□	□	□	□	■	■	■
■	■	■	■	□	□	□	■	■	■	■
■	■	■	■	□	□	□	■	■	■	■
■	■	■	■	■	□	■	■	■	■	■

The older adult participants enjoyed the Q sort process. They were able to follow the instructions given, evident in group discussion and successful completion of nine Q sorts. However, this group of participants also suggested 'dreaded' possible selves was a more appropriate term than 'feared' possible selves, within the United Kingdom context. Additionally, one item was duplicated – 'I will be able to fix things'. Participants also suggested 'I will be secure' was too ambiguous, and suggested a change to 'I will be financially secure'. The 61 items were an appropriate number of cards to sort in a single data collection episode. Although the participants viewed multiple sorts as valuable, their view was sorting of all 61 items twice within a single interview would become too onerous.

On the other hand, group administration of the Possible Selves Q sort for Older Adults was unsuitable for this study, even though others have demonstrated successful group administration of Q sorts (e.g. Van Exel, de Graaf and Brouwer, 2007). The intended purpose of the Q sort within the focus group was to stimulate discussion of participants' possible selves and how they were related to participants' food activities. The Q sort occurred in the middle portion of the focus group. However, coding for group interaction indicated discussion was very limited (Lehoux, Poland and Daudelin, 2006; Rabiee, 2004; Kidd and Parshall, 2000). Q sorting also disrupted the flow of conversation for the 30 minutes it took to

complete. Finally, no textual data could be gathered to aid data interpretation, because of the limited nature of the group discussion. Stenner, Watts and Worrell (2007) argue it is essential to understand the reasons why participants ranked their cards in the way that they did, based on the whole of the Q sort distribution. Some researchers using group administration of Q sorts have obtained written feedback from participants (Van Exel, De Graaf and Brouwer, 2007). Neither detailed interviews nor written feedback were feasible within the time of the focus group. Consequently, the researcher decided to administer the Q sorts individually with participants in the main study.

6.10.5 Stage 5: Evaluating Q methodology Data Analysis Techniques

The aim of Stage 5 of the development of a Possible Selves Q sort for older adults was to pilot data analysis techniques for the Possible Selves Q sort. These data analysis techniques are steps in factor analysis, which is the primary statistical method used to group together Q sorts which are structured in a similar way (McKeown and Thomas, 1988). Specific factor analytic procedures included:

1. Factor estimation
2. Factor rotation
3. Computation of the Factor Array
4. Factor interpretation

These procedures were performed by hand using Microsoft Excel and the detailed guidance provided in Brown (1980). The purpose of analysis by hand was to develop the researcher's understanding of all steps in the factor estimation process.

Using centroid factor analysis, four factors were estimated from the correlation matrix, using the significant loading method to determine the number of factors for extraction (Brown, 1980).Factor rotation was used to produce a set of factor loadings that was simpler and more scientifically useful than the original factor loadings (Comrey and Lee, 1992; Lawley and Maxwell, 1962; Maxwell, 1959). Theoretical rotation using graphical rotation methods (Fruchter and Novak, 1958; Thurstone, 1954; Stephenson, 1953; Zimmerman, 1946) was used to achieve the final factor solution in which the smallest number of factors contained the

largest number of significant factor loadings (Stephenson, 1953). These factor loadings were used to calculate the factor array. The factor array is a model Q sort for each factor, based on the weighted average of all Q sorts that exclusively and significantly load on that factor (Watts and Stenner, 2012; Brown, 1980). Individual Q sorts were weighted because some Q sorts more closely represented a factor than others, evident in their higher factor loading. Thus, the factor array represented the overall viewpoint expressed in each of the Q sorts that loaded on that factor.

Factor interpretation accounted for the whole of the factor array, rather than only the items that fell on each extreme end of the factor distribution, so the nuances expressed in each viewpoint were captured (Stenner, Watts and Worrell, 2007). In addition, both item rankings and participants' limited comments were combined to interpret each viewpoint (Stenner, Watts and Worrell, 2007). Factor interpretation started by considering each of the factor arrays independently by answering the following questions, which were informed by procedures now defined in Watts and Stenner (2012):

1. Which Q sorts were included in this factor?
2. Considering the extreme ends of the distribution:
    a. What did participants think was most likely and least likely for their future?
    b. What did participants hope for the most and fear the most?
3. Considering the middle of the distribution:
    a. Which items fall in the middle of the factor array?
    b. Do any of these neutral items relate to the important expectations / hopes and fears?
    c. Why were these items neutral?
4. Is there a balance (match) between what participants thinks is likely and unlikely / between what participants hope for and fear?
5. What conclusions can be drawn to interpret this factor?

The second interpretative step was to compare the two viewpoints. The standard error of difference between factor arrays was calculated to determine what difference in score for each item was statistically significant at $p < .01$. This showed which items achieved a significantly different score between two Q factors.

Q methodology was a useful method for exploring possible selves from participants' perspectives. Centroid factor analysis, theoretical rotation, and computation of the factor array procedures were successfully applied in this pilot study (Brown, 1980; Stephenson, 1967; Stephenson, 1953). Of the procedures, the most time consuming, but also the most useful in development of Q methodological research skills, was theoretical rotation (Thurstone, 1954). This was an important skill to learn because theoretical rotation continues to be viewed as closer to the underlying principles of Q methodology (Watts and Stenner, 2012; Brown, 1980; Stephenson, 1953). This pilot study emphasised the need for a statistical package offering both centroid factor analysis and theoretical rotation options. The data analysis also clearly demonstrated differences in the way participants arranged their Q sorts in response to the two conditions of instruction. Finally, the researcher found the procedures described by Watts and Stenner (2012) did not account for every item in the final analysis. In addition, the emphasis in these procedures was so heavily focussed on the factor arrays that the limited supporting qualitative data hardly featured in the factor analysis. Development of factor interpretation procedures was needed for the main study.

6.10.6 Stage 6: Selecting a 35-item Possible Selves Q set

One finding from Pilot Study 1 was sorting the same 61-item Q set under two conditions of instruction was too onerous. Therefore, the 61-item Q set needed to be reduced. The aim of Stage 5 was to select a balanced and representative Possible Selves Q set of approximately 40 statements. A second aim was to compare Q sort administration with survey administration of the same items. The postal survey questionnaire, completed by the 36 participants in Pilot Study 2, included 120 statements developed from the Possible Selves Q set. Statements included hoped-for and feared possible selves statements such as '*I hope I will have a good quality of life*' and '*I dread being unable to do the things I want to do*'. Expected possible selves statements included '*I expect I will have a good quality of life*' and '*I expect to be unable to do the things I want to do*'. Participants rated each item on a 5-point Likert-type scale ranging from 1 (*Totally Agree*) to 5 (*Least agree*).

The Possible Selves Q set was revised based on descriptive data from the survey questionnaire. The 15 items with the lowest mean score for hoped-for, feared, and expected possible selves were selected, to produce a 45-item set. These 15 items were the statements

most participants agreed with most. The final Q set contained less than 45 items because of duplicate item deletion. For example, a hoped-for self as 'self confident' and an expected self as 'self confident' were considered duplicate items. The balance and representativeness of the final set of statements was assessed using content analysis (Neuendorf, 2002) and the content categories used in previous European possible selves research with older adults (Smith and Freund, 2002).

Participants either agreed, strongly agreed, or totally agreed with all items (M<3 for each item). A wider range of agreement was evident in the expected possible selves items. Most participants had missing data on at least one variable (n = 21, 58.33%), including hoped-for possible selves (n = 4, 11%), feared possible selves (n = 11, 30.56%), and expected possible selves (n = 15, 41.67%). This was an unacceptable level of missing data. Missing data were replaced using the procedures for random assignment within groups, described by De Vaus (2002) as one of the most desirable methods of replacing missing data. This was the modified data set.

6.10.7 Possible Selves Q set Item Selection

The 36-item Q set selected from the modified data set included 18 hoped-for and 18 feared possible selves. One possible self, having a 'prolonged terminal illness' was judged by the researcher too similar to the item 'serious illness', and so was removed. This procedure produced a set of 35 possible selves statements most important to the older adult participants in this survey. Content analysis showed these 35 possible selves statements were balanced across each of the six domains used in previous possible selves research with older adults in Europe (Hoppmann *et al.*, 2007; Smith and Freund, 2002), and a seventh domain (Finances) which was evident in Stage 5 of this Q sort development process. As illustrated in Table 21, at least three statements were present in each of the seven domains. At least one hoped-for self, and one feared self, were present in each of these domains.

Table 21   The 35-item Possible Selves Q set across Possible Selves Domains

Domain[1]	Hoped-for Possible Selves		Feared Possible Selves	
	Item	Statement	Item	Statement
Personal Characteristics	2.	I will be helpful	23.	I will be incompetent
	11.	I will be in touch with my feelings		
	14.	I will be motivated		
Health and Functional Capacity	9.	I will be independent	22.	I will be blind / deaf
	13.	I will have a good quality of life	24.	I will be depressed
	16.	I will be health conscious	26.	I will be unable to walk independently
			30.	I will have a serious illness
			31.	I will be unable to care for myself
Interests and Activities	3.	I will be able to do the things I enjoy	19.	I will be unable to do the things I want to do
	7.	I will have a range of interests and hobbies	35.	I will be unable to cook
	12.	I will appreciate art / music		
	21.	I will be able to cook		
Social Relationships	1.	I will be trusted	28.	I will be offensive
	4.	I will be respected	25.	I will be unable to care for my spouse / partner
	8.	I will be loved	32.	I will be useless to others around me
	5.	I will be a good parent	33.	I will lose my close friends / family
Live Events	10.	I will have a good death	29.	I will lose my spouse / partner
			34.	I will be in a nursing home
Cognition	15.	I will be able to remember the things that matter	18.	I will be unable to remember the things that matter
Finances	6.	I will be financially secure	27.	I will be destitute
			20.	I will be a victim of crime

1. (Smith and Freund, 2002)

The results of survey administration of items from the Possible Selves Q set also confirmed selection of Q methodology to explore the possible selves of older adults. Firstly, the significant level of missing data meant survey methods were not feasible. Secondly, the significant positive skew for almost every item meant it was difficult to identify which possible selves were more important than others. Thirdly, the survey results also did not provide any useful information about the relationship between different items. In contrast, Q methodology applied in Pilot Study 1 allowed for simultaneous study of a range of hoped-for, feared, and expected possible selves, with no missing data. Therefore, Q methodology was

used within the main study to explore older adults viewpoints of their possible selves, and then to relate this to their food activity participation.

6.11 Application of the Pilot Studies to the Main Study Design

Individual interviews starting with the question 'Tell me about your food activities', two Q sorts with the same 35 items using different conditions of instruction, and the OPMF were selected as the best methods of data collection in the main study to gather textual, Q sort, and numerical data. The concurrent collection of different types of data collected within a single semi-structured interview with participants met Creswell's (2003) criteria for mixed methods research methods for the following reasons:

a) Both emerging methods and pre-determined methods of data collection were used.

b) Emerging methods included participants' responses to open-ended questions and Q sorting of the Possible Selves Q set. Pre-determined methods included responses to closed questions in the OPMF and demographic questionnaire.

c) The data collection yielded both numeric data for statistical analysis and open ended textual data which could be used to develop themes.

d) All possibilities for analysis presented by the data were considered, including quantitization of qualitative data.

CHAPTER 7 MAIN STUDY METHODS

7.1　Introduction

The findings from the two pilot studies presented in Chapter 3 informed the development of the protocol for the main study. This chapter presents the main study methods used in this concurrent mixed methods study of the relationship between food activities and the maintenance of identity in later life. The chapter presents participant recruitment procedures, data collection methods, and data analysis methods used in the main study.

7.2　Participants

Thirty-nine (N = 39) community-living older adults participated in this study. Participants were recruited by convenience sampling at two locations: A community interest group meeting and a community research fair in a shopping centre. Convenience sampling is a common method of participant recruitment, in which those who volunteer to participate are included (Gravetter and Forzano, 2009; Polit and Beck, 2004). Inclusion criteria included age over 60, retired from full time employment, and living in the community within a London borough. Exclusion criteria were older adults living in nursing or residential care, and older people who demonstrated an inability to give informed consent to participate.

7.2.1 Recruitment Procedures

The convenience sampling method used for this study included recruitment at two sites plus snowball sampling. The first recruitment site was a local interest group for retired older adults – the Association of Active Retirees described in Chapter 3. At the same AAR meeting where Pilot Study 2 data were collected, members were also asked to express an interest in participating in the main study. One participant from Pilot Study 1 also participated in Pilot Study 2 and the main study. Approximately 10 participants from Pilot Study 2 also

participated in the main study[3]. The recruitment and flow of participants across the two studies and into the main study is illustrated in 7.2.2.

The second recruitment site was a community research fair in a local shopping centre in a different borough of West London. Older adults from both recruitment sites were also asked to pass on information about the study to other friends or acquaintances.

All potential participants received an information leaflet (Appendix H), a contact sheet (Appendix I), and an addressed stamped envelope. Potential participants returned the contact sheet by post if they wanted to participate in the study or required further information. The researcher telephoned all potential participants to answer any questions, confirm verbal consent to participate, and to arrange an interview date, time, and location convenient to the participant. Participants had the option of an interview at home, at Brunel University, or at another location of their choice. Four of the 43 participants who returned the contact sheet were excluded from the study. One participant did not live within West London. Two participants had a change in circumstances, which meant a convenient interview time could not be arranged. One participant lived in a nursing home, and so did not meet the inclusion criteria.

7.2.2 Description of the Participant Sample

The age at interview of the 39 participants ranged from 61 to 89 years (M_{age} = 74, SD = 7.29). All but one of the participants described themselves as 'White' (n = 38, 97%). As illustrated in Table 22, the overwhelming majority of participants were women (n = 31, 80%). More than two thirds of participants were unmarried, although this included participants who had never married (n = 5, 13%), as well as those who were divorced (n = 9, 23%) and widowed (n = 14, 46%). However, the proportion of participants living alone versus living as a couple or with family, were similar. Most participants were classified within the highest socio-economic classification group (n = 26, 67%), based on their pre-retirement occupation (Office for National Statistics, 2008).

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[3] Survey responses in Pilot Study 2 were anonymous. Estimation of repeat participation is based on matching of date of birth and gender across the pilot studies and main study.

Participants recruited at each of the recruitment sites were similar across socio-demographic characteristics other than age. Fisher's exact test showed no relationship between recruitment site and gender, p = .62. Likelihood ratio showed no relationship between recruitment site and marital status, χ^2 (3) = 5.30, p = .18; living arrangements, χ^2 (2) = 3.18, p = .26; and socio-economic status, χ^2 (3) = 1.81, p = 1.0. However, an independent samples t-test showed the community interest group (M_{age} = 76.7 years) were significantly older than participants recruited at the community research fair (M_{age} = 70.4 years), t (37) = 2.95, p = .006.

Table 22   Demographic Characteristics of Community-living Older Adult Participants

Demographic Characteristics	Site 1 AAR Meeting		Site 2 Research Fair		Total Sample	
	n	%	n	%	n	%
Age Group						
60 – 69	4	20	11	58	15	39
70 – 79	8	40	6	32	14	36
80 – 89	8	40	2	10	10	26
Gender						
Male	4	20	4	21	8	21
Female	16	80	15	79	31	80
Marital Status						
Never Married	2	10	3	16	5	13
Married	3	15	8	42	11	28
Divorced /Separated	5	25	4	21	9	23
Widowed	10	50	4	21	14	36
Living Arrangements						
Living as a Couple	5	25	8	42	13	33
Living with family	2	10	4	21	6	15
Living alone	13	65	7	37	20	51
Socio-economic Status						
Professional and Managerial	13	65	13	68	26	67
Intermediate	4	20	5	26	9	23
Lower Supervisory and Technical	1	5	0	0	1	3
Semi-routine and Routine	2	10	1	5	3	8

Figure 12 Participant Recruitment and Flow between Pilot Studies and Main Study
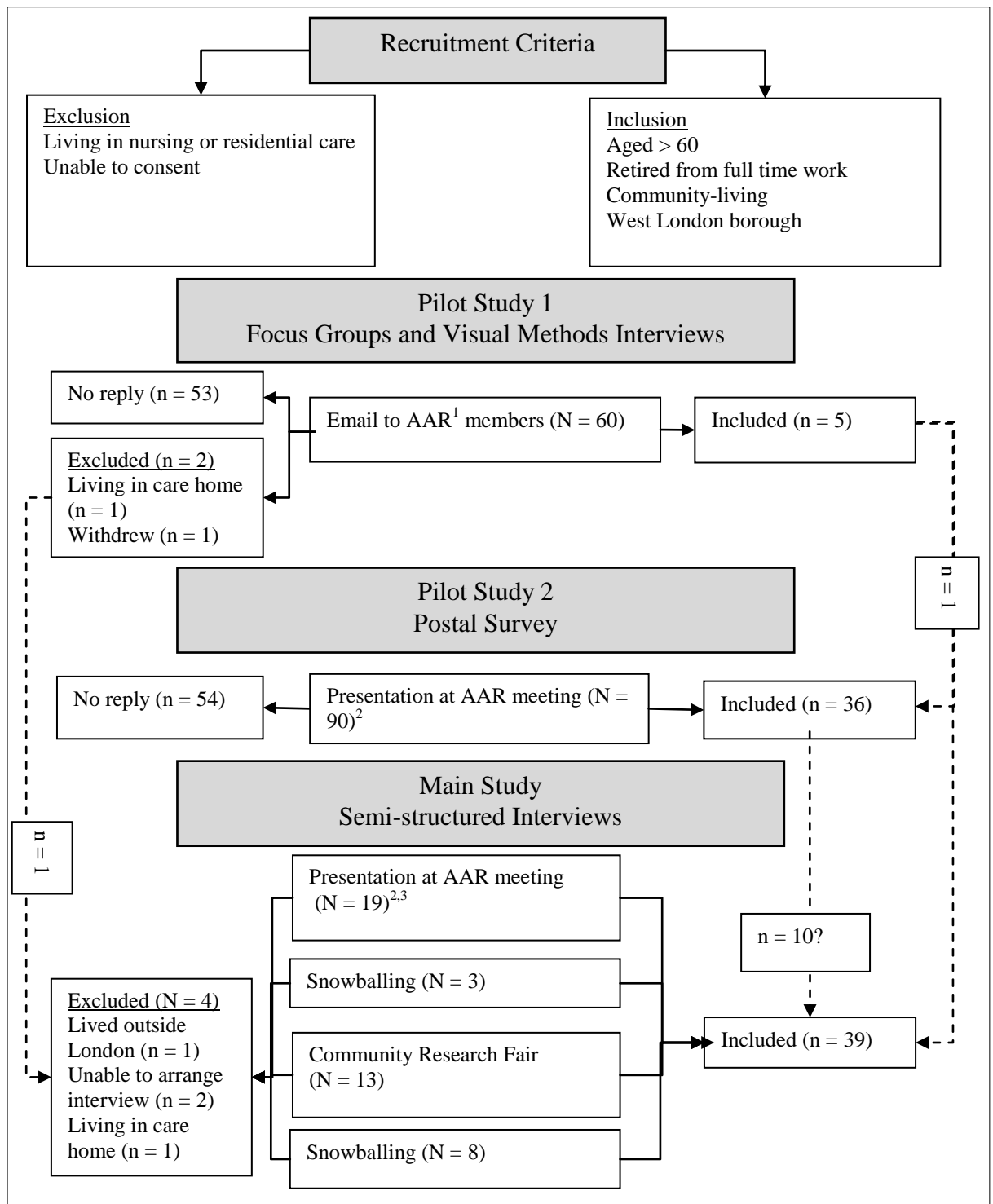
1. The Association of Active Retirees (AAR) is a pseudonym for one community interest group in West London where recruitment took place.

2. Members were asked to complete a postal survey and express an interest in participating in the main study at the same AAR presentation.

3. Indicates the number of telephone contact sheets received

4. - - - - - - - ►Indicates the number of the same participants included/excluded in more than one study component

7.2.3 Justification of the Sample Size

The requirements for the Q methodology component of this study determined the sample size. Within Q methodology, both objective and subjective criteria are used to determine the sample size. From an objective sampling perspective, Brown (1980) suggests no more than seven interpretable factors will be evident in a Q methodology study. Stephenson (1967) also suggests no more than five participants are required for each expected factor (Stephenson, 1967). The resulting 7 X 5 matrix suggests a maximum of 35 participants are required for any Q methodological study. From a subjective perspective, the factors known to influence the possible selves of older adults in the United States of America are age group (Frazier *et al.*, 2002), ethnicity (Waid and Frazier, 2003), and health status (Frazier, Cotrell and Hooker, 2003). No similar studies in the United Kingdom were identified. This study included participants from a range of older adult age groups. Post hoc analysis showed a diverse range of self-reported health conditions. In the present study, similar numbers of participants were included in each age group (60 – 69 years, n = 15; 70 – 79 years, n = 14; 80 – 89 years, n = 10). Almost two thirds of participants reported a health condition that affected their ability to do their food activities (n = 25, 64.1%). However, the participant group was ethnically homogenous, which reduced the impact of ethnicity on the possible selves viewpoints. Initial factor analysis suggested it was unnecessary to conduct additional sampling to clarify the emergent factors (Watts and Stenner, 2005). Based on both of these subjective and objective judgements, 39 participants was an adequate sample size for the Q methodology component of this study.

In qualitative research, the research question(s), resources such as time, and the number of researchers available determine the sample size (Holloway and Wheeler, 2010). In addition, theoretical saturation of core categories through sufficient interviews is desirable for studies using qualitative data analysis methods suggested by Corbin and Strauss (2008). The sample of 39 older adult participants in this study fell within the parameters of the 4 to 40 participants most often included in qualitative studies (Holloway and Wheeler, 2010). In addition, 39 participants was within the middle of the range of 13 to 92 participants included in other qualitative studies of food and identity (D'Sylva and Beagan, 2011; Scarpello *et al.*, 2009; Griffith, 2003; Bisogni *et al.*, 2002; Kearney *et al.*, 2002). It was therefore expected this sample would be adequate for the qualitative component of this study.

For the quantitative analysis, post hoc analysis using G*Power 3.0.10 software showed this sample (N = 39) achieved 0.91 power (1 − β err prob) to test the relationship between 3 food identity groups and the 3 response variables for food activities using MANOVA, if a Wilk's Lambda Approximate F test was used with a .05 α error probability. However, follow up ANOVA achieved only 0.25 power (1 − β err prob) for the same variables. Therefore, while the sample of 39 participants for this mixed methods study of the relationship between food activities and the maintenance of identity in later life was appropriate for the qualitative and Q methods used, the results of the quantitative study should be viewed as supplementary.

7.3   Data Collection

Many previous studies have used descriptions of activities or experiences to explore associated identities (Reynolds and Prior, 2011; Roberto and McCann, 2011; Woodbridge, Buys and Miller, 2011; Olshansky *et al.*, 2008; Jensen *et al.*, 2006; Reynolds, 2003). Other studies have also examined how individuals describe themselves as a means of investigating identity (McCall, 2003; Hinkley and Andersen, 1996; Aron, Paris and Aron, 1995; Gordon, 1982).

Semi-structured interviews were selected for data collection because different types of data could be simultaneously collected (Creswell *et al.*, 2003), there were opportunities for participants and the researcher to take the conversation beyond the scheduled questions (Hesse-Biber and Leavy, 2010), and participants' unique perspectives on their food activities could be captured.

A single semi-structured interview was conducted with each participant, in the participant's own home (n = 36, 92%), one in a participant's sister's home (n = 1, 3%), one in a local library (n = 1, 3%), and one at Brunel University (n = 1, 3%). The researcher conducted all 39 interviews, although the first two interviews were conducted together with the second supervisor for this project. Thirty-one interviews were conducted with one participant (n = 31, 79%). Four interviews were completed in pairs (n = 8, 21%). Three of these paired interviews were with couples living together. The fourth was with the two widowed sisters who lived next door to each other. The single semi-structured interviews (See Appendix J) included four data collection components:

Part 1 included responses to the open question '*Tell me about your everyday food activities'*. The results of Pilot Study 1 suggested this unstructured and open-ended question allowed participants to talk about aspects of their food-related life that were most salient to them.

In Part 2 of the interview, participants completed two possible selves Q sorts using the same Q set. The Q set consisted of the 35 possible self statements selected because of Pilot Studies 1 and 2. The Q set included 18 hoped-for and 17 feared possible selves balanced across seven possible selves domains (See Table 21, Chapter 3). The Q sort instructions were based on the Possible Selves Interview (Cross and Markus, 1991), adapted for use with older adults (Hooker and Kaus 1992; Cotrell and Hooker 2005), and instructions for Q sort administration detailed in McKeown and Thomas (1988).

Hoped-for/ Feared Possible Selves Q sort Procedure: Participants were given a set of 35 randomly ordered cards, with one statement from the Q set on each card. As they read through the 35 statements, participants sorted their cards into three piles – *'Hope For'*, *'Neutral / Not applicable'*, and *'Dread'*. Participants then sorted the statements across a forced normal distribution. Participants alternated between each end of the distribution, towards the middle, as they sorted their cards (Stephenson, 1983; Stephenson, 1953). Scores ranged from + 4 *(Hope for Most)* to – 4 *(Dread Most).*

Expected Possible Selves Q sort Procedure: Participants were given a new set of randomly ordered cards, printed on different coloured paper, with the same statements used in the previous Q sort. As they read through the statements, participants sorted their cards into three piles – *'More Likely'*, *'Not Sure / Not Applicable'*, and *'Less Likely'*. Participants then sorted the statements across the forced normal distribution, illustrated in Figure 9. In this Q sort scores ranged from + 4 *(Most Likely)* to – 4 *(Least Likely).*

Textual Data: Some participants discussed the items during the Q sort. Where participants did not comment on the items during the sort, they were asked to comment on the items they viewed as *'Most Likely'*, '*Least Likely'*, the items that fell in the middle of the distribution, and any other items they wished to comment on, in a post-sort interview. Both the Q sort process and post-sort interviews were included in data recording and transcription. The data was used in the Q methodology analysis to understand how participants interpreted the statements (Stenner, Watts and Worrell, 2007).

Figure 13 Sorting Grid for the 35-item Expected Possible Selves Q sort

Most Likely				Neutral				Least Likely
+ 4	+ 3	+ 2	+ 1	0	- 1	- 2	- 3	- 4

In Part 3 of the interview, participants completed the Occupational Performance Measure of Food Activities (OPMF) developed for this study (Plastow *et al*., 2014). The OPMF is a 15-item measure of participants' ability to do the food activities that are meaningful to them, in a way that satisfies their life needs, within the context of their environment, life stage, and life roles (See Table 17, Chapter 3). Items were distributed across three subscales of occupational performance: Food Activity Importance, Food Activity Performance, and Food Activity Satisfaction. The participants were shown a prompt sheet with each scale, but reported their ratings verbally. Participants spontaneously explained their ratings. In addition, participants were asked *'Is there anything that stops you doing your (food activity) in the way you would like to?'* Food activities included shopping, cooking, eating, eating out, and eating healthily.

In Part 4 of the interview, demographic data were gathered. Socio-demographic characteristics have been described as 'social identity elements' by Rosenberg and Kaplan (1982) because they are components of personal identity. Socio-demographic characteristics were also a useful way of capturing the life experiences of participants, such as widowhood or divorce. Socio-demographic data collected based on Office for National Statistics guidelines (Office for National Statistics, 2008) were:

a) *Age:* Measured as age at interview. Three age groups were used for descriptive analysis: 60 – 69, 70 – 79, 80 – 89.

b) *Gender:* Male or female

c) *Marital status:* Nine categories for marital status were included in the demographic questionnaire to include civil partnership status. No older adults in a civil partnership participated. Categories labelled 'divorced' and 'legally separated' were collapsed. Four groups for marital status included: never married, married, divorced, widowed.

d) *Living arrangements:* Data for three living arrangement categories were collected: Living as a couple, living alone, living with family.

e) *Socio-economic Classification:* Socio-economic classification was derived from a matrix including occupation category prior to retirement and level of responsibility as a self-employed person or employee. This matrix produced a five point rating of socio-economic status.

The recorded portion of the four-part interviews lasted between 34 minutes and 1 hour 51 minutes. Mean recorded interview time was 60 minutes. The interviews were audio-recorded and professionally transcribed verbatim for analysis. Transcripts were loaded into NVIVO 8.0 software for qualitative data management.

At the end of each interview, participants were thanked and given a £10 Marks and Spencer's voucher as a token of gratitude (Grady, 2005). Post-interview field notes included relevant observations of the home environment; comments about food activities participants made before the tape-recorded interview started, or after it was finished; the researcher's reflections on the content of the interviews; and any concepts the researcher thought interesting to follow up in data analysis.

7.4 The Data Analysis Process

This concurrent mixed methods study had three components: a qualitative component, a quantitative component, and a Q methodology component. Each component was analysed separately using methods of analysis and display appropriate to the type of data. Nevertheless, data analysis was an iterative process of moving back and forth between the different components. Figure 10 shows how each component was linked to every other

component. Data analysis for each component led to questions that could be answered, or findings that could be verified, in the following component. This meant that triangulation was achieved across all three of the components. Figure 10 also illustrates how the findings of each component are presented in different chapters, with the final interpretation presented in the discussion in Chapter 8.

Figure 14 Graphic Representation of the Iterative Process of Data Analysis
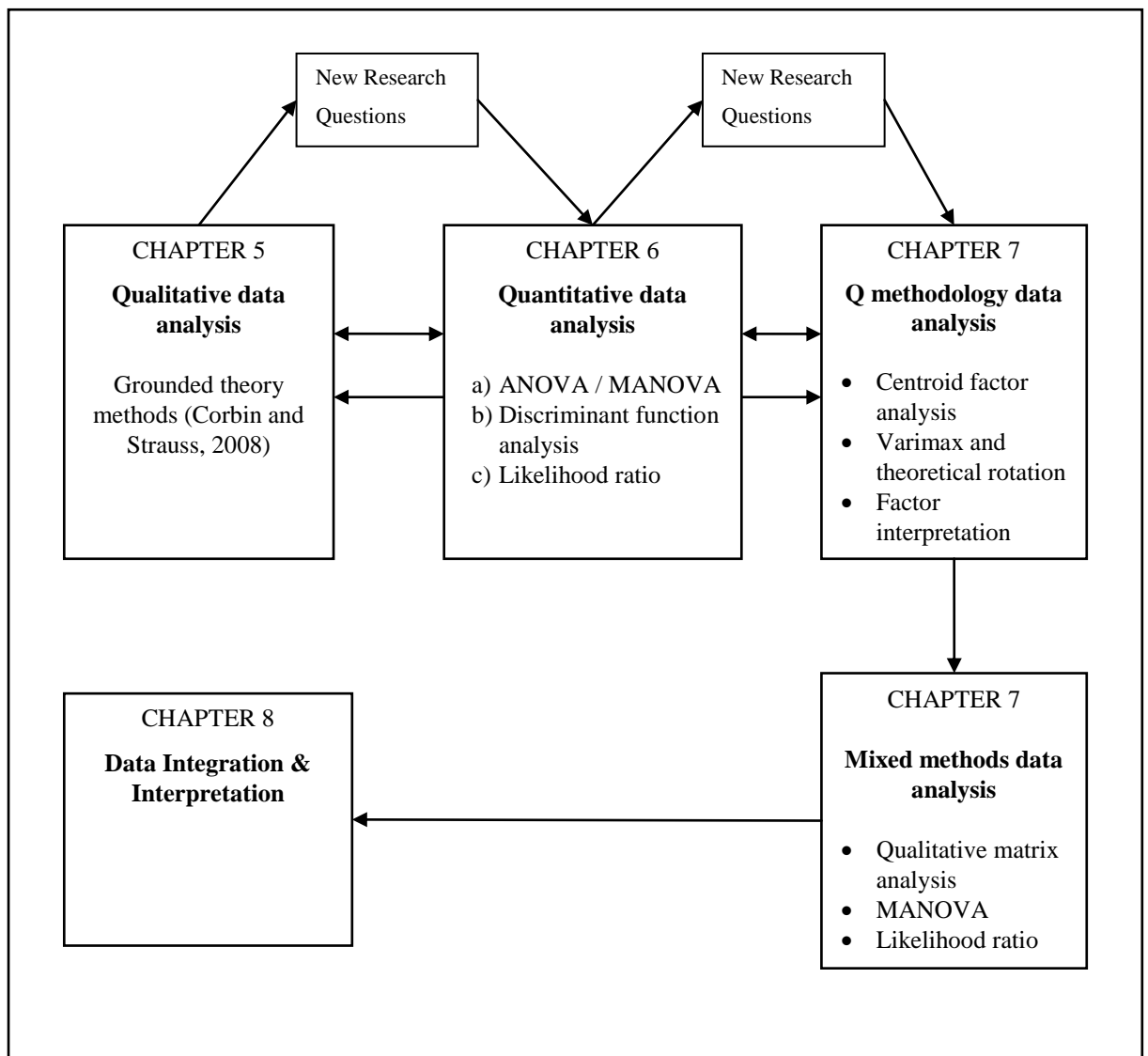
7.5   Qualitative Data Analysis

7.5.1 Research Questions

In the qualitative data analysis, identities associated with food activities and the role of food activities in maintenance and change in identities were explored, in response to the questions:

a) What past, present, future, and possible selves and identities are noticeable when community-living older adults talk about their food activities?

b) How are these selves and identities maintained through participation in food activities?

c) When do later life experiences that change food activity participation lead to changes in selves and identity?

7.5.2 Data Analysis Procedures

The textual data for qualitative analysis included all emergent responses to open-ended questions, as well as the spontaneous comments of participants, across all four parts of the semi-structured interview. Data included descriptions of participants' food activities, their possible selves, the reasons why they rated their food activities in the way that they did, and descriptions of the factors that prevented them carrying out their food activities in a desirable way. Even the demographic questions prompted comments from participants about their food activities, especially linked to life events such as widowhood or moving in with family, which were captured in this part of the interview. This rich, multiple, data set provided a solid foundation for theory development (Charmaz, 2006).

Qualitative data were analysed using the grounded theory methods described by Corbin and Strauss (2008). Data display included data matrices, lists, Venn diagrams, and illustrations of processes evident in the data (Corbin and Strauss, 2008; Onwuegbuzie and Leech, 2006; Miles and Huberman, 1994). The range of analytic strategies used in the qualitative component included open and axial coding; theoretical sampling from existing interviews; constant comparison of codes and concepts; examining the meaning of words – particularly those used for in-vivo codes; noticing words that indicated time; writing memos; and reflection on my own biases, beliefs and assumptions (Corbin and Strauss, 2008).

At the beginning of the data analysis, the researcher read through all of the interview transcripts to gain an overall viewpoint of the data. Initial thoughts about the content of the data were recorded in a memo. Data analysis then started with open coding of one interview. The researcher read through the transcript line by line and assigned codes as the basic unit of meaning to chunks of text. Once a chunk of interview data was analysed, the researcher reflected on the data and the underlying meaning of the codes identified. This was recorded in a memo. Then the researcher moved on to the next chunk of data.

Each new code was compared with all other previous codes, so that throughout the analysis similar codes were grouped together to develop categories and concepts using constant comparison. Over the course of the analysis codes, as the basic unit of analysis, were grouped into categories, then into concepts. As new data was added to codes and emerging categories and concepts, the properties and dimensions of these units became more clear. When codes, concepts and categories were grouped together, new codes were added (axial coding) that explained the relationship between them.

Once an interview had been fully coded, an interview summary was written. Then the researcher selected the next interview. Interviews were not analysed in the same sequence as data collection. Instead, the researcher theoretically sampled each subsequent interview to either further develop or contrast existing codes, concepts and categories. Data analysis did not stop when theoretical saturation of a concept was reached. Instead, all interviews were analysed in their entirety. This process of data analysis was repeated following the process illustrated in Figure 11 until each category and concept was fully described in relation to its properties (characteristics and attributes), dimensions (variation of properties along a continuum), and inconsistencies, using all of the data available.

The next part of the analysis focussed on the relationship between categories and concepts, to explain how food activities contributed to identity maintenance, and when life experiences threatened this relationship. This is described as analysis for process (Corbin and Strauss, 2008). Corbin and Strauss (2008) define 'process' as the actions, interactions or emotions that occur in response to life experiences or goals. According to Corbin and Strauss (2008), these actions, interactions or emotions have consequences or outcomes. The on-going cycle of life experience, action, and consequence described by Corbin and Strauss (2008) may be

Figure 15 Data Analysis Process using Corbin and Strauss (2008)
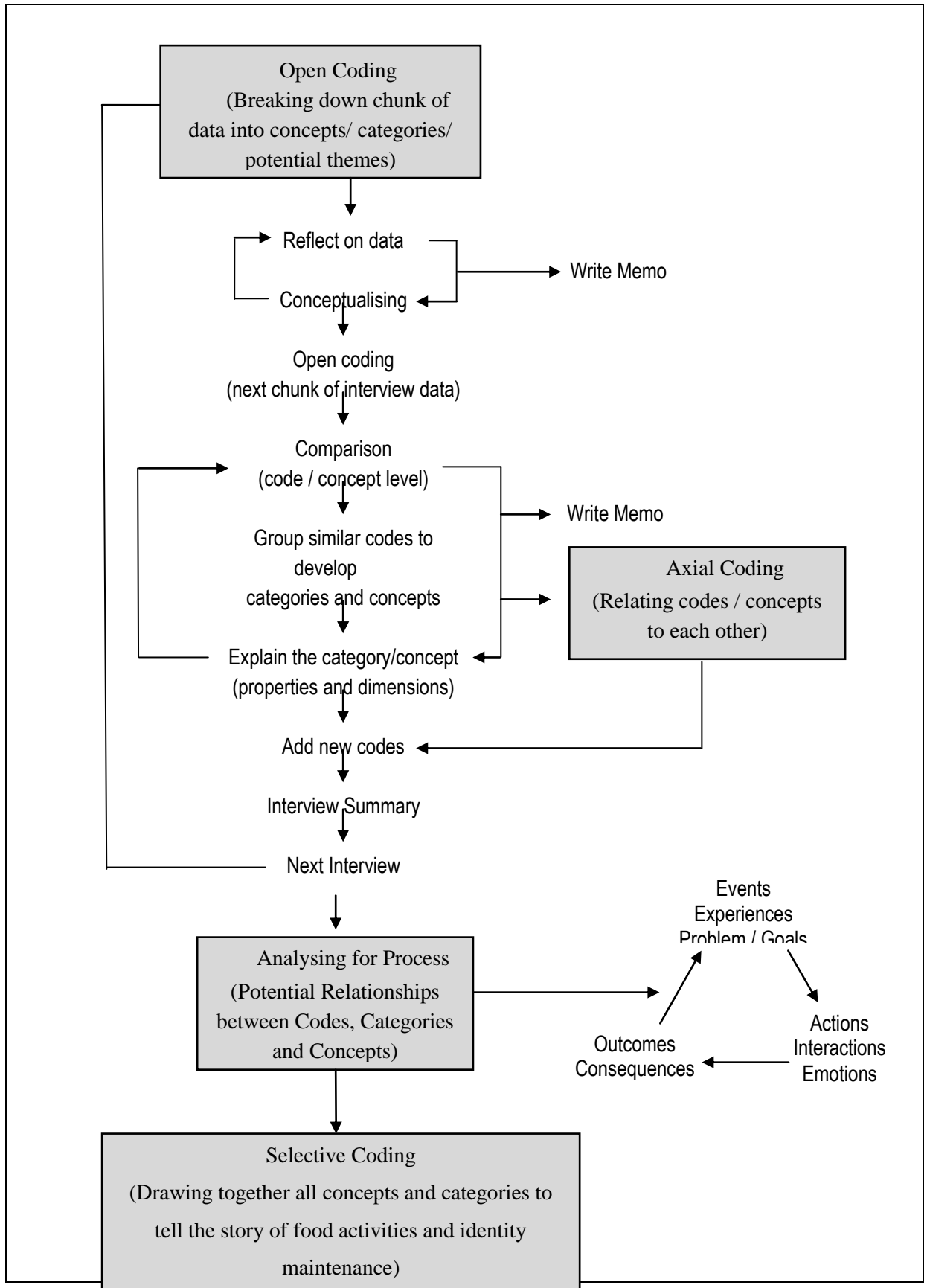
disrupted by new events or experiences, leading to a change in actions, interactions, or emotions. The purpose of analysis for process is firstly to understand the 'usual' on-going cycle, and then to understand the factors that disrupt this process and their consequences.

Procedures for analysis for process are less well defined than analysis for structure in Corbin and Strauss's (2008) text, probably because of the integrative and interpretive nature of this analysis. The first step in analysis for process was to re-read the results of the initial analysis as well as all memos related to that analysis (Corbin and Strauss, 2008). A summary memo of the key issues identified in previous phases of analysis was written. Next, the potential for each previously identified concept, category, subcategory or code to be a life experience/goal, action/interaction/emotion, or outcome/consequence was reflected upon, and memos were recorded (Corbin and Strauss, 2008). An example of the use of memos to record data analysis is provided in Appendix L. Extensive use of diagrams to graphically represent the emerging process facilitated this analysis. Some authors have suggested using coding matrices to facilitate this process, however this seemed a good example of data 'forcing' rather than emergence, which has previously been criticised in the literature (Kelle, 2005). Instead, the goal was to identify patterns of responses or patterns of behaviour within the data using the codes, concepts and categories already identified in the first part of the analysis.

The final stage in analysis used selective coding. This is the last stage of analysis after open and axial coding (Price, 2010). The purpose of this stage in analysis was to raise the analysis to a theoretical level by telling the story of the dynamic relationship between food activities and identity maintenance. Using the categories and concepts identified in the open and axial coding, and the identity processes identified in the analysis for process, meant that this story was fully grounded in the data. In this stage, the researcher also drew on the literature to help with the interpretation and naming of the patterns of response and behaviour as identity processes (Bisogni *et al.*, 2002).

7.5.3 Justification for the Qualitative Data Analysis Methods

There is strong justification for the use of Corbin and Strauss' (2008) grounded theory methods in this study. The qualitative data analysis procedures described by Corbin and Strauss (2008) were used in this study because of the pragmatist theoretical underpinnings

evident in Corbin and Strauss' writing. Historically, grounded theory methods were described as an inductive method of theory building (Glaser and Strauss, 1967), that are retained in Glaser's more recent work (Reichertz, 2007; Richardson and Kramer, 2006; Heath and Cowley, 2004). The influence of pragmatism has gradually become more explicit in later texts by Strauss and Corbin and Strauss (Corbin and Strauss, 2008; Strauss and Corbin, 1990; Strauss, 1987). The pragmatist view in this study that identity was not a fixed entity waiting to be discovered, but was constantly shaped, modified or constructed through food activity experiences (Strübing, 2007), was congruent with the views of reality described by Corbin and Strauss (1990, 2008). Corbin and Strauss' (2008) techniques explicitly analyse the data for these changes through analysis for process (Corbin and Strauss, 2008; Strübing, 2007; Corbin and Strauss, 1990). It was through this analysis for process that changes in identity, as well as actions taken to maintain identity, could be understood.

Because of it's increasingly pragmatist stance, it is unsurprising that Corbin and Strauss's methods have also become associated with abduction as a process of scientific reasoning (Reichertz, 2007; Richardson and Kramer, 2006; Haig, 2005). This meant the abductive process of reasoning used in this study was also reflected in these analytic techniques. Strauss and Corbin (1998) describe three processes of induction, deduction and verification as necessary to develop a grounded theory. Strübing (2007) argues that the process of induction / deduction in grounded theory development is more creative than the verification phase, and so this former process that is abductive in nature. However, Haig (2005) also suggests that when using abductive reasoning, the researcher needs to go beyond their initial plausible theory to 'inference to the best explanation'. A theory is then accepted because it offers a better explanation than any other theory considered – either within the data or in the literature.

7.5.4 Maintaining Rigour and Credibility

The rigour of the qualitative data analysis in this study was a key consideration, especially since the research process raised challenges in conforming to criteria for a rigorous Grounded Theory study. A key issue in the rigour of studies using grounded theory methods is the wide variety of textbooks available to guide the research (Chiovitti and Piran, 2003). For this reason, the guidelines provided in one text were followed (Corbin and Strauss, 2008) rather

than mixing elements from different guides, as had been done by previous researchers (Boeije, 2002; Eaves, 2001). In addition, a variety of strategies were used to track all key interpretations and decisions that led to the findings, so that they could be tracked or audited by other researchers: i) NVIVO 8 was used to manage the qualitative data since computer-assisted analysis software is designed to track developments in qualitative projects (Bringer, Johnston and Brackenridge, 2006). ii) Summary sheets were created for each participant, similar to those used in a previous grounded theory study on food identities (Bisogni *et al.*, 2002). iii) A record was kept of the order in which interviews were analysed. iv) A separate research diary was kept throughout the research, in which the researcher made diagrammatic representations of emerging themes, tracked how the literature was used, and recorded research supervision feedback.

Credibility focussed on whether the researcher accurately identified and comprehensively represented older adults' food identities and associated identity processes, grounded in their descriptions of their food activities (Chiovitti and Piran, 2003; Corbin and Strauss, 1990). The process of constant comparison was the primary means of achieving accuracy. Each chunk of coded data was systematically compared with other similarly coded items of data, throughout the data analysis (Corbin and Strauss, 2008). Interviews were not analysed in the sequence they were collected. Instead, analysis was directed by what each interview would add to the emerging major concepts, based on initial familiarisation with the data. In addition, axial coding was part of whole process of analysis (Corbin and Strauss, 2008), in contrast to a hierarchical approach in which axial coding follows open coding (Hallberg, 2006; Eaves, 2001; Strauss and Corbin, 1998). This meant new pieces of data continuously challenged the data interpretation (Corbin and Strauss, 1990), congruent with the process of abductive reasoning (Reichertz, 2007; Richardson and Kramer, 2006). These methods of analysis enhanced accuracy because the grounding of interpretation of emerging constructs on the data was continuously checked against new data (Chiovitti and Piran, 2003).

A second aspect to credibility in this study was the grounding of findings in the data, not only through constant comparison of data, but also by using participants' own words in the emerging explanation (Chiovitti and Piran, 2003). To ensure the meanings of these words were accurately represented, the researcher examined major concepts for all possible meanings of key words used by participants, for example the phrase 'not bothered' (Corbin and Strauss, 2008).

7.6　Quantitative Data Analysis

7.6.1 Research Questions

The quantitative analysis focused on the interaction between three variables: Participation in food activities, Life experiences, and Identity. The research questions were:

a) What is the relationship between the following life experiences and food activity participation: Age, gender, marital status, living arrangements, socio-economic status, and health?
b) What is the relationship between the following life experiences and food identity maintenance: Age, gender, marital status, living arrangements, socio-economic status, and health?
c) What is the relationship between food activity participation and food identity maintenance?

7.6.2 Transformation of Qualitative Data

'Quantizing' is the term coined by Miles and Huberman (1994) to describe the conversion of qualitative data into numerical data. Qualitative information can be either directly counted, or converted into rank-ordered data or scales (Miles and Huberman, 1994). This transformation makes the qualitative and quantitative findings more comparable and facilitates verification of findings between methods (Onwuegbuzie and Teddlie, 2003). Data transformation procedures were based on recommendations of Miles and Huberman (1994) and Plano Clark *et al.*(2010). The process of quantization facilitated correlation between the qualitative and quantitative findings.

7.6.2.1 Food Identity Variable

The three categories of food identity most noticeable in the qualitative analysis were transformed to categorical quantitative data, by classifying all 39 participants within one of the three food identity groups (Plano Clark *et al*., 2010). Indicators for group membership

included use of key words for each theme, and characteristic responses for the group. The following criteria were used to quantize the participants' food identities:

- Presence of at least one of the key terms for the category
- Absence of the key terms for the other categories
- At least one response characteristic of that category

7.6.2.2 Deteriorating Health Variable

Health status data were not collected by pre-determined measures. To address this weakness in the data, participants' interviews were dichotomously coded (*yes / no*) for the presence of at least one health condition that had an effect on participation in food activities (Miles and Huberman, 1994).

7.6.3 Methods of Analysis

Life Experiences x Food Activity Participation: MANOVA was used to examine the relationship between demographic characteristics and the three dimensions of the occupational performance of food activities measure in the OPMF: Food activity importance, Food activity performance, and Food activity satisfaction. One-way ANOVA was used to test the relationship between the presence of a health condition affecting food activities and the three dimensions of occupational performance.

Data were analysed using SPSS 15.0. A significance level of $p < .05$ was used throughout. Results were interpreted using Roy's largest root, which denotes the maximum possible between group difference (Field, 2009).

Food Activity Participation x Identity: MANOVA was used to examine the relationship between food identities and the three dimensions of occupational performance. Results were also interpreted using Roy's largest root.

A significant MANOVA was followed by discriminant function analysis, rather than univariate ANOVA's, because the three dimensions of occupational performance were

theoretically related to each other. Furthermore, this interaction would be useful for explaining the relationship between occupational performance and each of the food identity groups (Field, 2009).

Life Experiences x Identity: One-way ANOVA was used to test the relationship between food identity and age at interview (Field, 2009). Loglinear analysis was planned to test the relationship between food identity and the five categorical demographic variables and the health variable. As the data did not meet the assumptions for chi-squared analysis (Field, 2009), the likelihood ratio was used.

7.7   Q Methodology and Triangulation

The focus of the Q methodology data analysis was to describe the possible selves of participants, and then to explore the relationship between these possible selves and participants' food activities and other identities.

7.7.1 Research Questions

The first research question was:

a) How do community-living older adults view their expected possible selves?

Then the relationship between these expected possible selves viewpoints and food activities and food identities was investigated and explored in response to the following questions:

1. What is the inter-relationship between a hoped-for self as able to cook, expected possible selves viewpoints, and food identities using qualitative methods?
2. What is the relationship between food activity participation and expected possible selves viewpoints using quantitative methods?
3. What is the relationship between expected possible selves viewpoints and food identities using quantitative methods?

7.7.2 Analysis of Q sort Data

Q methodology offered an opportunity to investigate the hierarchical nature of participants' possible selves, and simultaneously examined the inter-relationship between these future selves. Q methodology does not attempt to estimate the proportion of a population holding a particular viewpoint. Instead, the aim was to identify the complete range of expected possible selves viewpoints (Cross, 2005). Therefore, both dominant, and less prevalent, possible selves viewpoints were investigated. The PQMethod software package was used to complete centroid factor analysis, factor rotation using varimax and theoretical rotation methods, and to produce the factor arrays. Unlike R method factor analysis, where items with similar scores cluster on factors, the Q method factor analysis clustered together Q sorts with a similar placement of items. As a result, this factor analysis illustrated participants' beliefs about their possible selves, presented in the arrangement of their Q sorts (Comrey and Lee, 1992). The basis of factor interpretation was the factor array, a weighted composite Q sort of all the sorts loading on each factor.

Centroid factor analysis is the most appropriate method in Q methodology studies, because it is 'permissive' (Stephenson, 1953). This 'permissiveness' is based on assumptions about the nature of the factor structure. The researcher's assumptions about the data prior to analysis were as follows:

a) *Assumption 1:* The factors extracted would not be hierarchical. This meant no single viewpoint (factor) would be more important, regardless of the proportion of Q sorts loading on each factor. In addition, the researcher could decide which factors were more important for theoretical rather than mathematical reasons (Stephenson, 1953).

b) *Assumption 2:* There would be shared variance between the factors, generated by a smaller number of hidden variables. This was because the unique variance and common variance were not explicitly separated (Harris, 2001). This meant the researcher could explain the connections between two or more factors during factor interpretation.

c) *Assumption 3:* There would be an infinite number of factors that could be extracted for an acceptable solution (Harris, 2001; Thurstone, 1947). This is because the centroid method of factor analysis estimated the communalities first, and so could not account for 100% of the variance (Maxwell, 1959). This meant the factor analysis would be exploratory, rather than confirming a number of pre-determined factors.

d) *Assumption 4:* The straightforward relationship between participants' Q sorts and the factor scores would be lost during factor extraction (Harris, 2001). This eliminated what was unique to each participant, and highlighted what was common, so that a model Q sort, or factor array, could be formulated for each factor (Brown, 1980).

The result of these assumptions was a wider range of options for factor extraction and interpretation.

7.7.2.1 Factor Analysis and Rotation

Centroid factor analysis was used to extract 7 factors from the correlation matrix, the largest number of factors expected in a Q study (Brown, 1980). This method was used in order to explore the broadest range of viewpoints present in the data. Factors with Eigenvalues > 1 were selected for rotation (Brown, 1980).

The aim of the factor rotation was to produce a set of factor loadings that was simpler and more useful than the original factor loadings (Comrey and Lee, 1992; Lawley and Maxwell, 1962). Initially varimax rotation was used because it produced a 'simple structure' (Thurstone, 1954), where each Q sort had high loadings on one factor, and near zero loadings on another (McKeown and Thomas, 1988). Varimax rotation was followed with theoretical factor rotation, using the graphical rotation method within the PQMethod software. The aim of the theoretical rotation was to produce the best possible interpretation of the data, based on the viewpoints of the largest number of participants, in the smallest number of factors (Brown, 1980).

The final factor solution consisted of factors with more than two exclusive and significantly loading Q sorts. The significance level was set at 0.50, p < .01. The resulting factors were

only one variation of an unlimited number of possibilities, and merely set out one potential relationship between the Q sorts.

7.7.2.2 Factor Arrays and Interpretation

The factor array was a weighted average of the Q sorts loading exclusively and significantly on each factor (Stephenson, 1983). This was used to construct a model or 'ideal' Q sort, representing each factor. The whole of the factor array represented the participants' viewpoints, rather than only the items falling on each end of the forced normal distribution.

A *gestalt* process was used for factor interpretation (Watts and Stenner, 2005), in which the position of each statement was interpreted relative to all of the other statements in the same factor array. Participants' subjective viewpoints were important in this interpretation (Stenner, Watts and Worrell, 2007). Since guidance on factor interpretation in the literature was limited, a comparative method of factor interpretation was developed for this research, based on the factor arrays, the distinguishing statements for each factor array, and the Q sort interview data (collected both during and after the Q sort). The different processes described by Stephenson (1983); Watts and Stenner (2005); Stenner, Watts and Worrel (2007); van Exel, de Graaf and Brouwer (2007); and Gallagher and Porock (2010) informed this comparative method. An abductive process of reasoning was used to reach the best possible explanation of the possible selves viewpoints, expressed in each factor. In each step, the developing explanation was tested and modified. The steps followed for each factor, recorded in memos, were:

Step 1: Examine statements in the factor array that fall at extreme ends of each factor (+ 4, + 3, - 3, - 4) to develop an initial rudimentary explanation of that factor (Stephenson, 1983).

Step 2: Examine statements in the middle of the factor array (+ 1, 0, - 1) to search for evidence that either confirmed or contradicted this initial explanation (Stephenson, 1983).

Step 3: Perform card content analysis of the interview data (Gallagher and Porock, 2010), using statements at the extreme ends of each factor as coding categories. Only the interview data from participants whose Q sorts loaded exclusively on that factor are included (Watts

and Stenner, 2005). Analyse the coding categories for common themes that either confirm or contradict the explanation of the factor (Gallagher and Porock, 2010).

Step 4: Examine the relationship between factors (Watts and Stenner, 2005), by considering what discriminates each factor from the other factors. First, examine the distinguishing statements for each factor. Distinguishing statements are statements placed in a statistically significantly different position, in comparison to at least one other factor (van Exel, de Graaf and Brouwer, 2007). Then compare the distribution of hoped for and feared selves across each of the factors, using a graphical representation of the sorting grids

Step 5: The whole of the factor array is important in Q methodology, so by the end of analysis all statements should neatly form a complete 'jigsaw puzzle' (Stephenson, 1983). The aim of the fifth step in the analysis process is to test the correctness of the factor interpretation, based on the remaining items in the factor array (Stephenson, 1983). Examine each item in the remaining columns (e.g. +2, +1, -1, -2) for its 'fit' with the explanation already developed. Where items did not fit the factor interpretation, consider potential explanations for this, and modify the interpretation accordingly.

7.7.3 Mixed Methods Analysis Using Q Methodology Data

Hoped-for Self as Able to Cook x Expected Possible Selves x Present Identity (Qualitative Methods): Coding matrices are useful qualitative data analysis tools for investigating the relationship between two variables or groups (Miles and Huberman, 1994). In this study, participants were grouped according to their predominant set of food identities, and their expected possible selves. The coding matrix consisted of the three sets of food identities identified in the qualitative analysis, and the four expected possible selves factors identified in the Q methodology analysis. An additional group of participants did not load significantly on any factor. The three-by-five matrix was filled with verbatim extracts for each participant where participants talked about a link between their food activities and their expected possible selves. Data were then analysed for concepts and categories evident in each cell.

Food Activity Participation x Food Activities (Quantitative Methods): Transformed data was derived from the Possible Selves Q sort. Each participant was coded according to the

expected possible selves factor on which his or her Q sort loaded significantly. The relationship between possible selves factor and occupational performance of food activities was investigated using Roy's largest root (Field, 2009).

Expected Possible Selves x Current Identity (Quantitative Methods): The likelihood ratio was used to test the relationship between the two categorical variables, expected possible selves and current food identity. The exact significance level, rather than the asymptotic significance level, was used because the asymptotic significance level may not be valid or reliable with this small sample and sparse data points (Agresti, 2007).

7.8   Data Integration and Interpretation

Rather than a linear process from one component to the next, between-method triangulation of the findings occurred through an iterative process described in the literature as 'following a thread' (O'Cathain, Murphy and Nicholl, 2010). In this iterative process, analysis of one component or phase led to the formulation of new questions for subsequent components and phases of analysis, consistent with the qualitative nature of the base study (Onwuegbuzie and Leech, 2006).

The best explanation for the relationship between food activities and the maintenance of identities in later life could not be reached until the findings from all three study components had been fully integrated into a coherent whole (Onwuegbuzie and Teddlie, 2003). Comparison within and between participants was facilitated by the recording of a summary sheet for each participant (See Appendix M).

The researcher formulated an explanation of the relationship between food and identity in later life, based on triangulation of all of the data, as well as the existing literature. This meant all findings needed to be incorporated and accounted for in the final phase of data analysis. Simultaneously, findings were compared with the existing food and identity literature that both supported and contrasted with the developing explanation. This comparison improved definition of the important processes and concepts. Comparison with the literature also raised the theoretical level of the best explanation of the relationship between food activities and the maintenance of identities in later life (Eisenhardt, 2002).

Conclusions were then drawn regarding the relevance of the findings. Throughout this research process, methodological triangulation strengthened the 'best explanation' or explanatory hypothesis based on the complete data set (Denzin, 1978).

7.9   Ethical Clearance

This study was approved by the Brunel University Research Ethics Committee (Appendix KL). Since no patient groups were included, the study required no further ethical clearance. The reader is reminded that all names used to refer to study participants are pseudonyms.

CHAPTER 8 RESULTS OF THE QUALITATIVE COMPONENT

8.1 Introduction

This chapter presents the results of the qualitative data analysis using grounded theory methods (Corbin and Strauss, 2008). The results presented in this chapter are an integration of the three stages of analysis including open coding, axial coding, and selective coding, described in Chapter 4.

The findings of this chapter will provide evidence of the concept of a 'food identity', which varies along three dimensions: that of 'Food-lover', 'Non-foodie' and 'Not bothered'. The three identity processes of 'Participation and Maintenance', 'Threat and Compensation', and 'Changes in Meaning and Identity' will explained how these identities were maintained, threatened, and changed because of participants' experiences of their food activities. The findings of this chapter also raised new hypotheses and questions, which were then explored using quantitative methods in Chapter 6.

8.2 Participation and Maintenance: Older Adults who 'Love' their Food Activities

8.2.1 Being a 'Food-lover'

The concept of a 'food-lover' was evident in Maisy, Sarah, Patricia, Carol, Sharon, Dorothy, Jean, Jill, Peter, Saul, William and Jack's interviews. All were part of one group of participants who talked about food and food activities in a positive way. All used the word **'love'** to describe the **life-long pleasure** food gave them. Sharon clearly illustrated the pleasure and enjoyment she experienced from food and food activities - *'I love my food... I enjoy cooking, I enjoy food, and it's the way I was brought up... No, I'm afraid I'm a bit of a foodie'* (Sharon). Maisy similarly described herself as '*a foodie really, I love food*' (Maisy). Daphne, Gloria, and Phyllis talked about how they *'enjoy[ed]'* food and food activities. Mary's use of the word *'priority'* reflects how Maisy, Betties, Sarah, Sharon, Gloria, Jean,

Jill and Peter all described their food activities as **important**. Jill and Peter, who were interviewed in their kitchen while they cooked jam and made pickles, described themselves as '*obsessed*' when talking about food.

These participants also talked about themselves as 'foodies', 'socially connected', healthy eaters', 'naughty', and 'moral and ethical'. Being a 'foodie' and 'socially connected' were most important. Being a 'healthy eater' was somewhat less important, because it conflicted with being 'naughty'. The least important was being 'moral/ethical eater' because it was related to food choice, and not a variety of other food activities. These participants experienced being 'foodies', 'socially connected', 'healthy eaters', 'naughty' and 'moral/ethical' by **spending time and money** on food activities, **cooking together**, and by **resisting temptation**. The process of participation and maintenance for 'food-lovers' is presented in Figure 12.

Figure 16 The Maintenance of Food-lover Identities
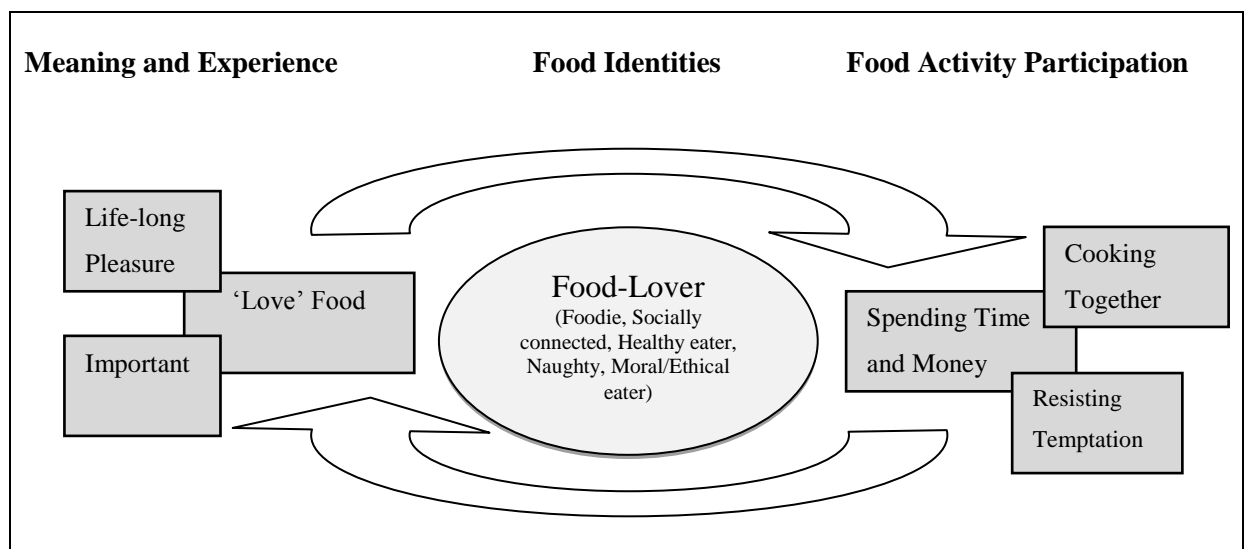
8.2.2 'Spending Time and Money'

'Food-lovers' maintained their selves and identity by *'spending time and money'* on their food activities. As a couple, Jill and Peter did not have enough time for all of their food activities. '*Can I say it would be difficult to fill our day if we didn't cook? There's always things to do, and we actually run out of time and can't do a lot of the things we want to do'* (Peter). *'Spending time'* was also evident in the way all of these participants enjoyed cooking *'on a daily basis'* (Sarah), *'from scratch'* (Sharon and Jean), using fresh ingredients. For

example, Maisy highlighted *'I cook all my meals… Even if they're very simple. I don't buy prepared food because… I just have been taught to cook'.* Sharon also emphasised how, as a 'food-lover', she did not used pre-prepared food.

> *'I love my food and I'm one of those rare people who cooks everything from scratch. I do not use processed food. I do not use convenience food. I do not eat McDonalds or anything like that… I cook dinner every night, and everything is cooked from scratch.'*

Cooking was not always time consuming or gourmet. In fact, Sarah described her cooking as *'quite plain'.* This was despite being previously married to a chef, and being very proud of the kitchen in her new home. Nevertheless, 'food-lovers' also enacted and maintained their food identities when they had visitors by being *'more elaborate'*, *'try[ing] new things',* being *'spontaneous*, and *'experiment[ing]'* with their cooking (Maisy, Mary, Gloria, and Sarah). As said by Betty - *'I just like putting my own ingredients and things together. Yes, I like experimenting, using it. Oh yes, that's half the fun. It's all the fun of it.'.*

Another way of enacting and maintaining a 'food-lover' identity was by *'spending more'* on food. Dorothy did some of her shopping at a more expensive supermarket, because it was more pleasurable. *'I love going to Waitrose because that's a good shopping experience. It doesn't seem to cost me a lot more...'.* Sharon described being *'a little more extravagant than I should be'* , while Patricia joked that she spent *'all my money on food'.* Maisy also described spending more when she was cooking for others. *'I cook more elaborate meals and will spend more... If I'm cooking for myself, I'll cook a one plate, whereas if there's other people there, I'll cook like two courses or maybe even three'.* Sarah and Daphne were more conscious of the cost of their food, but still tried to buy the best food they could afford, as described Daphne - *'Finances come into it too, obviously. You have treats now and again, but I try and get the best I can at a reasonable price.'*

The 'food-lovers' invested this time and money in their food activities because food activities were pleasurable and important. For Daphne, eating was the most pleasurable part of the day. *'It [food] is the reason I get up in the morning and I find myself planning what I'm going to eat at lunch and snack during the evening'.* Dorothy was similarly motivated to get out of bed, *'I wake up at ten to seven… I think it's really because I'm greedy and I love my*

breakfast. That's my reason for getting up and it works out very well.'. For others, cooking, shopping and growing food were also sources of pleasure.

Maisy's pleasure in cooking was evident while she kept a watchful eye on the bread baking in the oven during her interview. Most 'food-lovers' similarly gained pleasure from cooking (Bettie, Sharon, Gloria, Jean, Jill), and cooking *'well'* (Sarah, Peter). Cooking was important to Betty because it was *'a hobby, a pastime, and I enjoy it. I've studied it, done exams in it. I like it. So it's very important to me.'*. Daphne, Carol and Dorothy did not enjoy cooking as much as other 'food-lovers'. Nevertheless, cooking remained important because they *'loved eating'*.

As a married man, William said he did almost no cooking - *'My wife's a very good cook… I watch and eat and say how nice it is, that's my role… That's always been my role'*. Although he described '*the actual mechanical process of cooking'* as not important to him at all, he emphasised '*but cooking is extraordinarily important to me because it produces the food I like to eat'* . William also '*really enjoy[ed]'* shopping because *'then I can control what we're eating [laughs]'*. For Sarah, shopping meant getting the food she enjoyed. '*Why is shopping important? The quality of the food. I've got to get the quality of food that I like… It's part of me, it's got to be important.'*.

Growing food and then eating the produce were also pleasurable food experiences for William, Jean, Jill, and Peter. Jean highlighted how growing food meant having variety and better tasting food - *'So we've got the blueberries, blackberries, blackcurrants, redcurrants, two cherry trees, because I love cherries, apples, pears, gooseberries… Oh God, the difference in taste, whoa!'*. While talking about how he had taken on an allotment since retiring from biology teaching, William similarly seemed motivated to spend time and money on the growing process, because of the pleasure he gained from eating his produce.

> *'As far as I'm concerned, if you like food, you want the best tasting food you can possibly get, and you don't buy it from the shops…I grow stuff primarily because I enjoy it… I just enjoy growing… There's no finer thing. You plant the seed, you see them grow, and then you eat this fabulous product at the end of it. Terrific!'*

8.2.3 Cooking Together

'Food-lovers' described their food activities as a way of being **socially connected** within their **roles and relationships**. Women talked about their roles as daughters, sister, wife or partner, divorcee, grandmother, and widow. Men talked about their roles as sons, husband or partner, father, and widower. What was important for 'food-lovers' was the sense of connection they experienced with others through participation in food activities (Maisy, Jack, Sarah, Saul, Carol, William, Gloria, Martha, Jill, Peter). This was the case whether participants were married or unmarried (single, divorced, or widowed), or living with others or alone.

The continuity of being socially connected through food activities **across generations** was evident in Maisy and Jean's positive memories of their mothers' and grandmothers' cooking, and in Sarah's memories of training as a nurse and then marrying a chef. The sense of connection through food activities in later life was most evident in my interview with Jill and Peter as I sat in their kitchen while they cooked together and did their interview.

Married 'food-lovers' enacted and maintained their roles as spouse, and their 'socially connected' selves as **part of a family**, by cooking together. The way in which Peter and Jill maintained their connection to each other across their married life by cooking together was evident in the following exchange between them:

> *Jill: We have lived together for 45, 46 years. We've always cooked together haven't we...*
>
> *Peter: Yeah. There is no pattern to how we share, it just happens.*
>
> *Jill: We just do it.*

Saul and Martha, who were both widowed, described how they previously cooked with their spouses, providing further evidence of *'cooking together'* as a way of being socially connected within marriage. Martha talked about cooking together, and for each other. *'My husband used to cook as well, so we used to do it together. One night he'd cook and the other*

night I would…'. Saul saw his role as an assistant to his wife. *'[My wife was] a very good cook and I used to help her. I used to be the veg cook… the kitchen maid… So I mean you pick things up and you try, try to cook.'*. Although these participants were both widowed, there was a sense in their interviews that they maintained the meaning of their food activities as a way of being connected to their spouses.

Saul also experienced being connected through food when caring for his son, who had a learning disability. *'I do cooking and I buy some things that are ready made, but I do a fair bit of cooking, especially when my son comes. Weekends I always do cooking…'*. For Saul, cooking with his son was a means to enact not only his role as a father, but also to maintain his previous role as a husband.

8.2.4 Resisting Temptation

Bettie, Wanda, Carol, Sharon, Robert, Sue, William, Dorothy, Martha, Helen, Jean, Jill, and Peter were not all 'Food-lovers' but all described themselves as healthy eaters. This self was formed by views of eating healthily as important, confirmed by Peter - *'It's very important how and when and what we eat'*; and William - *'Eating healthily is very important. I think the older you get, the more important it is'*.

The issue for 'food-lovers' in maintaining healthy eater selves was the pleasure they enjoyed from food and food activities. 'Food-lovers' experienced themselves as *'naughty'* when they succumbed to *'occasional naughty moments'* (Gloria). **'Naughty moments'** included eating *'very tempting'* dark chocolate (Dorothy); *'the odd blow out, now and again'* (William); *'the odd packet of crisps, or probably two packets of crisps'* (Peter); *'the extra goodies that I stuff in'* (Jill); and *'occasionally fall[ing] off the wagon'* (Sharon). Jean explained the difficulty in avoiding these *'naughty moments'*.

> *'Packing up smoking was easy compared with eating healthily, because once you've done it, that's it. This [eating healthily] is a lifelong thing. I can't keep it up lifelong, I lapse, Walker's crisps call me… then they all go in one bite. I don't just eat one packet, the lot goes.*

'Food-lovers' were able to resist temptation by **'*choosing the right things*'**. Choosing well included eating a variety of *'fruit, raw things, salad and lettuce, vegetables etcetera'* (Wanda) and *'all that sort of stuff'* (William). Helen also described choosing *'more healthy options'* when shopping and cooking - *'[When shopping] I go for more healthy options. When the children were small… there used to be cakes, and fruit loaves, and biscuits, and I just don't buy any of that now'*. Martha spoke of *'choosing the right things [so that] you can eat very well'*. Along with Bettie, Dorothy also emphasised the importance of shopping in being healthy, and in her efforts to lose weight.

> *'I have a theory that my food eating is decided when I shop and that's been very helpful to me because things are tempting in the store but I check out the fat content and it's a no or it's a yes. That's what governs… what I make… So when people say "How do you manage to stick to that?" it's at the point of sale… It's easier to be firm with yourself when you're shopping. It's not so easy when you're looking in a fridge or freezer.'*

On the other hand, these participants experienced their selves as *'naughty'* when they made decadent food choices. A self as **'doing my best'** was therefore enacted and maintained by keeping a balance between choosing well most of the time, and being *'naughty'* occasionally (Sharon), or when participants were eating out (Bettie, William). Despite being 'naughty', Sharon evaluated herself positively - *'Maybe I drink too much red wine, or maybe I eat too much chocolate, and maybe too much cheese occasionally, but on the whole, no, I eat extremely healthily'*.

Making moral choices was another way of resisting temptation for Edna, Jack, Daphne, Anne, and Dorothy. These participants made food choices based on moral or ethical principles. Jack described himself as *'virtually vegetarian'*, since he occasionally ate meat. This self developed gradually in response to *'food scares'* and *'programmes about modern farming'*, and was gradually enacted as he and his wife ate less and less meat. He still enjoyed meat though. So he gave in to temptation when he could still apply his ethical principles. Thus, he viewed hunting and eating pheasant as congruent with his 'virtually vegetarian' self, while eating fish was not: *'if a pheasant… happens to fly in front of me brother, you know, I'm quite happy to help him demolish it… but I eat fish, which I suppose is a bit inconsistent.'* (Jack).

For Edna, Anne, and Dorothy, wasting food was contrary to their moral selves. These selves were maintained by cooking only what was needed, and using up left-over food. Edna in particular seemed able to resist temptation so that she was not wasteful, but this was at the expense of food-related pleasure.

'... what's the use of cooking a cake now? It would last a fortnight. You'd throw it out or something, and I was brought up that you do not waste food. I know they say we all waste food, buy I don't waste food, it's a way of living'

8.3 Participation and Maintenance: Older Adults who are Uninterested in Food Activities

8.3.1 Being a 'Non-foodie'

The process of identity maintenance, illustrated in Figure 13, was somewhat different for Margaret, Wanda, Linda, Victoria, Fred, Eileen, Sue, Nancy, Ethel, and Rupert. These participants were uninterested in their food activities. These participants are described as 'non-foodies' because of Linda's description - *'I wouldn't say I'm a foodie at all'*. Food activities were only important to these participants because they *had* to do them. Otherwise, food and food activities did not play an important role in their lives.

In contrast to other participants, 'non-foodies' did not talk about selves as either 'socially connected' or 'alone' during their food activities. Although it was evident that couples Victoria and Fred, and Robert and Sue ate together, they expressed no enjoyment of these shared meals or of cooking together. Wanda and Nancy, who were widowed, and Ethel, who was divorced, also described no social aspect to meal times with their former spouses. This lack of shared enjoyment was similar for Margaret and Linda who were both married women.

A self as 'not a healthy eater' was evident in Fred, Victoria, Eileen, Rupert, and Howard's interviews. These participants paid little attention to the nutritional value of the foods they ate, and had little intention of changing their attitude to healthy eating. This was most evident in Rupert's comment: *'I've got to an age where I'm not worried about what I eat or when I*

eat, and as I said, I don't put on weight'. Eileen similarly noted *'I'm not a healthy eater… I do eat a lot of chocolate and cakes and things like that, which is a bit naughty… I could have all the books but… I probably 't follow it'.*

Figure 17 The Process of Identity Maintenance for 'Non-foodie'
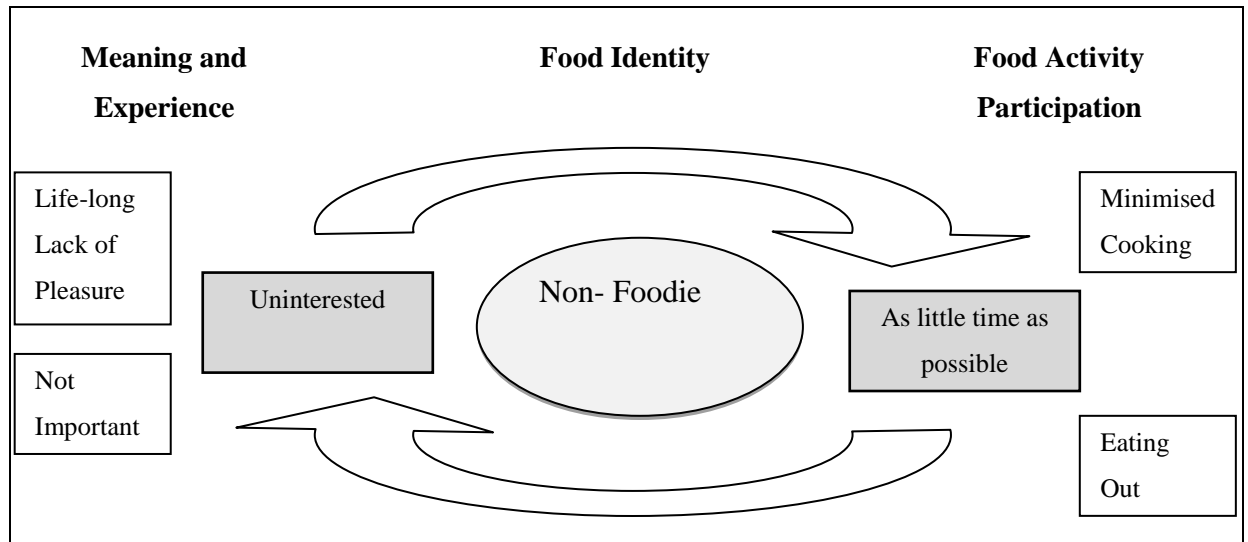
8.3.2 Spending as Little Time as Possible on Food Activities

'Non-foodies' maintained their identities by spending '*as little time as possible'*. Rupert most clearly illustrated this with his comment that *'Eating keeps you going, but I much prefer… I'd be quite happy not to eat but enjoy life in other ways… If I had an astronaut-type squeezer tube, I'd be quite happy to do that (laughs)'.*

Many participants talked about how they **'*minimised'* their cooking** to save time (Edna, Margaret, Wanda, Howard, Linda, Victoria, Fred, Sue, Betty, Phyllis, Rupert). Some participants save time preparing traditional or *'proper'* meals by using pre-prepared meat and oven chips, as described by Sue. *'Occasionally I have roasts. I don't always buy a joint, I buy the cold roast [meat] ... and then put McCain's roast potatoes with it. Easy way out…'.* Margaret also talked about making *'a quick meal like egg and chips or cold meat and chips, something that can be done in the oven quickly. In other words, make use of the quick prepared foods from the supermarket'.* Rupert had ready meals delivered weekly, but added vegetables to the meals *'I do a little bit of cooking myself, not a lot. I do do new potatoes and carrots and that sometimes with a [ready meal]. I just add my own vegetables to it'.* Like

Margaret, he also cooked quick and easy meals, *'Corned beef is another thing I do myself. A fry-up I would do myself. But that's it really.'*. Another way of minimising cooking was to cook and freeze extra portions, so that *'I just have to warm it up again, whatever it is'* (Wanda).

A second way of spending *'as little time as possible'* on food activities was to **eat out**. Fred and Victoria ate out *'three, four times a week'*, while Howard ate out *'most days'*. Note in his interview how he went to the café to avoid food activities, and how the social context occurred on the bus and not in the café - *'It (going to the café) saves cooking, it saves washing up and it's quite cheap. The plus side, I meet people on the bus'*. Robert and Sue said they would eat out more often if they were able to afford it. Ethel ate out less often than Fred, Victoria, and Howard. As a widow, she did value the social contact from eating out. But she valued spending less time on food activities more the social aspect. *'I eat out about once a week on a Saturday evening… It's different from not cooking… and social, talking to somebody else… Not having to cook [is more important] I think, not having to think about it'*.

For these participants, eating was important because *'…one has to be nourished…'* and *'survive'* (Eileen), but was not important *'from a point of view of being pernickety, or choosing this, or not liking that, and so on...'* (Wanda). Consequently, Wanda had *'sort of worked out a system because it suits me'*. Nevertheless, eating was enjoyable at least some of the time. Wanda talked about the occasional nature of pleasure from her favourite meal. *'I eat, probably twice a week, fillet of smoked mackerel, which I love. It's one of the best things in the world, the smoked mackerel and a bowl of salad… I don't need anything with it.'*. But in Linda's interview it was clear that she was not prepared to put any effort into gaining pleasure. *'I have to be honest, I like food, but I'm not very interested in cooking it… I will do it because I know I have to do it…'*. Similarly, Rupert said *'I can go a day without eating, but at the same time I enjoy a bit of … I can create an apple pie and things like that...'*.

Being uninterested in cooking every day was more consistent, which perhaps explains why many of the time-saving strategies were focused on minimising cooking. Wanda, Victoria, and Linda described themselves as *'lazy'*, *lousy'*, *'not very interested'* cooks. Margaret was proud of her *'bad reputation for cooking in the family',* which she had '*nursed'* and *nurtured'* and '*stands me in very good stead very often.'*. Rupert and Fred' s comments that 'c*ooking is*

something *I just don't do'* (Rupert) and '*I'm no cook… All I do is warm up what somebody else cooked'* (Fred), also highlights their lack of interest in cooking. Linda, who was married, cooked one meal for her husband to eat over two days so that *'thank God, I haven't got to cook two days like'*. Linda also described cooking as '*not* <u>*extremely*</u> *important, but I do recognise, I do recognise that it is important, although I don't particularly like doing it, I do recognise it's important'* (Original emphasis retained). Victoria delegated cooking to Fred, who was her partner. *'I don't have to cook and all I do is make breakfast, and all that is is making toast'*. For her, '*cooking isn't important, I mean, it's fairly important (laughs).'*.

Participants also maintained their lack of interest in food activities because it was part of their life story, rooted in their mothers' lack of interest in food, childhood experiences of war-time and austerity, or differences between participants' own food preferences and those of their partner or spouse. Margaret's experiences as a teenager in World War II illustrate how an identity as a 'non-foodie' was formed.

> *'I always put it up to living through the war (laughs)… You put up with quite a lot, so… I take what comes… You know it does have an effect on the way I was… I think your own mother has an effect on the way you eat and what you eat. But you see… all my teenage was war time and living with different sorts of people who did all sorts of different things… And when you're young, you just take what comes… You're hungry, you eat. That's it.'*

Linda also highlights the influence of both her mother and husband on her interest in food.

> *'I'm an average cook and I guess quite a plain sort of cook because my mother was always a plain cook and I'm not been brought up to use a lot of spices or, I'm not very adventurous, let's put it that way, my husband likes plain cooking so it's not that I've got any influence to say 'oooh, why don't you do this or that' you know, so he likes quite plain cooking. So it means that usually it's a sort of ordinary plain cooking things'*

Linda and Margaret prioritised their husband's preferences and needs above their own, which also maintained their lack of interest in food activities. Linda's husband was vegetarian, which meant she prepared meals he enjoyed. *'I have difficulty [with evening meals]*

because… my husband is vegetarian, so it means that I either have what he has, or I try to done something that we can both eat.'. She suggested that her interest in food might have been different if she lived alone. Margaret was the full-time carer for her husband, and so most of her food activities focused on meeting his needs.

8.4   Threat and Compensation

The process of participation and maintenance of identities for both 'food-lovers' and 'non-foodies' was disrupted by three different life experiences that changed the way participants carried out their daily food activities: deteriorating health, being alone at the table, and the cost of food. Participants responded to these life experiences by compensating for changes in their food activities. Figure 14 illustrates how particular compensatory strategies were generally matched to specific life experiences. Figure 14 also illustrates the overlap between compensatory strategies, so that a single strategy could compensate for changes brought about by more than one life experience. In the following part of this Chapter, each of these threats, and their associated compensatory strategies, are presented in more detail.

Figure 18 Threats to Food Activities and Identity Maintenance and Compensation
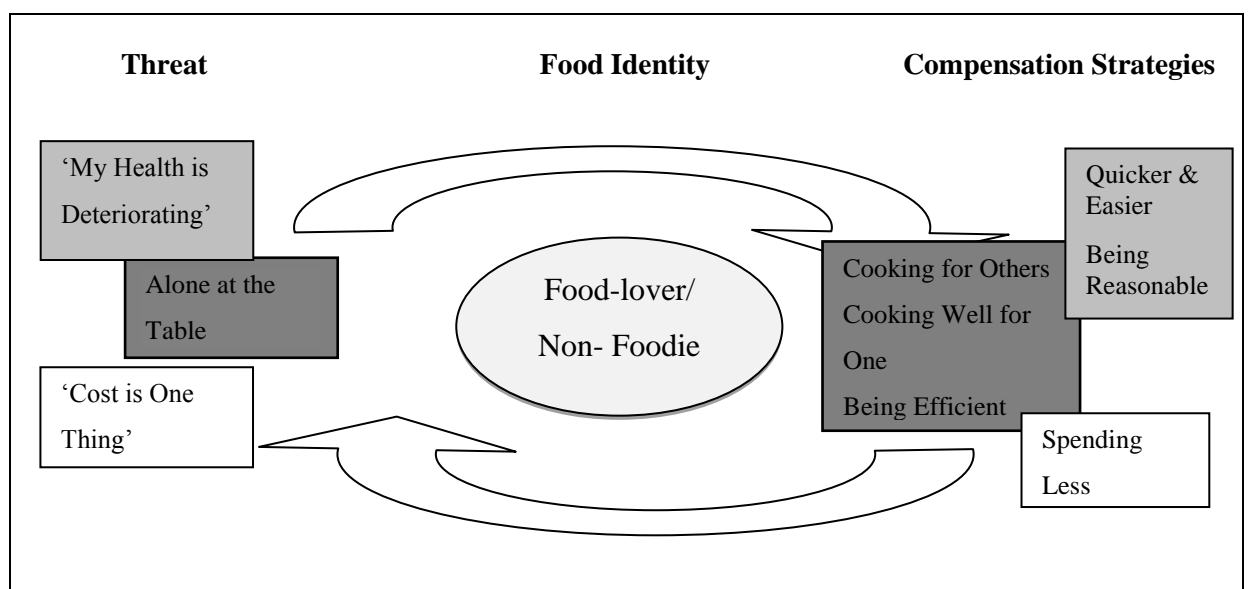
8.5   'My Health is Deteriorating'

Participants described many health conditions that affected food activity participation and threatened their selves and lifelong food identities. The health conditions reported by participants varied across four intersecting dimensions: Chronic versus acute; single versus multiple conditions; sudden versus gradual impact on food activities; and little change versus significant impact on food activities. The way these dimensions intersected was not dependent on the health condition. The consequences of these health conditions were **decreased mobility**, evident in theme 'I can't walk as far as I used to'; and food activities being **restricted and controlled**, evident in the theme 'I have altered what and when I eat'.

8.5.1 Decreased Mobility - 'I Can't Walk as Far as I Used To'

Half of the older adults in this study talked about how being less mobile had made their shopping more difficult[4]. Edna, Patricia, Dorothy, Jean, and Rupert were unable to do their shopping because they were **stuck at home** because of various health problems. Margaret was stuck at home as a full-time carer for her husband. Jean, Edna and Sally all talked about how bad weather and icy pavements made them stuck. Jean described being *'stuck at home'* after a fall in which she fractured her ankle: *'I saw no-one, I had two months in plaster without going out…and then it snowed, so I had another month indoors without seeing anybody…'.*

A number of participants described difficulty with **getting shopping home**, especially bulky items[5]. Dorothy and Rupert were still driving, but found it difficult to find parking close to the supermarket entrance. Betty's comment about how long it took to use the bus illustrated the frustration participants felt, especially if they wanted to visit more than one shop.

> *'It's not so much the energy it's the time you know, it takes the same amount of time really to get a small amount as a big amount if you've got to wait for the buses each way, that's what gets me, that really annoys me spending all that time just you know, waiting for buses.'*

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[4] Bettie, Jack, Margaret, Daphne, Mary, Howard, Linda, Sally, Patricia, Eileen, Sue, Judith, William, Betty, Dorothy, Gloria, Martha, Jean, Phyllis, Rupert
[5] Jack, Margaret, Linda, Patricia, Sue, Judith, William, Dorothy, Martha, Phyllis, Rupert

These difficulties meant participants needed to buy fewer items more often. Grocery store choice was also based on convenience, rather than quality, shopping experience, and price. As Eileen highlighted, *'I go to Sainsbury's because it's the nearest, otherwise I've got to shove through the town with a four-wheeled trolley to Waitrose or a little Tesco's, so I go there for convenience really'*.

Within the third sub-theme *'I can't do as much'* Bettie, Jack, Daphne, Sally, Patricia, Eileen, Betty, Gloria, and Jean talked about difficulties with cooking because they were less mobile. Bettie, Jack, Daphne and Gloria found standing for long periods to cook difficult. Sally, Patricia and Eileen found reaching cooking utensils difficult. Patricia also found it difficult to chop vegetables because of her arthritis, while Jean had difficulty carrying pots and pans after breaking her wrist. Jack was the only participant who talked about how not being able to do as much had affected his enjoyment of cooking: *'I enjoy it [cooking] but, you know, it's got pluses and minuses hasn't it, like everything... gives me backache, the preparation, but I enjoy the eating'*.

Difficulty growing food was another way in which Edna, Eileen, Betty, Dorothy, Gloria, and Jean found they were unable to do as much as they used to. Bending down to tend to the garden posed the most difficulty. As a result, Betty, Dorothy, Gloria, and Jean were unable to grow the range of fruit and vegetables they had in the past. Eileen and Edna gave up growing food altogether. These difficulties were apparent in Betty's interview.

> *'Well I can't do as much; I've had to give up a lot on the garden. I was, I used to enjoy gardening and I grew vegetables in the back but I had difficulty bending down to put the seeds in the ground and to dig the trenches for the beans and things. So that's rather restricted me.'*

8.5.2 Restricted and Controlled: 'I Have Altered What and When I Eat'

Changes in health **restricted food choices** for some participants. Saul, Martha and Rupert had to change their food choices because of dental problems. For Dorothy and Rupert it was high cholesterol. Sarah had colitis, while Jack complained about his hiatus hernia. *'I've got a hiatus hernia... I have to be a bit more careful with acid stuff now... [I'm] not as satisfied as*

I used to be because of the things I have to avoid'. Diabetes changed the food choices of Daphne, Sally, and Gloria. The following is an extract from the very beginning of Sally's interview. This extract illustrates how drastic the change was for her, and how diabetes continued to affect what she chose to eat, even 15 years after diagnosis.

> *'Well firstly I'm going to tell you that in 1995 I was diagnosed with diabetes, type 2, so I got read the riot act by the GP, gave me strict instructions to take off weight, to eat virtually no sugar and to eat regularly. So that rather coloured my activities after that...'*

Jack, Daphne, Sally, and Rupert also talked about **changes in taste and appetite** that changed what they ate. Betty described how her appetite reduced with age, and because of indigestion. '*As I've got older, I eat a lot less… I can't eat as much as I used to so it's getting less important, in that sense… I can't eat some of the things that I used to or my tastes are changing, I don't know...'* . Rupert was only less hungry when he was acutely unwell with asthma: '*… if you're short of breath you just don't want to eat, and I had to have this Complan stuff put down me, but as soon as I feel well enough then I eat like a horse.'*.

Deteriorating health **controlled food routines** for Edna, Jack, Margaret, Barbara, Sally, Carol, Anne, Nancy, and Rupert. Carol talked about how she needed to eat regularly because of her diabetes. '*I have Type 2 diabetes, so I have to eat at regular intervals or I'm ill… The diabetes controls allot of what I do as far as food is concerned.'*. Sally described how she *had* to eat breakfast, even though she preferred not to. '*I tend not to want to eat breakfast in the morning but I generally will have a slice of toast or something… I go and see a professional herbalist… so I have to have breakfast in order to have my herbs'*. In addition to his hiatus hernia, Jack had Parkinson's disease and problems with his thyroid. He described food as *'to a large extent governed by me pills'* and was very specific about his eating times within his interview. Nancy, who lived next door to her sister Ethel, needed to drink regularly. She and Ethel had worked out a way of drinking enough that at the same time meant they spent more time together.

> *'[Ethel and I] have a cup of coffee together at 10 o'clock… occasionally we'll have a glass of wine at lunchtime, and we'll see each other for a cup of tea in the afternoon*

at 3 o' clock. This is all brought about because I don't drink enough fluid and this is

the only way to make me drink fluid.'

Margaret was the only participant who was a full time carer. In her case, her daily routine appeared completely controlled by meal preparation for her husband.

'Because my husband is incapacitated, on three out of five days of the working

week… I take him breakfast in bed… The rest of the day then we have, 10 to 11, we'll

have another coffee and biscuits. Then we'll have lunch… So after main meal, or

whatever I've had, we have a break, just a short break, probably sitting in front of the

telly or something, [we have] tea or whatever drink… with cake or biscuits again.

Then we have another meal, I would call it supper, 7ish roundabout… And that's it.

After that… we have nothing else. No drink. Nothing.'

8.6   Compensating for Deteriorating Health

The effect of deteriorating health on selves and food identity was remarkably inconsistent across the data set. Whether deteriorating health changed identities depended on the success of participants' efforts to compensate for changes in food activities. Participants made their food activities **quicker and easier** in a variety of ways to compensate for reduced mobility. To compensate for restriction and control of food activities, participants talked about **being reasonable**.

8.6.1 Quicker and Easier

The theme *'quicker and easier'* was dominated by the many ways in which participants reduced the effort in and time they spent on shopping.

Some participants talked about **shopping locally** for convenience (Edna, Jack, Wanda, Sally, Patricia, Eileen, Sue, Judith, Betty, Dorothy, Martha). Sarah and Wanda had both considered the proximity of local food stores when they moved to their current homes. Sarah was one of the youngest participants, and was divorced. She was still physically able to do everything she wanted to do, but had moved to a ground floor flat near local shops in anticipation of a

time when she would be less able. Wanda, on the hand, was one of the oldest participants. She had only moved to her ground floor flat in her eighties, after she was widowed. Her three criteria were that her home had off-street parking, was within easy walking distance to the shops, and to a bus stop. Martha had stopped driving because her local stores were close enough to do her grocery shopping.

Bettie, Margaret, Eileen, Judith and Betty used a *'shopping trolley'* as an **assistive device** to get their shopping home, as described by Betty. '*I've got a couple of trolleys, I've got one that you can hang your shopping bags on and I've also got one that you can pull behind you and just tie bags to'*. Gloria struggled with oedema that caused pain when she walked. She used a mobility scooter when shopping. Although this part of London is very well connected through bus services, these participants also talked about the challenges of using their shopping trolley on the buses, illustrated in Judith's account of getting a full shopping trolley on and off the bus.

> *'I used to carry [my shopping] but the physio said I had to buy a trolley so (laughs)... which is alright until you come to get off the bus and it's full of shopping, which is not terribly easy... I tend to throw it out in front of me. I sort of hurl it out before me, but still holding on. Not very graceful, but it's the best I can do because I've got a walking stick in the other hand.'*

Although Rupert highlighted '*I prefer not to rely on other people, although I help other people as part of my interests'*, the help participants received from others with getting their shopping home maintained their ability to do other food activities. Margaret, Sue, Patricia, Martha and Phyllis **made the most of social networks** by relying on other family members who drove, to get their bulky shopping home. Almost all of these women also did other shopping at local and convenient stores.

Being **able to drive** to the grocery shops made a '*huge difference'* (original emphasis) to Bettie, Daphne, Mary, Sally, Robert, Dorothy, Gloria, and Rupert. Being able to drive meant these men and women could choose where to do their shopping, visit a number of stores for different food items, and get heavy items home. Driving also helped participants maintain Rupert and Dorothy's social connections as older adults who lived alone, because they drove

friends and acquaintances to the supermarket, or delivered their shopping to them, as described by Dorothy. *I shop at a local Sainsbury's which is also near people that I visit...or I go to them first usually...if there's anything they want...then I go back and we have coffee or something together.'*

Although having a car was beneficial, Barbara, Sally, Dorothy and Rupert all talked about how difficult it was to use a car in London. Dorothy found her car impractical for local shopping, and so parked and walked back to the shops.

> *'I very rarely drive round... it's just because it's so difficult round here... Often you can't park so why take the wretched vehicle with you? I mean before now I've been coming back from somewhere completely different and thought "Oh, I'll stop and do some shopping". You can't get rid of the car, so you come home here, park it, and [walk] back there.'*

Rupert also talked about problems with parking even though he had a blue 'Disabled Parking' badge, and a 'Brown badge' that was issued by the local council to older drivers. If he was unable to find parking, he returned home, and tried to do his shopping later. Barbara did her shopping on a Sunday after her church service because *'I can get into the car park and I've got the car out (laughs)'*.

Getting shopping delivered was another way in which participants made their shopping quick and easy. Rupert ordered the limited range of foods he enjoyed as a 'non-foodie' from a well-known meal delivery company. Even though he complained that it was difficult to do his shopping, he did not spend much time shopping because *'it's pointless looking for anything else'*. When Jean broke her ankle, she shopped online so she could get the foods she wanted independently. Jack paid for a taxi service to get his heavy shopping home, but was not very satisfied with this strategy because *'that knocks off the savings'* of shopping at a local market stall. Margaret was unhappy relying on her daughters to do her shopping for her, but did not want to shop online because *'somehow it would reduce the enjoyment I get from what shopping I can do. I enjoy it and I would not enjoy doing it online.'*.

To a lesser extent, participants also made their cooking and gardening *quicker and easier*. Cooking was made easier by **resting in between** – either by using a perching stool in the

kitchen (Daphne), or by having a rest when cooking for entertainment (Bettie). Participants made growing food quicker and easier by **growing less**. Eileen gave up her large allotment and grew food a few vegetables like beans and tomatoes at home. Gloria and Jean planted vegetable in pots and raised beds, and grew fruit and vegetables that needed the least maintenance, as highlighted by Jean.

> *'Raspberries are the best fruits to plant, you cut em back once a year and tie the new ones in, that's it, and pick em.... That was another thing I had to do because I can't bend down now, I can't sort of… I either garden, sort of, from the waist; I can't...bend knees and do it. I'm either flat sitting on the floor or I'm standing up. So I got one of those veg trugs, a raised bed on legs, so a load of stuff in there now, so the salad's all right there.'*

8.6.2 Being Reasonable

Participants described themselves as 'being reasonable' in the food choices they made, and the timing of their meals, when food choices and activities became restricted and controlled by deteriorating health. Sarah, Sally, Carol, Dorothy, and Gloria monitored their health and made changes to their diet only when it was necessary. Sally's long-term experience of living with diabetes was evident when she talked about food choices and meal patterns. Sally noted *'I do eat sugar and I have monitored my body for the last 15 years so I can tell the doctor more about it than he can tell me'*. She also noted '*I think a bit slower if I have a bit more sugar one day and I've noticed it's up and it takes, it's slower to go down but it does go down'*. Jack, Eileen and Carol made sure they carried food with them, or knew where to eat, so that they could eat at regular intervals. However, Carol noted she was *'not rigid about that'*, while Jack emphasised his eating habits were *'not carved into stone'*. This meant these participants gave themselves the flexibility to enjoy *'naughty'* foods and alter their routines when they were busy.

Furthermore, Jack, Daphne, Mary, and Sally believed they *'could do better'* if they improved their diet to manage their health conditions, like diabetes, hiatus hernias, and osteoarthritis. It was evident that these health conditions led to an increasing importance in being a healthy

eater in later life, but that participants remained unmotivated to change their eating behaviour. For example, Jack commented

> *'I'm pretty good… I've been told it's [eating healthily] very important, but I always downgrade that a bit… Up until quite recently I thought I could eat nails… I could eat anything… I should have attached more importance to it years ago… I'm better than I used to be I suppose. I have to be, but I'm still not brilliant.'*

8.7 Alone at the Table

The way the older adults in this study participated in their food activities changed when they found themselves *Alone at the Table.* Being alone at the table was **difficult and boring** and meant food activities became **less routine**. The life experiences that led to being alone at the table varied across participants. Edna, Bettie, Saul, Barbara, Carol, Dorothy, and Martha talked about widowhood. Sarah and Daphne talked about divorce. Sarah, Anne, Judith and Helen talked about their children moving away from home. Judith and Betty had moved from different parts of the country to be nearer their children. Marjory and Sally talked about retirement and age changing their experience of meal times. Bettie was a widowed woman who lived in a large house in an affluent area in West London. She was a 'food-lover', despite changes in cooking and eating when her children left home and then after her husband died. It was evident in the following part of her interview that adapting to the loss of roles and role identities occurred gradually over time, and was challenging.

> *'Because I've always been used to cooking and I like doing it, well, for a family and always lots of people coming in, and I had to adjust to cooking for one. Well, first of all cooking for two, when the family left home gradually. But that wasn't so bad. But I find now I will tend to cook... Say I'm doing a casserole, two lots and freeze a lot and work it round that way. But yes, it has changed from that point of view.'*

The gradual change in the social aspect to meals was also evident in Marjory's interview. Marjory was a single woman who had never married. She had worked as a teacher until retirement. Now in her eighties, Marjory lived in a ground floor council flat in a less affluent area. Earlier in her interview, Marjory talked about how much she enjoyed eating with her

colleagues, and then eating out with other older adults who were part of an interest group she belonged to. Later in her interview, it became apparent that her opportunities to eat with others were dwindling.

> *'Thursday is [my community group]…things are a bit tricky at the moment…I've been going 30, 20 years or so and allot of people have dropped out because of their age, the same age as me, mind you…most of my friends have dropped out and there was a group of much younger people, over 20 years younger than me, and I know they used to eat in the same place, one of the restaurants that we did…and I've recently said "Can I come with you?" (Laughs). Oh well, no…'*

8.7.1 Difficult and Boring

When there was a change in numbers at the table, participants needed to change the way they cooked. Edna, Bettie, Saul, Barbara, Anne, Judith, Martha and Helen all talked about how cooking was less enjoyable when cooking for one. Edna, Barbara, Nancy and Ethel all found it **difficult** to cook interesting and enjoyable meals because they had to change the amount of food they bought and cooked. Barbara talked about how her cooking had become precise and controlled after her husband died. '*It is quite difficult to cook for one person, getting it reduced down in quantity… In the end you actually get down to the stage you actually know precisely what you're going to eat'*. As a result, she viewed her meals as *mundane'*.

Edna similarly found cooking for one *'extremely difficult'*. The difficulty cooking interesting meals was particularly evident in her interview. '*It's very difficult to cook interesting meals for one. Most of the time you finish up with at least enough for two…I don't mind eating the second day, but after that, that's too much.'*. Edna became bored with eating the same meals. In the same way, Anne described her cooking and eating as **repetitive and boring**. '*My sort of cooking now represents… Jacket potato, salad, and something; new potatoes, salad, and something; very boring'*. Despite a bookshelf full of cooking books, Ruth talked about how she was *'bored with cooking or thinking of new things, can't be bothered with new things… That's been for years… I cook things I don't have to think about really.'*.

8.7.2 Less Routine

Many participants in this study described a **usual** meal pattern of three daily meals: breakfast, lunch, and an evening meal[6]. All of these participants started their day with breakfast, had a light mid-day meal, and cooked a meal in the evenings. Some participants ate their main meal at midday. They interspersed their meals with drinks, usually coffee in the mornings and tea in the afternoons, and sometimes a snack. Participants' food choices for each of these meals also followed a *'usual'* pattern. Breakfast was usually cereals, toast, fruit, and yogurt; Lunch was usually salad, soup, or a sandwich; and the evening meal consisted of meat, starch (potatoes, rice, pasta), and vegetables. A *'usual'* pattern was also evident in the way Saul, Patricia, Eileen, Robert, Sue, Judith, and Helen did their shopping. They had a weekly shopping routine of one *'big shop'*, with smaller items bought from nearby convenient stores during the week.

Some other participants described themselves as a *'routine person',* but the descriptions of their food activity routines were **inconsistent** with this self-description. Marjory initially described a usual routine. On further probing in her interview, *'a traditional Sunday lunch'* was *'a simplified, maybe a ready meal, maybe phone up one of these things [showing pizza delivery leaflet].'* She also talked about eating out often, which was inconsistent with the opportunities to eat out that she later described in the interview, and in a written weekly schedule she had prepared for our interview. Howard, who lived alone in a third floor flat that he could only reach by three long flights of stairs, had a fixed routine of eating out every morning at a local café. This was inconsistent with his lack of routine at home, when he would *'sometimes have a sandwich or cake lunchtime, other time I won't bother, and have whatever's available [biscuits]. Usually prick-and-ping [microwave meal] in the evenings.'*.

Anne used the word *'erratic'* to describe her shopping. This had an impact on the amount of money she spent on food. *'Shopping I tend to do... erratically, virtually every other day or every day, just bits and pieces, which is both expensive, time consuming, and stupid (laughs).'*. At other points in the interview, she talked of her eating pattern becoming *'completely disrupted'* because she had started a part-time job following unexpected changes in her financial circumstances. As a result, she ate chocolate and crisps almost daily, despite

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[6] Ruth, Daphne, Wanda, Fred, Patricia, Eileen, Robert, Sue, Judith,William, Betsy, Jean, Jill, Nancy Ethel, Rupert

describing herself as *'not normally a chocolate-eater, not normally'*. Marjory, Howard and Anne all ate alone. The way being alone at the table affected Anne's routines reflects the difficulty other participants had in keeping their routines without somebody else to cook for.

> *'... You do keep a routine. But on the other hand it doesn't matter if you break it because there's nobody else there who's expecting a meal. It's very easy to say "Oh, I don't feel hungry. I won't bother about doing anything at the moment"… Whereas if there's somebody else who's expecting a meal, you attempt… to get the meal anyway.'*

8.7.3 Being Alone at the Table when Living with Others

Although no participants who described themselves being alone at the table were currently married, Anne, Judith, Dorothy, Gloria and Helen lived with either their adult children or grandchildren. For these participants, living with family did not necessarily mitigate their experiences of cooking for one. Their inter-generational households rarely ate together because of their different lifestyles, as noted by Helen. *'My daughter lives at home but she never eats with me because she's always out doing her own things'*. Judith, who lived with her daughter, her daughter's partner, and two grandchildren, highlighted *'I look after myself. I don't join in the family's food. I buy and cook my own. I'm independent. Just share a roof'*. Dorothy similarly talked about rarely eating with her grandson.

> *'My grandson lives with me...his work means he's home at different hours... Sometimes he goes to his friends. So we rarely eat together because when he gets home he's longing to get on with his guitar and computer...so he comes down and makes his own things and we (laughs) we "discuss" the washing up, shall we say'*

Living with adult children also caused conflict, as already suggested in Dorothy's interview. Anne expressed frustration with her son, who lived with her. *'I waste a lot of stuff too, because my son's still here… I buy things for him and then he doesn't eat them… That annoys me 'cos I'm throwing stuff away'*. For Judith, the conflict was associated with cooking. Judith had bought a house with her daughter, because her daughter had had financial difficulties. It is evident in her interview that she might have preferred living alone.

'I think if I still lived on my own I would be quite happy pottering about in my kitchen doing things for me, doing my own thing. But sharing a kitchen is not altogether easy. We do tend to get in one another's way and I try and have my meal before they have theirs. Even then, we still tend to coincide. It's not easy sharing a kitchen. So if I was living on my own I think it would be better.'

8.8   Compensating for Being Alone at the Table

Participants adapted to being alone at the table by using different strategies to cook well for one person, by cooking for others who they did not live with, and by becoming more efficient. The first two strategies maintained enjoyment and pleasure in food activities. Becoming more efficient enabled participants to spend as little time as possible on their food activities.

8.8.1 Cooking Well for One

Adapting to cooking smaller portions was a challenge for those who were widowed or divorced and living alone. It was also a challenge for younger participants whose children had left home. Participants used a range of adaptive strategies to cook well despite cooking smaller portions.

Edna, Bettie, Saul, Wanda, Howard, Carol and Martha **froze extra portions** of food, as described by Bettie. *'I tend to cook maybe two portions at least, maybe three and then I'll freeze things in boxes'*. Bettie, Carol and Martha avoided becoming bored with repetitive meals in the same way as Edna, because they froze only two or three portions of the same meal, and alternated home-cooked frozen meals with freshly cooked meals. Saul pre-cooked meat like a roast chicken or casserole, and then using this in different dishes like risotto. Martha similarly served this meat with different starch and vegetables.

Martha also talked about the importance of **meal presentation** so that food looked appetising.

'But then, of course, it's changed since I've been on my own...A lot of other widows have sort of said "Oh you'll get down to having a boiled egg" sort of stuff...I know people who have got like that but I am still, presentation is everything...So I still put parsley on my food, even if it's only me. A silly habit I have… I do like it to look nice.'

Sarah, Daphne and Dorothy talked about **being selfish**. These women enjoyed being able to choose what they ate and when they ate, as is evident in the following two interviews.

'I've been on my own for quite a while so I've been able to buy the foods that I like, so that's nice, yes, so, and I feel that that suits me better as well because there's some foods that don't suit me so well as others so I'm able to then on the whole in the week you know, eat what suits me.'

(Sarah)

'I enjoy the cooking now because I don't have this onus on me to fit in with my husband coming home from work nor when the family were here, and of course I'm in the same house, so… I'm used to the kitchen, I haven't had to get used to another kitchen… The nice thing I find about meals now is that I suppose I choose entirely for me so it's very selfish isn't it?'

(Daphne)

8.8.2 Cooking for Others

Widowed and divorced 'food-lovers' maintained their 'socially connected' selves, by cooking for others. Maisy, a widow who loved cooking, cooked *'more elaborate meals'* and *'spen[t] more'* when her family visited. Sarah, a divorcee, shared regular meals with her daughters and brother who lived nearby, and cooked for her friends. There was also a clear association between food and receiving love in her interview. '*Being a good parent and being loved by the people that I love is the most important thing in my life, with my friends closely behind that... You even cook to be loved don't you?'*. Maintaining 'socially connected' selves by cooking for others was similarly evident in Bettie, Saul, and Daphne's interviews.

An ability to cook well for others was also affected by a change in cooking skills. When talking about 'cooking for one', Daphne complained *'it goes wrong'* when she invited people for dinner. This was explained by Barbara as a consequence of *'cooking for one'*.

> *'It is quite difficult to cook for one person, getting it reduced down in quantity. And then the other thing you have is when you actually get used to that, is when you're actually then entertaining or doing anything for anybody else you suddenly find… it just suddenly seems an excessive amount of food because you're so used to getting this little plate full of food ready, that suddenly to cook for six you seem as though you're cooking for the whole world (laughter). I mean it's not absolutely true but it just suddenly seems you've gone from one extreme to the other, you know.'*

8.8.3 Being Efficient

The theme 'Being Efficient' was a component of 'Spending as little time as possible', but was specifically related to cooking for one. Ruth, Phyllis, Edna, and Howard spent less time on meal preparation by cooking meals that were familiar. Ruth described this way of cooking as efficient. *'I'm not gourmet (laughs) but it's efficient'*. Being efficient also meant cooking the same, familiar meals, which did not require much planning or thought, highlighted by Phyllis, who was married. *'I don't on the whole do many things that require recipes. Casseroles and so on… not a lot of thought'*.

8.9   'Cost is One Thing…'

The cost of food affected the way nearly half of the older adults in this study participated in their food activities. Howard, Robert, Judith, Betty, Helen and Phyllis were all dissatisfied because they **ate out less** than they would have liked to, as highlighted by Helen. *'I like food, if I could afford to I would probably eat out every day, but no'*.

The cost of food also **restricted food choices** by affecting the food participants bought. Sally, Judith, Dorothy, Jean and Nancy described not buying the foods they would like to, because of cost. Sally based her food choices on *'what's been thrown out [laughs] to decide my menu for the day, provided it comes in my range of what I want'*. Jean similarly described not

buying fruit because she was unable to afford it. '*I have it [fresh fruit], or I'll go without, if I can't afford it, I go without.*'. Judith and Dorothy considered healthy eating alongside cost, evident in Dorothy's interview. '*There are some things that I do look at and think "that's gone up, that's not reasonable" and like that so I do put the brake on then, so it's not just the sort of dietary… it's looking at the purse.*'.

Judith, Nancy, Ethel and Rupert talked about **difficulty making savings**, especially with bulk or multi-pack offers, since '*if you buy, you know, say a cabbage or a cauliflower or something like that half of it gets thrown out because you can't eat it all, it goes, it goes off before it gets eaten*' (Judith).

8.10 Compensating for Cost

A few participants compensated for a loss of income by **spending less**. Jean shared multi-pack offers with her sister Helen. Howard ate out because it was cheaper than cooking for one. Gloria and Eileen tried to carry on growing their own food. Gloria's efforts to continue growing her own food to maintain the pleasure she gained from food was evident in her interview.

> '*I used to great pleasure in going down and cutting myself a handful of spinach or something like that… I am trying to carry on growing some because when the soft fruit comes in… I shall be eating raspberries and blackcurrants and gooseberries and that sort of thing. I shan't be reliant on trying to buy it, but finance has quite a lot to do with it.*'

8.11 Changes in Meaning and Identity: 'I just can't be bothered these days'

Compensation for deteriorating health, being alone at the table, and loss of income did not always prevent changes in food activities (See Figure 15). A change in the experience of food activity participation gradually changed its meaning. The themes **less important**, **less pleasurable**, and **too much effort** reflect this change in meaning. Edna, Marjory, Ruth, Howard, Barbara, Anne, Judith, Helen, and Phyllis all used the phrase '*not bothered*' or

'can't be bothered' when describing themselves . An identity as 'not bothered' also contained selves as 'alone' when participants talked about cooking for one, and 'overweight and lazy' when talking about healthy eating. It was evident that changes in the meaning of food activities contributed to the formation of a new 'not bothered' food identity.

Figure 19 Changes in Meaning, Experience, and Participation leading to a Not Bothered Identity
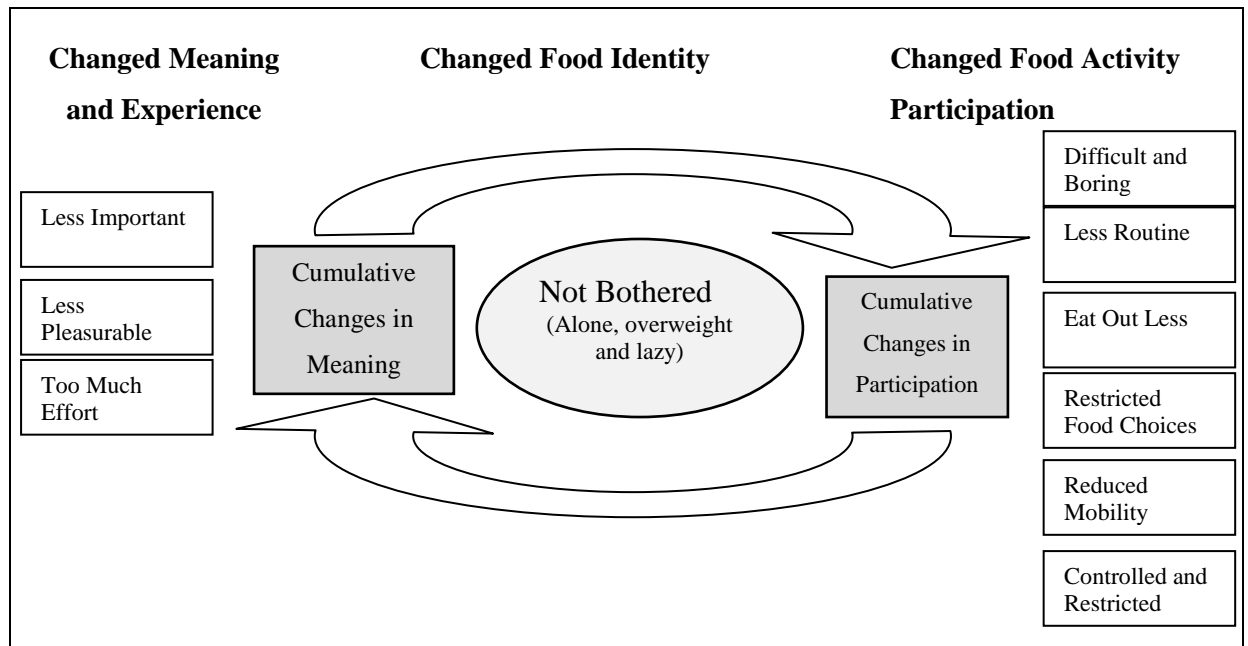
8.11.1 Less Important

When participants were unable to compensate for changes in their food activities, food activities became less important. *There was a time when cooking was very important, now it's just necessary… You get that you can't really be bothered.'* (Edna). What is evident from all of Edna, Marjory, Ruth, Howard, Barbara, Anne, Judith, Helen, and Phyllis's interviews was that food activities became less important because these women (and one man) had lost the social aspect to their shopping, cooking, and eating. These participants did not feel 'socially connected' when they shopped, cooked and ate.

Edna, Bettie, Saul, Barbara, Anne, Judith, Martha and Helen found it difficult to compensate for **being alone at the table**. When Sally retired, her eating became less important. *'[The importance of eating] comes and goes… It depends on my feelings… I enjoyed eating when I was working, so it does go socially really, but on your own…'*. Marjory, another single

woman, also spoke of the social aspect to eating at work as a teacher, in contrast to now when she cooked for herself. *'I wouldn't say it's more difficult to do the cooking, but much less important.'*.

Barbara described how eating was less important than it used to be, because she was eating alone. *'I suppose since I got…, being on my own, it's [eating] gone down in importance'*. Judith and Helen, who were both widows, and Anne, who was divorced, enjoyed cooking for their families. Cooking was now unimportant in the absence of a family to cook for. Judith highlighted *'[Cooking] used to be [important] when I had a family to cook for… [now] my daughter moans at me'*. Similarly, cooking was less important to Anne. *'I'm not bothered about cooking… And I used to love it… to me cooking is more, it's my family really… If it's just me you think "Oh what's the point of going to all that faffing and bother?"'*. Helen similarly talked about the difference between cooking for her family as important, and cooking for herself as unimportant.

> *'I used to like cooking when I was a mother of three young children, I loved cooking, and I was always looking at new recipes and making fancy meals… but now I rarely cook for myself… I know it's the wrong attitude but I think "Why spend all that time preparing a meal just for me to sit down and eat it?'*

Other participants lost the social aspect to their food activities because of **deteriorating health**. This was especially true for Edna, who was stuck at home because she was worried about falling on icy pavements. The **cost of food** also meant that Judith, Betty, Helen and Phyllis did not eat out as often as they would like to, and so were more alone during their food activities.

8.11.2 Less Pleasurable

Edna, Marjory, Ruth and Howard talked about how they did not enjoy cooking anymore; for example, *'I quite, I used to quite enjoy cooking, but I just can't be bothered these days (laughs). And that's the story of my life at the moment, can't be bothered'* (Marjory). These participants were less likely to experiment. Ruth talked about how she *used to enjoy trying new things, but can't be bothered'*. Edith and Anne both talked about how difficult it was to cooking interesting meals for one, and how food had become boring.

Edna, Barbara, Sally, Anne, and Helen described how they had lost pleasure from eating, even if they still '*liked*' or '*loved*' their food. This was most noticeable for Sally, who was 67 years old, divorced, and living with her son. '*If you put a plateful of food in from of me I'll eat it for you (laughs)… No, but then other times I might see a plate and I don't want to eat it… Some days I don't eat anything, anything very much… because I know the next day that I will be eating*'. Helen was a younger widow (aged 65) who blamed the loss of pleasure from eating on her lost interest in cooking. '*I think I've gone down the scale [for eating] because I'm not into cooking. It isn't as satisfying as it could be*'. Barbara, who lived alone, talked about how eating was less pleasurable because expectations of an enjoyable and tasty meal were lost. '*There's less expectation in the whole thing isn't there… It's very easy to get into a routine and just have the same things and not really branch out or do anything like that*'.

8.11.3 Too Much Effort

Edna, Howard, Anne, Daphne, Mary, Barbara, Judith, Betty, Helen, and Phyllis also became 'not bothered' because their food activities had become '*too much effort*'.

Edna now described herself as '***coping***' with her shopping. Betty also talked about difficulties she had with shopping. '*I couldn't carry anything for a couple of months…and I've been too tired to carry much for the next couple.*'. Her shopping sometimes required too much effort. '*If I can't be bothered to go to [the local town centre], and I can't be bothered to keep shopping round lots of shops, I pop in to [one frozen food store] and get, you know, quite a lot of stuff there.*'. It was too much effort for Howard to cook for himself. '*I'm very able [to cook]… I <u>can</u> cook, I just don't. I can make a stew or roast, things like that, no trouble at all. But on my own, it's not worth the bother*'. Similarly, Phyllis noted '*I don't enjoy cooking anymore. My enjoyment of my <u>meals,</u> but I don't enjoy cooking, which I once did. I mean I've got <u>far</u> too many recipe books… I just can't be bothered*'.

Eating healthily also became too much effort for some of these participants. When Edna talked about eating, she noted '*[Eating is] too important sometimes… I know I've got to eat and I've got to eat sensibly…*'. Anne noted '*Eating healthily is really important to me… And I can do it extremely well, but do I do it?... I could write a diet sheet for anybody (laughs).*

Perhaps we'll put it that way.'. Sally talked about *'Snack[ing] more when I'm on my own'*, despite also giving a detailed description of her efforts to manage her weight.

Within the theme **overweight and lazy**, Daphne, Mary, and Anne described themselves respectively as *'fat and overweight'*, *'quite heavy',* and having *'put on weight'*. These women believed they would be healthier if they lost weight, but eating healthily was too much effort. *'But… am I motivated to actually really do something about it? No. No, I should be, but I'm not… I tend to be quite a lazy person, I think in many ways...'* (Daphne). At the same time, they avoided gaining more weight by trying to eat healthily some of the time. *'I could eat more fattening things if I didn't have a conscience about it. I do eat fattening things and I'd probably eat more if it wasn't for the fact that I'm quite heavy.'* (Mary).

Daphne, Mary, Howard and Sally also found it was too much effort to improve their diet to manage their diabetes and osteoarthritis. It was evident that these health conditions led to an increasing importance in being a healthy eater in later life, but that participants remained unmotivated to change their eating behaviour. For example, Howard noted *'Up until quite recently I thought I could eat nails… I could eat anything… I should have attached more importance to it years ago… I'm better than I used to be I suppose. I have to be, but I'm still not brilliant.'*

8.12 Questions Raised by the Findings

It is essential in theory-orientated research to test and develop the findings from initial data analysis (Heath and Cowley, 2004; Strauss and Corbin, 1998; Corbin and Strauss, 1990; Strauss, 1987). In a pragmatist approach to research, the focus is on generating hypotheses, and then testing these hypotheses until the best explanation is reached in the data. Hypothesis generating and testing in a concurrent mixed-methods study was limited to the data that had already been collected. Four findings led to the development of hypotheses that could be tested in subsequent phases of analysis:

Finding 1: There are three groups of older adults who have different food identities based on their life-long experiences of food activities – 'food-lovers', 'non-foodies' and 'not bothered' participants.

Hypothesis: There will be differences in the occupational performance of food activities between these three groups of participants.

Method: Quantitative analysis (Chapter 6)

Research question: What is the relationship between food activity participation and food identity maintenance?

Finding 2: Deteriorating health, being alone at the table, and loss of income caused changes in food activity participation. Older adults compensated for these changes in a variety of ways.

Hypothesis: There will be a weak or no relationship between later life experiences and occupational performance of food activities, and between later life experiences and food identity.

Method: Quantitative analysis (Chapter 6)

Research questions:

1. What is the relationship between the following life experiences and food activity participation: Age, gender, marital status, living arrangements, socio-economic status, and health?

2. What is the relationship between the following life experiences and food identity maintenance: Age, gender, marital status, living arrangements, socio-economic status, and health?

Finding 3: There was no relationship between food activities and possible selves, even though participants did talk about their possible selves in the interview.

Hypothesis: There may be a relationship between food identities and possible selves, because current and future selves are 'intimately connected' (Markus and Nurius, 1986).

Method: Q methodology and matrix analysis (Chapter 7)

Research Questions:

1. What is the inter-relationship between a hoped-for self as able to cook, expected possible selves viewpoints, and food identities using qualitative methods?

2. What is the relationship between food activity participation and expected possible selves viewpoints using quantitative methods?

3. What is the relationship between expected possible selves viewpoints and food identities using quantitative methods?

Finding 4: A 'not bothered' identity was associated with loss of the meaning of food activities.

Hypothesis: The loss of meaning of food activities would have negative consequences for psychological wellbeing, and therefore active and successful ageing.

Method: Q methodology (Chapter 7) and literature (Chapter 8)

Research Question: What is the relationship between expectations of a good quality of life and food identities?

CHAPTER 9 RESULTS OF THE QUANTITATIVE COMPONENT

9.1 Introduction

This chapter presents the results of a quantitative analysis of the numerical data gathered in this study, which followed on from the qualitative analysis in Chapter 5. First, the data characteristics of each of the variables are presented. Then the findings for each of the following research questions are presented:

Appendix A What is the relationship between the following life experiences and food activity participation: Age, gender, marital status, living arrangements, socio-economic status, and health?

Appendix B What is the relationship between food activity participation and food identity maintenance?

Appendix C What is the relationship between the following life experiences and food identity maintenance: Age, gender, marital status, living arrangements, socio-economic status, and health?

The analysis will show there is only a significant relationship ($p < .05$) between food identities and the occupational performance of food activities.

9.2 Data Characteristics

9.2.1 The Occupational Performance Measure of Food Activities

Within the OPMF, participants rated 15 items. As evident Table 23, eating was the most important food activity for participants. Eating was also rated highest for both performance and satisfaction. Eating healthily was also important, but had the lowest mean performance and satisfaction ratings. Cooking importance and performance scores had the widest range. Eating importance and satisfaction had the narrowest range.

Analysis for internal consistency revealed two items had a significant effect on the α value for the Food Activity Importance scale. Eating out and eating healthily were deleted from the Food Activity Importance subscale, to improve the internal consistency. As evident in Table 23, the three OPMF subscales were moderately reliable. There were three items in the Food Activity Importance sub-scale (Cronbach's α = 0.68), and five items in the Food Activity Performance subscale (Cronbach's α = 0.62) and the Food Activity Satisfaction subscale (Cronbach's α = 0.60). A wide variety of factors can affect Cronbach's alpha (Sijtsma, 2009; Spiliotopoulou, 2009), including the number of items in a test. Cronbach's (1951) correction formula was used to calculate the mean inter-item correlation (ρ), which is independent of the number of items in the scale. As illustrated in Table 23, all three sub-scales met Clark and Watson's (1995) criteria for satisfactory internal consistency for complex measures, $\rho > .15$.

The distribution of the sub-scales was assessed using histograms and the Kolmogorov-Smirnov test of normality (Field, 2009). Scores for Food Activity Importance, D (39) = 0.17, $p < .01$, and Food Activity Satisfaction, D (39) = 0.15, $p < .05$, were both significantly non-normal. Data were transformed using log transformation for negatively skewed data (Field, 2009). Following transformation, data met assumptions for multivariate normality, and homogeneity of the covariance matrices for MANOVA analyses.

9.2.2 Data Characteristics of the Food Identity Variable

Almost half the participants identified themselves as 'food-lovers' (n = 18, 46%). Almost equal numbers of remaining participants were either 'non-foodies' (n = 10, 26%) or 'not-bothered' (n = 11, 28%), illustrated in Table 24.

Table 23 Data Characteristics and Properties of the OPMF

	M	SD	α	ρ	Range Potential	Actual	Skew
					Potential	**Actual**	
Food Activity Importance							
Shopping	7.97	2.12	-	-	1 – 10	2 – 10	-1.17**
Cooking	7.51	2.28	-	-	1 – 10	1 - 10	-0.89**
Eating	8.54	1.50	-	-	1 – 10	6 – 10	-0.42
Eating Out[1]	7.56	1.88	-	-	1 – 10	3 – 10	-0.61
Eating Healthily[1]	8.10	1.76	-	-	1 – 10	2 – 10	-1.45***
Sub-scale Total[1]	23.80	4.76	.68	.42	3 – 30	14 – 30	-0.56
Food Activity Performance							
Shopping	8.95	1.30	-	-	1 – 10	5 – 10	-1.58***
Cooking	8.13	1.85	-	-	1 – 10	2 – 10	-1.32***
Eating	9.03	1.39	-	-	1 – 10	5 – 10	-1.36***
Eating Out	8.13	1.88	-	-	1 – 10	3 – 10	-0.82*
Eating Healthily	8.08	1.56	-	-	1 – 10	4 – 10	-0.79*
Sub-scale Total	42.31	5.08	.62	.25	5 – 50	31 – 50	-0.37
Food Activity Satisfaction							
Shopping	8.26	1.65	-	-	1 – 10	4 – 10	-1.03**
Cooking	7.67	1.97	-	-	1 – 10	3 – 10	-0.80*
Eating	8.38	1.55	-	-	1 – 10	6 – 10	-0.56
Eating Out	8.23	1.77	-	-	1 – 10	3 – 10	-1.36**
Eating Healthily	7.51	1.64	-	-	1 – 10	3 – 10	-0.82*
Sub-scale Total	40.05	5.32	.60	.23	5 – 50	28 – 48	-0.50

*** p < .001, ** p < .01, * p < .05

1. Not included in Food Activity Importance sub-scale following analysis of internal consistency

Table 24   Characteristics of the Transformed 'Food Identities' Variable

Food Identity	N	Key Words	Characteristic Responses	Participants
'Food-lover'	18	Love , enjoy, important, like	'I'm a foodie really, I love food.' (Participant 001)* I'm greedy and I love my breakfast, that's my reason for getting up' (Participant 030) 'We just like growing and cooking things.' (Participant 035) '…basically we cook because we're obsessed.' (Participant 036)	001, 003, 004, 008, 009, 011, 012, 020, 022, 023, 024, 028, 030, 031, 032, 034, 035, 036
'Non-foodie'	10		'Eating is very important for every human being because one has to be nourished… I've sort of worked out a system because it suits me.' (Participant 013) 'I'm a lousy cook. I don't want to cook. Also I can't stand... the cooker' (Participant 016) 'I'd be quite happy not to eat but enjoy life in other ways.' (Participant 040)	007, 013, 015, 016, 017, 021, 025, 037, 038, 040
'Not bothered'	11	Bothered, mundane	'…you get that you can't really be bothered [with cooking]' (Participant 002) 'I used to quite enjoy cooking but I just can't be bothered these days…' (Participant 006) 'Well I suppose it [food] becomes much more mundane doesn't it? It becomes something you know you have to do because you have to eat…' (Participant 018)	002, 006, 010, 014, 018, 019, 026. 027, 029, 033. 039

*Numbers instead of names are used in this chapter to denote participants. This is consistent with the quantitative nature of the analysis. Names of participants and their corresponding numbers are presented in Appendix N.

9.2.3 Data Characteristics of the Deteriorating Health Variable

More than half of participants named a health condition that had an impact on their ability to carry out their food activities in a satisfactory way (n = 25, 64%).

Cross-tabulation of the transformed variables and socio-demographic characteristics data showed more than 20% of the cells had expected frequencies less than five. The data did not meet the assumptions for loglinear analysis, so the likelihood ratio (Field, 2009) was used.

9.3 The Relationship between Life Experiences and Food Activity Participation

The nature of the data for OMPF scores grouped by demographic characteristic is presented in Appendix O. Using Roy's largest root, there was no significant relationship between any of the demographic characteristics and the occupational performance of food activities (See Appendix P).

The nature of the data for OPMF scores grouped by deteriorating health is presented in Appendix Q. Using Roy's largest root, there was also no significant relationship between deteriorating health and the occupational performance of food activities, $O = 0.17$, F (3, 35) = 1.99, p = .13.

These results confirm the finding in the qualitative data that life experiences did not necessarily lead to a change in food activities, because participants used a range of strategies to compensate for changes in their food activities.

9.4 The Relationship between Life Experiences and Food Identity Maintenance

The cross-tabulation of socio-demographic characteristics by food identities is presented in Appendix R. Analysis using one-way ANOVA found no significant relationship between food identity group and age at interview, F (2, 38) = - 0.71, p = .50. Using the likelihood ratio, there was no significant relationship between food identity group and the other socio-

demographic variables including gender, marital status, living arrangements, and socio-economic group (See Appendix S).

A greater proportion of 'food-lovers' reported deteriorating health affected their ability to do their food activities in a satisfactory way, compared to any other group (See Figure 16). However, using the likelihood ratio, there was no relationship between deteriorating health and food identity, LR (2) = 2.40, ns.

These findings verify findings from the qualitative data that later life experiences had no consistent effect on food identities.

Figure 20 Distribution of Deteriorating Health (Yes / No) Across Food Identities
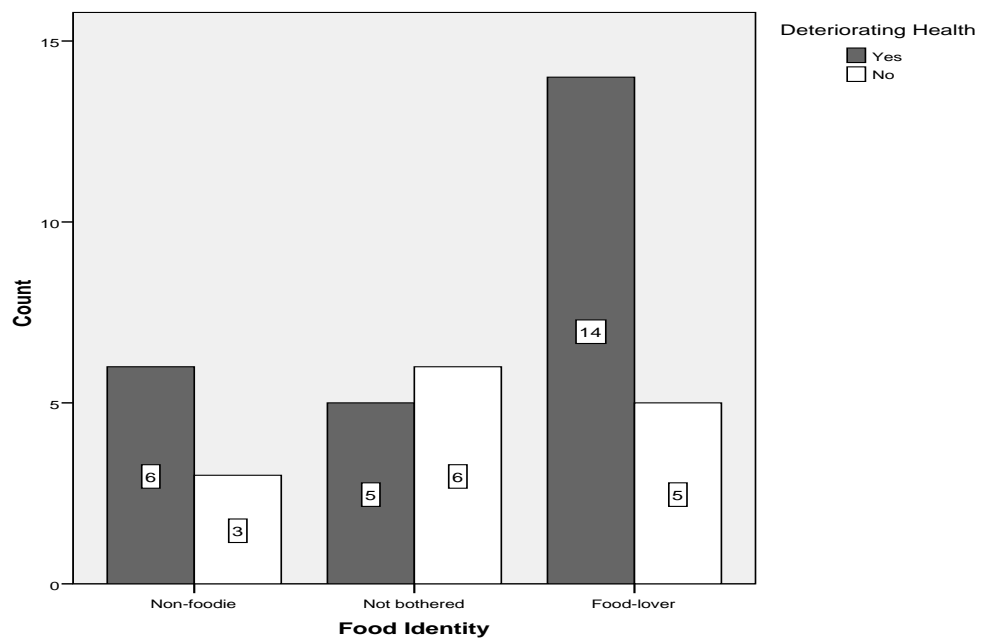
9.5   The Relationship between Food Identities and the Occupational Performance of Food Activities

As illustrated in Table 25, 'Food-lovers' had the highest mean scores for all three occupational performance domains. They also had the lowest range for Food Activity Importance. 'Non-foodies' had the lowest mean scores for Food Activity Importance and Food Activity Performance. The 'Not bothered' group had the lowest scores for Food Activity Satisfaction.

Table 25   Data Characteristics of the OPMF scores by Food Identity Group

	M	SD	Range		Skew
			Potential	**Actual**	
Food Activity Importance					
'Non-foodie'	21.40	4.99	3 – 30	16 – 29	0.23
'Not bothered'	21.46	4.18	3 – 30	14 – 27	0.72
'Food-lover'	26.56	3.48	3 – 30	18 – 30	- 1.46
Food Activity Performance					
'Non-foodie'	41.40	7.07	5 – 50	31 – 50	- 0.22
'Not bothered'	42.09	5.07	5 – 50	35 – 50	- 0.06
'Food-lover'	42.94	3.90	5 – 50	35 – 50	- 0.25
Food Activity Satisfaction					
'Non-foodie'	40.10	5.78	5 – 50	32 – 47	- 0.22
'Not bothered'	39.09	6.61	5 – 50	28 – 48	- 0.33
'Food-lover'	40.61	4.34	5 – 50	32 – 47	- 0.69

However, as illustrated in Figure 17, the 95% confidence intervals of the mean suggest the only between group difference is with Food Activity Importance.

Figure 21 Mean OPMF Subscale Scores by Food Identity

Error Bars: 95% CI

Error Bars: 95% CI

Error Bars: 95% CI
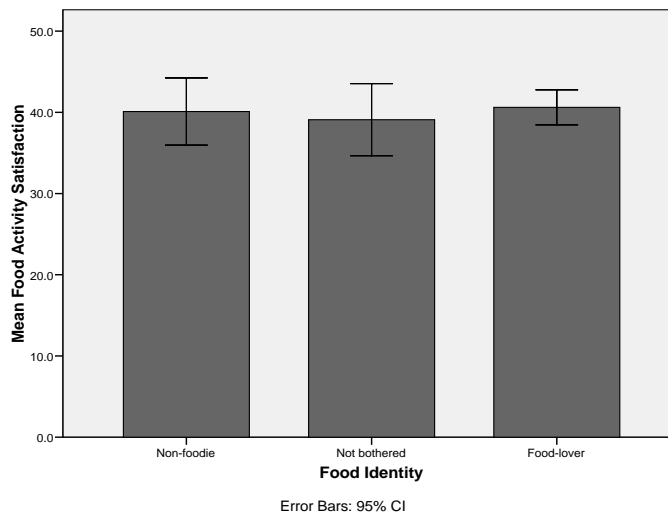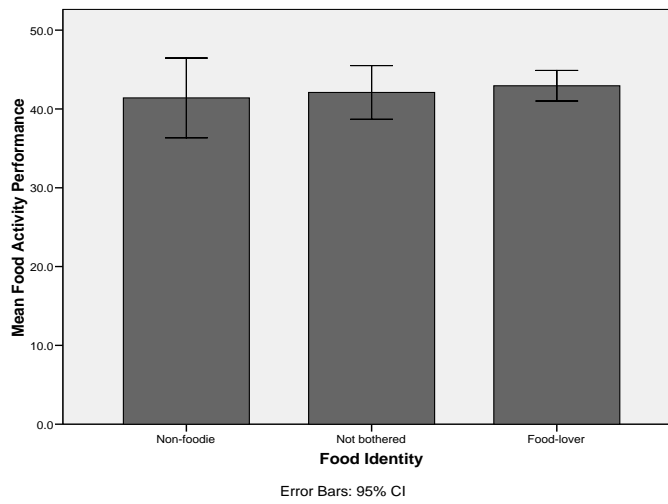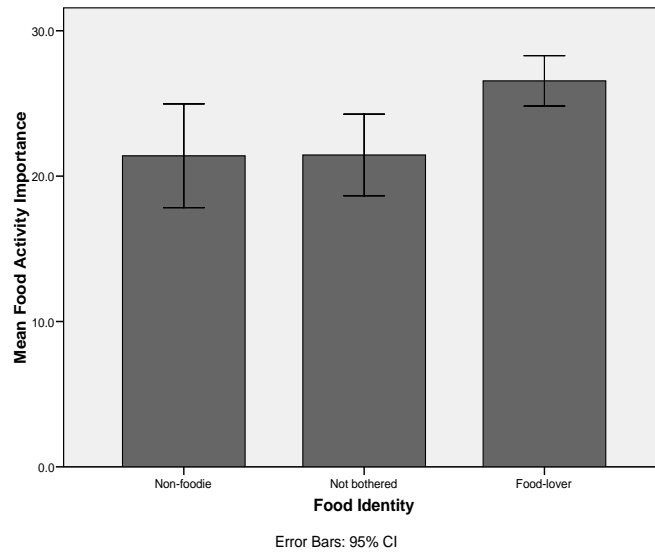
Using Roy's largest root, there was a significant relationship between food identities and the occupational performance of food activities, $O = 0.57$, F (3, 35) = 6.60, p < .01. The MANOVA was followed by discriminant analysis. This showed two discriminant functions between the food identity groups. Figure 18 illustrates the distribution of food identities and the position of the group centroids across the two functions for food activities[7]. In combination, these discriminant functions significantly differentiated between the food identity groups, $\Lambda = 0.64$, χ^2 (6) = 15.80, p < .05. The first discriminant function explained 99.5% of the variance, canonical $R^2 = .36$. The second discriminant function explained 0.5% of the variance, canonical $R^2 = .002$. The correlation between food activity scores and discriminant functions showed food activity importance loaded very strongly on the first function ($r = .94$). Food activity performance ($r = .32$) and satisfaction ($r = .97$) loaded on the second function. When the effect of the first function was removed, the effect of the second function was non-significant, $\Lambda = 1.0$, χ^2 (2) = .10, ns.

Figure 22 Canonical Discriminant Functions of OPMF Subscales by Food Identity

Canonical Discriminant Functions

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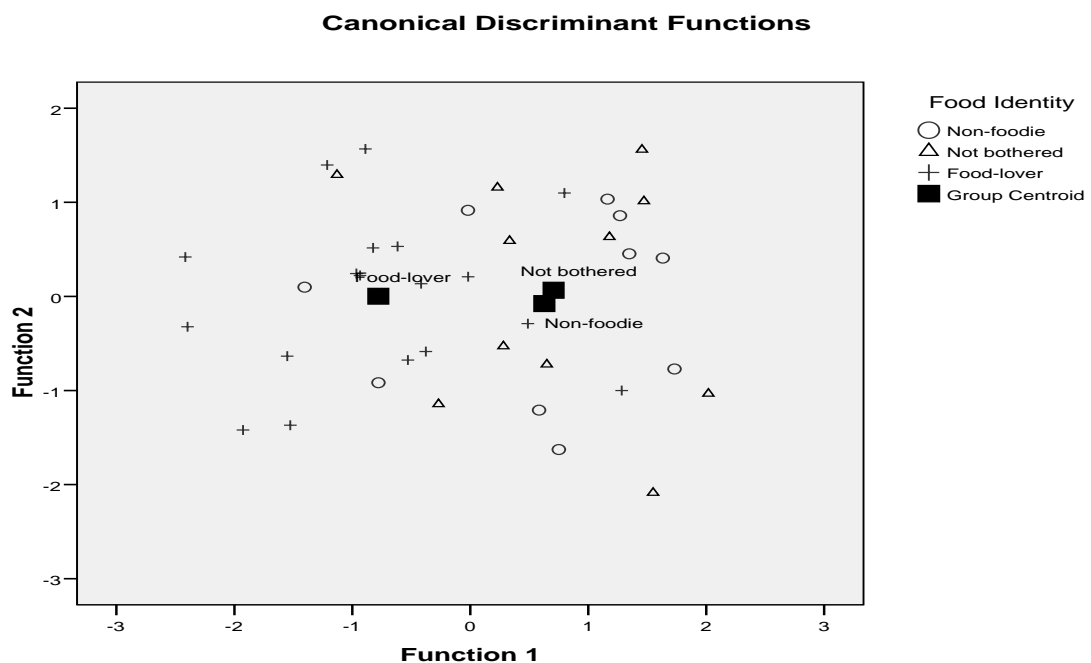
[7] The distribution of the food activity data were corrected using inverse log transformation. This reverses the direction of all relationships illustrated in Figure 17. Data interpretation was adjusted accordingly.

These results showed that the 'food-lovers' rated their food activities as significantly more important than the 'non-foodies' and 'not bothered' participants. This confirmed the finding in the qualitative data that food activities are important to 'food-lovers'.

There was no significant difference between the three groups in ratings of food activity performance or satisfaction. This suggests that older adults who are 'non-foodies' are as satisfied with their food activities as 'food-lovers'. Furthermore, a change in identity to 'not bothered' is not consistently associated with reduced ability to perform food activities, or being less satisfied with food activities.

CHAPTER 10   RESULTS OF THE Q METHODOLOGY COMPONENT

10.1 Introduction

In this chapter, the researcher first explores the possible selves of participants by presenting the findings of the Q methodology component of the study. Then the relationship between possible selves, food activities, and food identities is explored using qualitative matrix analysis. Finally, quantitative methods are used to examine the relationship between expected possible selves and food identities.

The findings of this chapter will demonstrate four different expected possible selves' viewpoints. Qualitative and quantitative analysis will also show that although 7 'food-lovers' held a hoped-for possible self as 'able to cook' there is no consistent relationship between possible selves, food activities, and food identities among the 32 other participants.

10.2 Community-living Older Adults Views of their Expected Possible Selves

10.2.1 Factor Loadings

Centroid factor analysis yielded a seven factor solution explaining 65% of the total variance. Eigenvalues ranged from 15.32 for Factor 1 to 0.02 for Factor 7, as illustrated in Table 26. The six factors with Eigenvalues > 1 were selected for rotation.

Factor rotation using varimax and theoretical rotation produced a 4 factor solution, accounting for 55% of the total variance, illustrated in Appendix T. These four factors included 33 of the 39 Q sorts. Of the six Q sorts that did not load exclusively and significantly on a single factor, five Q sorts did not load significantly on any factor. One Q sort (Jill) loaded significantly on two factors. These six Q sorts were excluded from factor interpretation.

Table 26   Final Four Factor Solution for Expected Possible Selves Viewpoints

	Factors						
	1	2	3	4	5	6	7
Before Rotation							
Eigenvalue	15.32	3.53	1.45	1.85	1.28	1.14	0.92
% Expl. Var.	39	9	4	5	3	3	2
After Rotation							
Eigenvalue	11.7	3.9	3.12	2.73	-	-	-
% Expl. Var.	30	10	8	7	-	-	-

10.2.2 Factor Arrays

The distinguishing statements for each factor are presented in Table 27. The factor array (See Table 28) illustrates the position of each Q sort item within each factor along the continuum *'Most likely'* (+ 4) to *'Least likely'* (- 4).

Table 27   Distinguishing Statements for Factors A to D

Factor		Distinguishing Statements	A	B	C	D
Factor A	33	I will lose my close friends / family	-2*	4	4	2
	19	I will be unable to do what I want to do	-1	1	0	4
	29	I will lose my spouse / partner	0	-1	-1	3
	15	I will be able to remember the things that matter	0	-2	3	-3
	9	I will be independent	2*	1	-1	-2
	16	I will be health conscious	2*	0	0	1
	7	I will have a range of interests / hobbies	3	2	-3	-2
Factor B	20	I will be a victim of crime	-3	-3*	-1	0
	10	I will have a good death	0	-1*	3	0
	9	I will be independent	2	1*	-1	-2
	7	I will have a range of interests / hobbies	3	2	-3	-2
	18	I will be unable to remember the things that matter	-1	3*	-1	4
Factor C	12	I will appreciate art / music	1	0	-3*	1
	10	I will have a good death	0	-1	3	0
	15	I will be able to remember the things that matter	0	-2	3	-3
	6	I will be financially secure	3	2	4*	1
Factor D	13	I will have a good quality of life	4	4	2	-3*
	4	I will be respected	0	3	2	-3*
	3	I will be able to do the things I enjoy	2	1	1	2*
	8	I will be loved	4	3	2	-1*
	6	I will be financially secure	3	2	4	1
	24	I will be depressed	-3	-4	-2	1*
	31	I will be unable to care for myself	-1	-1	-2	2*
	25	I will be unable to care for my spouse / partner	0	-2	0	3*
	29	I will lose my spouse / partner	0	-1	-1	3*
	19	I will be unable to do what I want to do	-1	1	0	4*
	18	I will be unable to remember the things that matter	-1	3	-1	4*

(p < .05; Asterisk * indicates significance at p < .01)

Table 28   Expected Possible Selves Factor Arrays for Factors A to D

	Statements	A	B	C	D
1	I will be trusted	1	1	2	0
2	I will be helpful	1	0	1	2
3	I will be able to do the things I enjoy	2	1	1	2
4	I will be respected	0	3	2	-3
5	I will be a good parent	2	2	1	-1
6	I will be financially secure	3	2	4	1
7	I will have a range of interests / hobbies	3	2	-3	-2
8	I will be loved	4	3	2	-1
9	I will be independent	2	1	-1	-2
10	I will have a good death	0	-1	3	0
11	I will be in touch with my feelings	1	-1	1	-1
12	I will appreciate art / music	1	0	-3	1
13	I will have a good quality of life	4	4	2	-3
14	I will be motivated	3	0	1	-1
15	I will be able to remember the things that matter	0	-2	3	-3
16	I will be health conscious	2	0	0	1
17	I will have a comfortable home	1	2	3	3
18	I will be unable to remember the things that matter	-1	3	-1	4
19	I will be unable to do what I want to do	-1	1	0	4
20	I will be a victim of crime	-3	-3	-1	0
21	I will be able to cook	0	0	0	0
22	I will be blind / deaf	-2	-2	-3	-1
23	I will be incompetent	-3	-1	-2	-2
24	I will be depressed	-3	-4	-2	1
25	I will be unable to care for my spouse / partner	0	-2	0	3
26	I will be unable to walk independently	-1	0	-1	0
27	I will be destitute	-4	-4	-4	-4
28	I will be offensive	-4	-3	-4	-4
29	I will lose my spouse / partner	0	-1	-1	3
30	I will have a serious illness	0	1	0	0
31	I will be unable to care for myself	-1	-1	-2	2
32	I will be useless to others around me	-2	-3	2	1
33	I will lose my close friends / family	-2	4	4	2
34	I will be in a nursing home	-1	-2	0	2
35	I will be unable to cook for myself	-2	0	-1	0

10.2.3 Consensus Statements

The statements that did not distinguish between any pairs of factors were:

1. I will be trusted

17. I will have a comfortable home

21. I will be able to cook

22. I will be blind/ deaf

27. I will be destitute

28. I will be offensive

10.3 Factor A: 'Busy, Active, and Socially Connected'

10.3.1 Factor Characteristics

Factor A had 21 significantly loading Q sorts and explained 30% of the variance. It had an eigenvalue of 11.7. The average age of participants was 74.14 (SD = 7.77), but ranged from the youngest (Age = 61) to oldest (Age = 89) participants in this study. This factor included both men (19.0%, N = 4) and women (81.0%, N = 17). More than half of participants were widowed (57.1%, N = 12) or divorced (19.0%, N = 4). As a result, most were either living alone (70.6%, N = 15) or in an inter-generational household (23.8%, N = 5).

10.3.2 Distribution of Hoped-for and Feared Possible Selves

Participants who expected most to be 'Busy, active, and socially connected' had strong expectations of achieving their hoped for possible selves, and equally strong expectations of avoiding their feared possible selves. This is evident in the clear distribution of hoped-for selves on one side of the sorting grid (neutral 0 to most likely + 4), and feared selves on the opposite side of the sorting grid (neutral 0 to least likely – 4), as illustrated in Figure 19. As a result, these participants viewed a good quality of life as 'most likely'.

Figure 23 Factor A: Distribution of Hoped-for and Feared Possible Selves

+ 4	+ 3	+ 2	+ 1	0	- 1	- 2	- 3	- 4
8	6	3	1	4	18	22	20	27
13	7	5	2	10	19	32	23	28
	14	9	11	15	26	33	24	
		16	12	21	31	35		
			17	25	34			
				29				
				30				

Hoped-for Possible Selves

Feared Possible Selves

Item 13: 'I will have a good quality of life

10.3.3 Factor Interpretation

A 'Busy, active, and socially connected' possible self in later life meant expecting most to have a good quality of life (13: + 4)[8] based on optimistic expectations of achieving hoped-for possible selves. These participants expected to have a range of interests and hobbies (3: + 2; 7: + 3; 12: + 1); be loved within a wide social network that included family and friends (8: + 4; 5: + 2; 33: - 2), even though most participants lived alone (25: 0; 29: 0); and be financially secure and safe (6: + 3; 17 + 1; 20: - 3; 27 - 4). Both interests and social connections were equally important. As Rupert, who never married and lived alone confirmed *'I spend my life on interesting hobbies, which keeps me going...'* while Wanda who was widowed and living alone confirmed *'I will be loved, I certainly hope that, that keeps me alive'*.

Participants who expected to be 'Busy, active, and socially connected' also expected to remain independent with everyday activities (9: + 2; 21: 0; 35: - 2) and be health conscious (16: + 2). As Sharon commented *'To lose my independence to me would be catastrophic... If you're not independent, to me, you wouldn't have a good quality of life'*. However, these participants had not dismissed the idea of being physically unwell (22: - 2; 26: - 1; 30: 0), or losing their memory (15: 0; 18 – 1). This would mean being unable to care for themselves (31: - 1; 34: - 1); being unable to do the things they want to do (19: - 1); and ultimately, death (10: 0).

These feared possible selves were '*neither here nor there, because that's outside one's...control'* as highlighted by Wanda. Depression, however, was viewed as something within their control, and was not an expected possible self at all (24: - 3). Similarly, being offensive (29: - 4) or useless to others (32: - 2) would only occur if they became completely mentally incompetent (23: - 3), all of which were highly unlikely possible selves. As a result, these participants remained motivated to *'get up in the morning'* (14: + 3) because *'If I'm not motivated, you don't do anything'* (Edna).

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[8] This notation shows (Statement Number: Factor Array Position). In this factor, Item 13 'I will have a good quality of life' was rated as 'Most likely', and thus had a factor array position of +4.

10.4 Factor B: 'Being Interdependent'

10.4.1 Factor Characteristics

Factor B had 6 significantly loading Q sorts and explained 10% of the variance. It had an eigenvalue of 3.9. The average age of participants was 74.00 (SD = 6.13), ranging from 65 to 82 years. Factor B included both men (33.3 %, N = 2) and women (66.7%, N = 4). Participants were equally likely to be either married and living in a couple (n = 3), or divorced (N = 1), widowed (N = 1), or never married (N = 1), and therefore living alone (n = 3).

10.4.2 Distribution of Hoped-for and Feared Possible Selves

Participants who expected most to be 'Interdependent' had strong expectations of losing their close friends and family (33: +4) and of being unable to remember the things that matter (18: + 3). Although these are negative expectations, these were not feared possible selves. Instead, they were viewed as an inevitable consequence of ageing. Almost all hoped-for possible selves were distributed on one side of the sorting grid (neutral 0 to most likely + 4), and feared selves on the opposite side of the sorting grid (neutral 0 to least likely – 4), as illustrated in Figure 20. As a result, these participants viewed a good quality of life as 'most likely'.

Figure 24 Factor B: Distribution of Hoped-for and Feared Possible Selves

+ 4	+ 3	+ 2	+ 1	0	- 1	- 2	- 3	- 4
13	4	5	1	2	10	15	20	24
33	8	6	3	12	11	22	28	27
	18	7	9	14	23	25	32	
		17	19	16	29	34		
			30	21	31			
				26				
				35				

Legend:
- ▦ Hoped-for Possible Selves
- ▢ Feared Possible Selves
- ▩ Item 13: 'I will have a good quality of life

10.4.3 Factor Interpretation

'Being interdependent' as an expected possible self was related to participants' current and expected future life roles as a spouse (29: - 1; 25: - 2), a parent (5: + 2), and part of an extended family. As a result, being interdependent was far more important than being independent, when compared to those in Factor A (9: + 1). '*For a start, I doubt if anybody's independent in any case. I'm certainly not*' (Jack). Being interdependent within a family meant participants expected possible selves included being loved, respected, and useful to others (4: + 3; 8: + 3; 32: - 3). These were more important than either doing things they enjoyed (3: + 1; 7: + 2; 21: 0), or being financially secure and safe (6: + 2; 17: + 2; 20: - 3; 27: - 4). For participants in this factor, parenting never ended. This was confirmed by Martha: '*You certainly don't give up being a parent when they leave home believe you me... No, no, no, you have children for life. Go on, anybody who doesn't think that, you know, well you'll have a very quiet old age*'. Those who were not married, or did not have children, expected to have good relationships with their extended family.

Because their relationships were so important to them, they were most aware of the inevitability of losing their close friends (33: + 4). However, participants viewed this loss as inevitable, rather than dreaded, as confirmed by William. '*Dread [is] not a word I would use for that because it's inevitable. You can't stop that happening so I don't dread it, it will happen and it has already happened*'. They were also more concerned about the impact their own death would have on their family, rather than their own experiences of death (10: - 1). These participants had strong expectations of cognitive decline (15: - 2; 18: + 3). Furthermore, they did not dismiss the possibility of having a serious or debilitating physical illness (22: - 2; 26: 0; 30: + 1). In fact, for some this was already a reality. What is most important to note is that these participants did not dread these feared, but expected, possible selves. Being inter-dependent meant these participants did not expect to be completely dependent on others (23: - 1; 31: - 1; 34: - 2; 35: 0) or be unable to do the things they wanted to do (19: + 1). Instead, they would also still be able to make a valuable contribution to family relationships (32: - 3) regardless of their health status. As a result, they expected to avoid depression (24: - 4) if and when these feared possible selves became a reality. Therefore, despite having more negative expected possible selves than Factor A's participants, they retained an equally strong expectation for a good quality of life (13: + 4).

10.5 Factor C: 'Being Self-Sufficient'

10.5.1 Factor Characteristics

Factor C had two significantly loading Q sorts. It explained 8% of the variance and had an eigenvalue of 3.12. Both participants were women of similar age (M = 68.50, SD = 0.71). One woman was widowed and living alone, while the other was married.

10.5.2 Distribution of Hoped-for and Feared Possible Selves

Participants who expected most to be 'Self-sufficient' demonstrated a mixed distribution of expectations of achieving their hoped-for and feared possible selves, evident in Figure 21. Although most of their hoped-for selves fell on the *'most likely'* side of the sorting grid (0 to + 4), they also showed higher expectations of their feared selves becoming a reality, when compared to participants loading significantly on Factors A and B. This may explain their lower, but still positive, expectations of a good quality of life.

Figure 25 Factor C: Distribution of Hoped-for and Feared Possible Selves

+ 4	+ 3	+ 2	+ 1	0	- 1	- 2	- 3	- 4
6	10	1	2	16	9	23	7	27
33	15	4	3	21	18	24	12	28
	17	8	5	19	20	31	22	
		13	11	25	26			
		32	14	30	29			
				34	35			

Legend:
- ▓ Hoped-for Possible Selves
- ░ Feared Possible Selves
- ▓ (dark) Item 13: 'I will have a good quality of life

10.5.3 Factor Interpretation

Participants who expected to be 'Self-sufficient' expected to be independent of others – financially, emotionally, and physically. These participants had the strongest expectations of

financial security (6: + 4; 27: - 4), and so they expected to be safe (20: - 1) and have a comfortable home (17: + 3). In spite of their expectations of financial security, these two participants did not expect to have a range of interests and hobbies in later life (7: - 3; 12: - 3), like participants in Factor A. Instead, they had low expectations of being either motivated (14: +1), or able to do enjoyable activities (3: +1; 19: 0).

These participants also did not expect to have the same strong family connections (5: + 1; 25: 0) as those in Factor B. Instead, they had strong expectations of losing their close friends and family (33: +4). As a result they expected to be useless to others (32: +2). However, because they expected to be self-sufficient, they still expected to be trusted, respected, and valued (1: + 2; 4: + 2; 8: + 2). This was the only group of participants who specifically related death to their own spirituality, as was evident in Phyllis's interview. '*Well it depends what point you start, begin, start death, I mean when is death… before or after?...Well I'll start by saying I'm a Christian and I expect you know what that implies…*'. This meant that they expected to have a good death (10: +3).

Like participants in Factors A and B, they did not dismiss the possibility of having a serious illness (30: 0). However, they did not expect this to include sensory loss (22: - 3), loss of their mobility (26: - 1), or a decline in their cognitive abilities (15: + 3; 18: - 1; 23: - 2; 28: - 4). This meant they still expected to be able to care for themselves (31: -2; 34: 0; 35: -1), and be relatively independent (9: - 1), and so avoid becoming depressed (24: - 2). Being health conscious was not important (16: 0).

Being independent, and therefore self-sufficient, was an important component to a good quality of life. It meant not being a burden, or relying on others. This was confirmed in Nancy's interview. '*[Being independent] means I can look after myself and I'm not a nuisance to anybody...Having a good quality of life means being independent and looking after myself*'. These participants' expectations of financial security, relatively good health, and a good death, supported their expectations of a good quality of life. However, their expectations of a good quality of life were lower than the viewpoints expressed in either Factor A or Factor B (13: + 2).

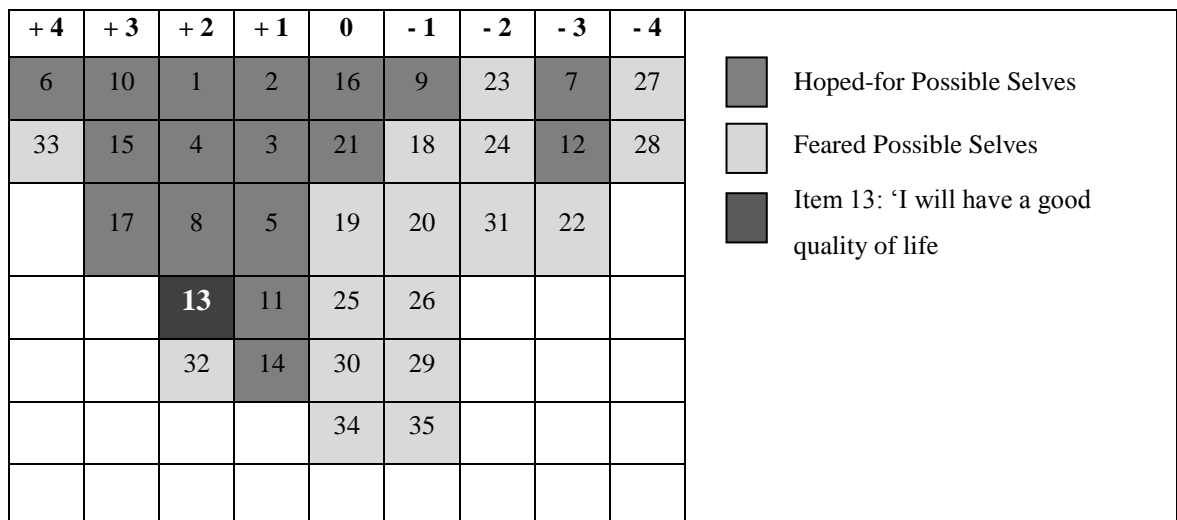## 10.6 Factor D: 'Bored, Lonely and Dependent'

10.6.1 Factor Characteristics

Factor D had four significantly loading Q sorts. It explained 7% of the study variance, and had an eigenvalue of 2.73. Participants in this factor were older than all of the other factors both in average age (M = 79.50, SD = 5.92) and age range (71 to 84 years). All of participants with this viewpoint were women. Two were married, one was divorced but lived with her partner, and one had never married. Only the participant who never married lived alone.

10.6.2 Distribution of Hoped-for and Feared Possible Selves

Participants who expected most to be 'Bored, lonely, and dependent' demonstrated the highest expectations of their feared possible selves, and the lowest expectations of their hoped-for possible selves, becoming a reality. This is particularly evident in the large number of feared possible selves items on the *'most likely'* side of the sorting grid (neutral 0 to most likely + 4), evident in Figure 22. As a result, they viewed a good quality of life as least likely.

Figure 26 Factor D: Distribution of Hoped-for and Feared Possible Selves

+ 4	+ 3	+ 2	+ 1	0	- 1	- 2	- 3	- 4
18	17	2	6	1	5	7	4	27
19	25	3	12	10	8	9	**13**	28
	29	31	16	21	11	23	15	
		33	24	30	14			
		34	32	20	22			
				26				
				35				

Legend:
- Hoped-for Possible Selves
- Feared Possible Selves
- Item 13: 'I will have a good quality of life

10.6.3 Factor Interpretation

These participants expected a poor quality of life in the future (13: - 3) because they expected many of their dreaded possible selves to become a reality. Their negative expectations were reflected in the distribution of the most dreaded items towards the 'most likely' side of the factor distribution, in comparison to the other factors. The participants who expected to be 'Bored, dependent, and lonely' did not expect to be able to do the things they wanted to do, or enjoyed (3: + 2; 7: - 2; 12: + 1; 19: + 4). The reasons for being unable to participate in valued activities varied. For example, Margaret's role as full time carer for her husband, restricted her: '*Beforehand, before my husband was incapacitated, and I could go out when and where I liked, I enjoyed shopping very much... I'd love to do all the shopping, but I can't get out'.* Marjory had become more socially isolated as friends her own age stopped participating in community activities, and since she had stopped driving: '*[In our community group] a lot of people have dropped out, of my friends, I mean we've got, still got about 200 people there, but a lot of people have dropped out because of their age, the same age as me mind you.'.* As a result, these participants expected to be bored and unmotivated (14: - 1).

These participants also expected to be dependent (9: - 2; 21: 0; 31: + 2; 35: 0) and possibly need residential or nursing care (34: + 2). This was confirmed by Victoria, '*You think twice about something like 'you'll be in a home'. And that may happen and it's nothing I would look forward to but it might be the only thing'.* Participants' expectations of boredom and dependency were related to their low expectations of financial security (6: - 1; 20: 0) and the highest expectations of cognitive decline across the four factors (15: - 3; 18: + 4). Poor physical health was also a possibility (22: - 1; 26: 0; 30: 0), although being completely destitute was not (17: + 3; 27: - 4). Being dependent meant losing the trust and respect of other people (1: 0; 4: - 3): '*I think if you're dependent on people you're not very well respected, it's really the opposite'* (Marjory). It also meant being unable to care for others (5: - 1; 25: + 3; 32: +1).

Their expectations of boredom and dependency were exacerbated by their expectations of being lonely. Those who were married or in a partnership expected to lose their spouse or partner (29: + 3), while the participant who lived alone expected to lose, and had already lost, her close friends and family (33: + 2). As a result, they expected least, in comparison to the

other factors, to be loved or cared for (8: - 1). This was already a reality for some participants, as demonstrated by Marjory: *'I don't really have any close family. My brother, I hardly ever speak to him, I know he's there...Close friends, well they're sort of falling away because they're also getting older...I don't know who loves me now. People care, they show care for me...I have no close friends and family as far as I know'*. This lack of social contact increased the likelihood of becoming depressed (24: + 1). On the other hand, these participants could not expect to be completely incompetent (23: - 2): There would be no one else to help them with their essential activities of daily living.

10.7   The Inter-relationship between a Hoped-for Possible Self as 'Able to Cook', Expected Possible Selves, and Food Identities

Watts and Stenner (2012) cautions against interpretation of a single item in factor array. However, the position of the item 'I will be able to cook' (21: 0) across all four factors, and its position as a consensus statement ($p < 0.5$), suggests this is not an important possible self for the older adults in this study.

This was explored further by using food identity as a grouping variable to examine the relationship between food identities, expected possible self viewpoint, and the possible self 'I will be able to cook', using a coding matrix (Miles and Huberman, 1996). Five columns along the first axis included the four expected possible selves factors, and a fifth column for the six Q sorts that did not load significantly on any factor. Three columns along the second axis included the three food identities: 'Food-lover', 'non-foodie' and 'not bothered'. Three themes of hoping to cook, not hoping to cook, and dreading dependence were evident in the analysis.

There was no consistent relationship between food identity, a possible self as able or unable to cook, and expected possible selves viewpoints, for the 26 interviews (67% of participants) in which qualitative data was available. The results are summarised in a Table 29.

Table 29   The Inconsistent Relationship between Food Identities, Expected Possible selves, and Hoped-for Selves

Expected Possible Selves	Food-lover	Non-foodie	Not Bothered
Busy, Active and Socially Connected	**Hoping to Cook:** Bettie, Sharon, Peter **Not Hoping to Cook:** Dorothy	**Not Hoping to Cook:** Rupert, Wanda, Linda Insufficient data	**Not Hoping to Cook:** Helen, Anne, Ruth, and Barbara **Dreading Dependence:** Edna, Marjory, and Howard
Interdependent	**Not Hoping to Cook:** Jack, Carol, William, Gloria	NA	Insufficient data
Self-sufficient	NA	**Not Hoping to Cook:** Nancy	**Not Hoping to Cook:** Phyllis
Bored, lonely and dependent	NA	**Not Hoping to Cook:** Victoria	**Dreading Dependence:** Marjory
No significant factor	**Hoping to Cook:** Sarah, Daphne, Martha, and Jill	NA	Insufficient data

10.7.1 'Food-lovers' who Hoped to Cook

The theme 'Hoping to cook' was only evident for 'food-lovers' who did not load on any significant factor (Sarah, Daphne, Martha, and Jill) and three of the nine food-lovers who hoped to be 'Busy, active, and independent (Bettie, Sharon, Peter). These 'food-lovers' hoped to be able to cook because of the pleasure they associated with their food activities, and because cooking was central to their hoped-for independent selves. Food also played an important role in their social relationships, whether they were married or not, and so was related to their hopes to be loved. Bettie '*couldn't bear not cooking for myself...*', Sarah hoped to be '*able to do the things I enjoy, eating out with friends, [and] my interest's cooking*'. As a result, these participants also hoped to cook independently. '*I do value my independence a great deal… I wouldn't like to not be able to… stand and cook… so I'm not dependent on other people*' (Bettie); and '*I do hope I can cook*' (Martha). Whether they enjoyed cooking or not, being unable to cook was '*unbearable*'. Daphne initially said '*I don't enjoy cooking*', but later explained why '*being able to cook*' was important to her. Note the importance of choice and of cooking to be '*an independent person*' in her interview.

I think that is important because only you know what you want to eat really. Sometimes it's lovely when people cook for you very nicely, but most often it's important as you get older and if you've lived on your own and you're an independent person for many years, it's important that you eat what you want. I realise that now. I recently had a friend staying, who wanted to cook for me and I didn't always want what [she had cooked]. And I visit someone who always cooks for me, and I don't always want it and I have to eat it… so that does become important.

Cooking independently also interacted with hoped-for possible selves as an older adult with a good quality of life, described by four 'food-lovers', because *'if you're not independent, to me you wouldn't have a good quality of life'* (Sharon). Similarly, *'a good quality of life will mean that I am living in a comfortable home, being able to cook, enjoy my friends, and have hobbies and things of interest.'* (Sarah); and *'[Being independent means] looking after myself I suppose. Cooking, walking, being about, being able to shop, being able to look after myself, and you [referring to husband] as well, both of us really.'* (Jill). For Peter, Jill's husband, being *'inter-dependent'* was more important, but also included growing and cooking their own food so that they were *'independent of other people'*. Eating was also related to a good quality of life by Daphne, even though she viewed cooking as less important. Finally, being a 'foodie' also intersected with hoped-for selves as financially secure, evident in Sharon's hope to have *'enough [money] to put good food on the table and pay the bills, be able to cook.'* (Participant 023).

10.7.2 Not Hoping to Cook

Many participants did not hope to be able to cook in the future. The reasons for not having this hoped-for possible self differed according to participants' identities as 'food-lovers', 'non-foodies', and 'not bothered'.

10.7.2.1   'Food-lovers' who did not hope to be able to cook

There was no relationship between a hoped-for possible self as 'able to cook' and a 'food-lover' identity for four of the five 'food-lovers' whose Q sorts loaded significantly on Factor B (Jack, Carol, William, Gloria) and one participant whose Q sort loaded significantly on

Factor A (Dorothy). *'Hoping to cook'* was not a hoped-for possible self for these 'food lovers' because they expected to either be inter-dependent with their spouses, or have access to other meal services such as Meals on Wheels. They could continue enjoying their food regardless of their ability to cook.

These participants were also indifferent towards cooking independence because they viewed cooking dependence as *'unlikely',* as illustrated by Carol: *'I think I'll always be able to cook. Whether I want to is another issue. I expect I will always be able to cook for myself.'.* William, who was married, was indifferent to cooking as a future self, because he expected his wife to continue cooking for him. *It's probably not gonna happen that I have to learn to cook, unless my wife dies and I have to… my wife does it, she's six years younger than me so with a bit of luck she'll live longer'.* Two widows did not dread being unable to cook, because of community services, like Meals on Wheels. *'[Being able to cook is] not one of the major things in my life really… Now of course there are Meals on Wheels…'* (Dorothy).

Similarly, Jack noted *'[It is] quite likely [I won't be able to cook] but I don't dread it… I expect it will come I suppose… There's always Meals on Wheels.'.* Gloria was also married. She gained pleasure from cooking despite multiple health problems, because *'I do most [of the cooking], but Andrew [pseudonym] does as well… to help me, really just to help me. If I don't feel like cooking, you know, he will.'.* William, Gloria and Jack also talked about the importance of interdependence.

10.7.2.2 'Non foodies' who did not hope to be able to cook

'Non-foodies' emphasised how unimportant cooking was to an independent self. Linda, who lived with her husband, described being unable to cook as something that *'doesn't worry me'.* Wanda, a widow who lived alone, was more emphatic, *'[Being able to cook] is not an absolute necessity with me...[Being] unable to cook for myself, that's neither here nor there as far as I'm concerned... I couldn't care less'.* For Rupert, a single man who lived alone, being able to shop independently was preferable to relying on others, *'[Being independent] means I don't have to rely too much on other people, like shopping… I would prefer not to rely on other people.'.* However, shopping independently was not a necessity for him either, because he ordered ready meals from a delivery company. These 'non-foodies' were

indifferent towards cooking as an independent possible self, because of their views that food activities were unimportant.

10.7.2.3 'Not bothered' participants who did not hope to be able to cook

Helen, Anne, Ruth, and Barbara were four 'not bothered' women who also viewed cooking independently as unimportant. Helen did not think preparing meals was part of being independent, but hoped to *'still be able to feed myself'*. Anne expected to continue being 'not bothered' about her cooking, *'I don't bother about cooking, I shall buy my microwave meals (laughs)…'*. However, Anne and Ruth also felt they had no control over their future health and independence. When asked if she expected to be able to cook in the future, Ruth sighed and replied *'Again it's totally um, you know, it's something I've just got no control over'*. Having a variety of interests, and being about to get out and about were essential for a good quality of life for Ruth and Phyllis, instead of food activities being part of a possible self as an independent older adult with a good quality of life.

10.7.3 Dreading Dependence as a Feared Possible Self for 'Not Bothered' Participants

Edna, Marjory, and Howard were participants who dreaded being dependent with their food activities. Edna and Howard still expected to be 'busy, active and socially connected', even though they were 'not bothered' about their food activities. Marjory was the one 'not bothered' participant who expected to be 'bored, lonely and dependent'.

All three of these participants lived alone, and all talked about the critical nature of independence. Howard lived alone on the third floor of his building. He found going up and down the stairs increasingly difficult, but moving home was not an option as he was living on a fixed rent. He could not afford to pay the current market rate for a ground floor flat. In his interview, he emphasised *'I <u>have</u> to be independent, doesn't matter about I will be, I <u>have</u> to be, there's no one else... Living up here on my own, if I wasn't independent [with my shopping] I would be in trouble.'*. He also spoke about cooking. *'If I can't cook, I'll starve, so I'll have to be able to cook.'*. Similarly, Marjory, who was single, highlighted *'Nobody else does [my shopping], so in that sense I am completely independent, but I would like to have*

some help (laughs)…I could do sometimes with some help [with cooking]'. It was evident in her interview that she did not have any other social support. Edna, who was widowed, dreaded being unable to prepare her own meals, because this would mean she was unable to care for herself.

Edna and Marjory talked about how being dependent in their food activities would lead to the loss of respect. Marjory spoke about loss of respect from others. *'[Being unable to cook for myself] … means you're dependent on other people… I think if you're dependent on other people you're not very well respected, it's really the opposite'*. For Edna, the issue was the loss of self-respect. *'If you're unable to care for yourself, you're losing your independence and you're losing your self-respect if somebody has to come in and do things for you. And then that would cause you to be depressed...'*. For these three participants, the consequences of realising this dreaded possible self as 'dependent' were being *'in trouble'*, *'starving'*, and loss of respect.

10.8 The Relationship between Expected Possible Selves and Food Activities using Quantitative Methods

Analysis using Roy's largest root found no significant relationship between expected possible selves and the occupational performance of food activities, $F(3, 29) = 2.19$, $p = .11$.

This confirms the finding from the Q sorts and the qualitative matrix analysis that there is no relationship between expected possible selves viewpoints and food activities.

## 10.9 The Relationship between Expected Possible Selves and Food Identities using Quantitative Methods

Analysis using the likelihood ratio found a significant relationship between older adults' expected possible selves viewpoints and their food identities, $LR(6) = 14.07$, $p = 0.049$. The distribution of food identities across the four expected possible selves viewpoints is illustrated in Figure 23.

The distribution of food identities across the possible selves' viewpoints shows all 'food-lovers' expected to be either 'Busy, active and socially connected', or 'Interdependent'. However, there is no difference in expectations of achieving hoped-for possible selves or having a good quality of life between participants who maintained their lifelong food identities ('food-lovers' and 'non-foodies') and participants who had become 'not bothered'.

This confirms the findings from the qualitative matrix analysis that there is no consistent relationship between expected possible selves viewpoints and food identities.

Figure 27 Distribution of Food Identities across Expected Possible Selves Factors
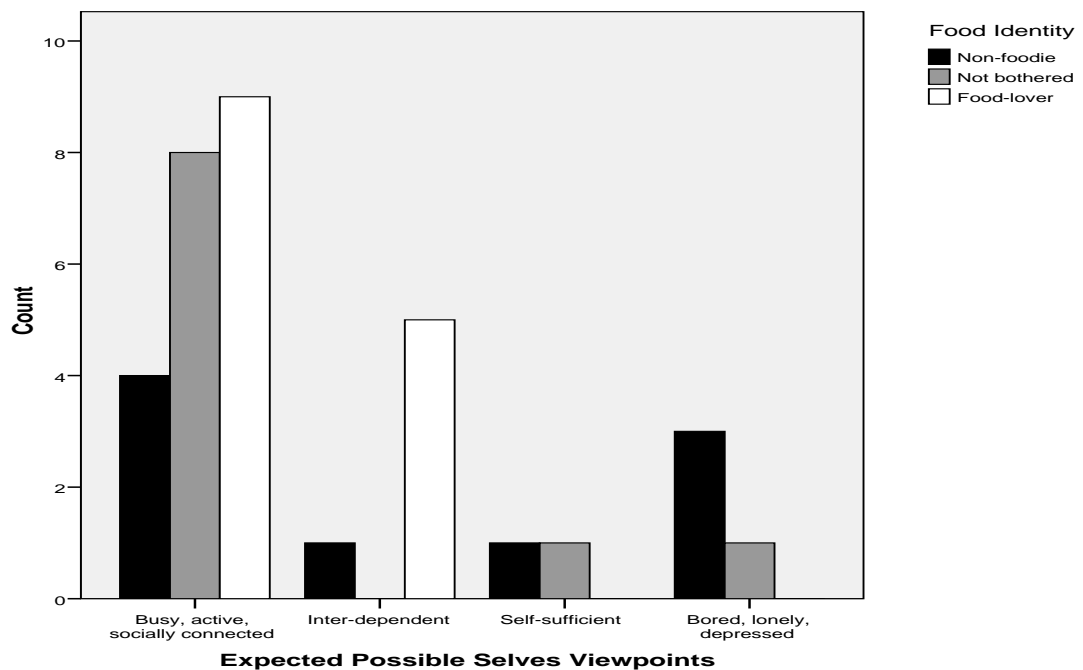
10.10 Data Triangulation

As highlighted in Chapter 3, this study used between methods triangulation to compare, verify, elaborate and integrate the data from three components. Figure 24 illustrates a summary of the findings from the between methods triangulation.

This study found a relationship between food activities and maintenance and change in food identities in the qualitative and quantitative analysis.

This study also found no consistent relationship between life events and a change in food activities or food identities in either the qualitative or the quantitative components.

There was no consistent relationship between food identities and expected possible selves in the integrated qualitative, quantitative and Q methodology findings.

Figure 28 Triangulation of Inter-relationships between Food Activities, Maintenance of Food Identities, Life Events, and Expected Possible Selves
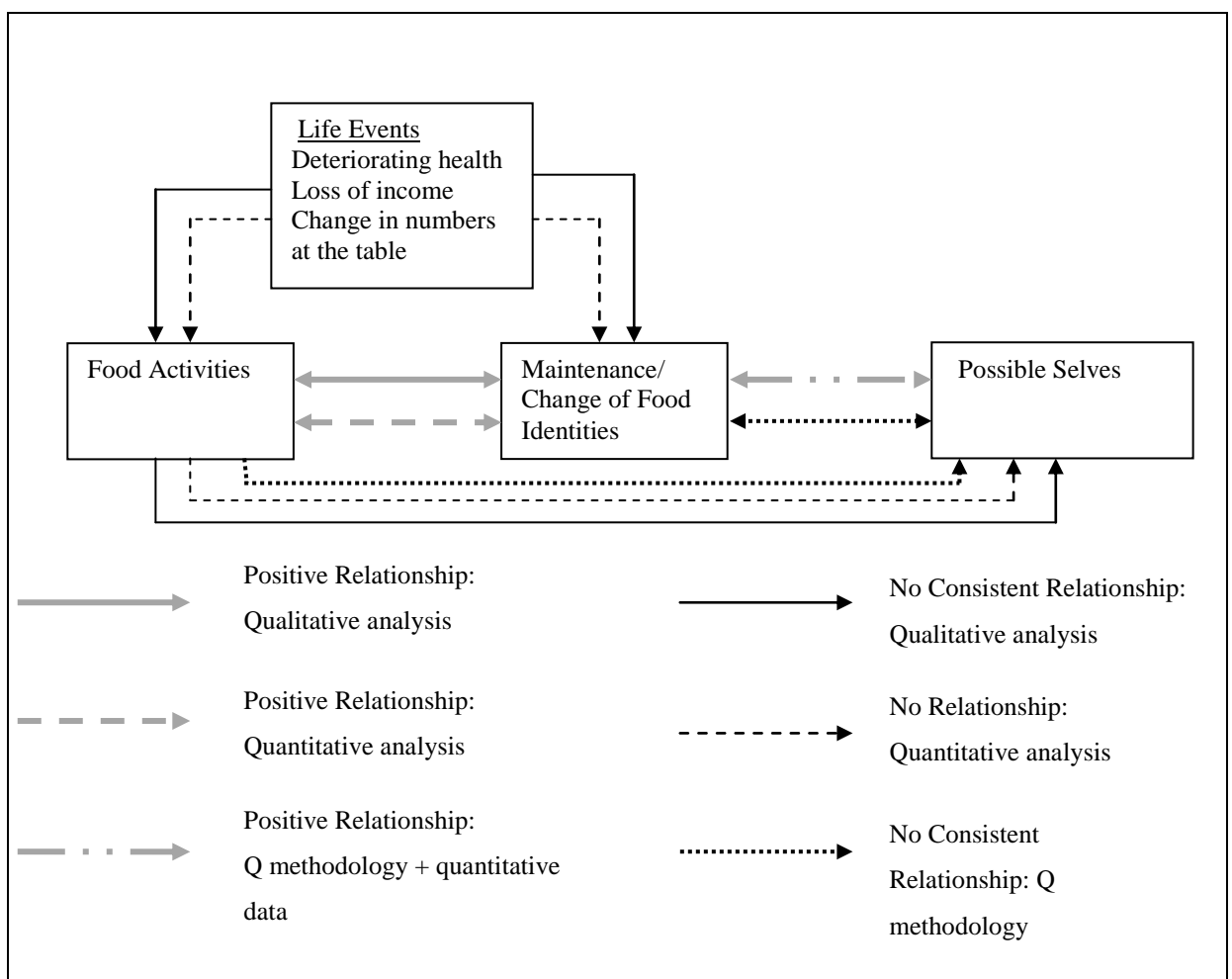
CHAPTER 11   DISCUSSION

11.1 Introduction

This study used a concurrent mixed methods design from a pragmatist perspective to explore the relationship between food activities and maintenance of identities among community-living older adults in West London, United Kingdom. The findings of this study, illustrated in Figure 25, suggest a dynamic relationship between food activities and identity maintenance, that is evident in the three processes of 'Participation and maintenance', 'Threat and compensation', and 'Changing meaning and identity'.

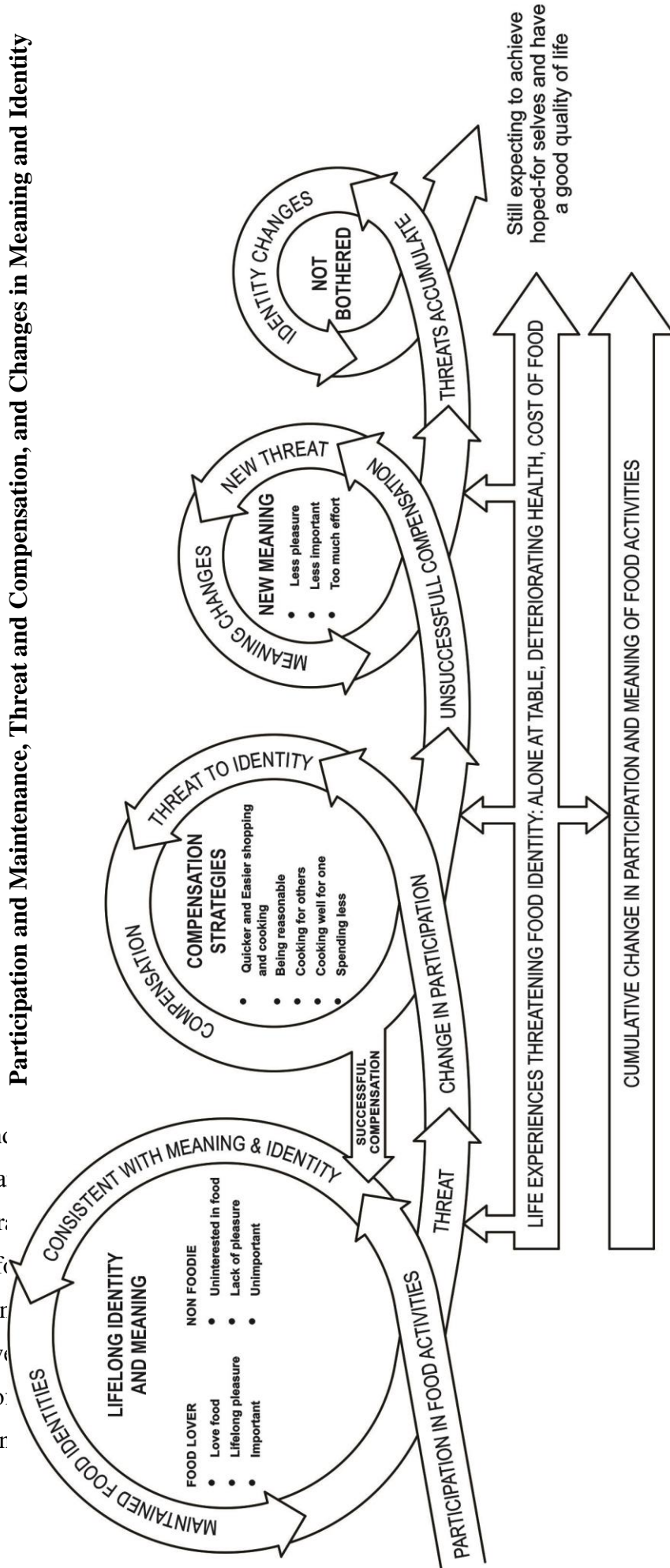Participants' life-long identities as either 'food-lover' or 'non-foodie' were maintained by participating in food activities in a way that was consistent with the meaning of their food activities and their food identity. These food identities contained many different past and present selves in the pleasure, social, health, and moral domains. Although a hoped-for possible self as 'able to cook' was evident in seven 'food-lovers' interviews, there was no consistent pattern of hoped-for or feared possible selves within the other 32 participants' food identities. Food identity is therefore defined as a composite sense of who one is based on past and present participation in food activities. This echoes Kielhofner's (2002) definition of occupational identity, but does not include reference to the future selves that were included in that definition.

This study also found that the transitions and losses that change food activity participation in later life include deteriorating health, being alone at the table, and a loss of income. Some older adults continued to participate in food activities in a meaningful way, by compensating for these changes. When compensation was successful, food activities continued to maintain food identities. An accumulation of losses led to changes in the meaning of these activities, and threatened food identities. Consequently, some older adults developed a new food identity as 'not bothered'.

The finding that most participants expected to achieve their hoped-for possible selves and have a good quality of life in the future, suggests maintenance of food identities is not essential for mental wellbeing in later life. This chapter presents a discussion of these findings, and an evaluation of the study methods.

The ... suggests a
con... ice based on a
grou... 1999) define
foo... ractices of food
and ... ve in

Figure 25 The Relationship between Food Activities and Identity Maintenance in Later Life: Participation and Maintenance, Threat and Compensation, and Changes in Meaning and Identity

understand... ...ories form over a
lifetime, a... ...es. In my study,
lifetime tra... ...cipation in
growing fo... ...ies. The
interaction... ...ation contributed
to the dev... ...n (1999).
Patterns o... ...ood-lover'
identity an...

11.2.1 The Maintenance of Food-lovers' Identities

Older adults who loved their food held identities as 'food-lovers'. Experiencing food and food activities as pleasurable was important in the maintenance of a number of important selves, as components of this identity. Bodily selves are the 'me-selves' derived from somatosensory experiences in everyday life (James, 1890/2009). Participating in everyday food activities gave 'food-lovers' pleasure. Similarly, engaging in activities associated with self-identity was related to higher levels of pleasure ($p < .001$) among 193 residents aged 60 to 101 with dementia, in Cohen-Mansfield *et al.*'s (2011) study of the impact of stimuli on affect amongst nursing home residents in Maryland, USA. In my study, these experiences of pleasure maintained participants' bodily selves as 'foodies', and their food identity as 'food-lovers'. 'Food-lovers' also maintained their identity through the objects and ingredients they used during their food activities. This suggests that having the right utensils and ingredients maintains bodily selves, as well as the gender, family, and ethnic identities described in previous studies (Cantarero *et al.*, 2013; D'Sylva and Beagan, 2011; Kohinor *et al.*, 2011).

Experiences of being 'socially connected' during food activities also contributed to the maintenance of 'food-lovers' social selves including those as mothers and fathers, husbands and wives, and friend. 'Food-lovers' maintained their social selves during food activities by cooking for and with significant others. Women's use of food activities to maintain their social selves and identities is also evident in a number of other studies across different cultural groups (Beoku-Betts, 1995; Wright-St Clair *et al.,* 2005; O'Sullivan *et al.,* 2008; D'Sylva and Beagan, 2011). In those studies, women maintained family identities by cooking 'traditional' foods based on their cultural heritage, cooking as a way of giving and receiving love, maintaining and adapting family meal traditions at Christmas, and by gaining recognition for their culinary skills. The 'food-lover' women in my study similarly described cooking 'more elaborately' when friends and family were visiting, and either 'cooking together' or 'cooking with others'. A key difference between these previous studies and my study is that being 'socially connected' as an aspect of meaning was derived from daily participation in food activities, rather than only during special occasions such as Christmas and Songrang.

In contrast to previous studies with women (O'Sullivan, Hocking and Wright-St. Clair, 2008; Wright-St Clair *et al.*, 2005; Devasahayam, 2005; Hocking, Wright-St. Clair and Bunrayong, 2002; Beoku-Betts, 1995), my study also found that food activities were also used to confirm and maintain men's experiences of social connectedness as a 'food-lover'. This also contrasts with previous studies in which cooking has been described as being in conflict with men's masculine identities (Moss *et al.*, 2007) and role expectations (Atta-Konadu, Keller and Daly, 2011). Some of the men in my study shared equal responsibility for food activities with their wives, whiles others viewed their roles as supportive of their wives. The finding that most male participants were 'food-lovers' suggests that being a 'food-lover' is also an important identity for older men. Like the men with a 'food-lover' identity in my study, the husbands of women with dementia in Atta-Konadu *et al.*'s (2011) study also described how food activities were used to show love and affection for their wives (Atta-Konadu, Keller and Daly, 2011). This means participating in food activities has an important role to play in the day-to-day maintenance of men and women's identities.

Participants also experienced themselves as healthy during their food activities. For the 'food-lovers', participating in food activities also maintained their selves as 'healthy eaters', 'naughty' and 'moral'. 'Food-lovers' maintained their healthy eater identities by growing food, cooking with fresh ingredients, and eating a variety of foods. These food activities are also consistent with definitions of healthy eating of other older adults. Eating more fruit and vegetables (11%), fresh natural foods (9%), and balance and variety (6%) were among the concepts older adults included when they defined healthy eating in De Almeida *et al.*'s (2001) Pan-EU Survey on Consumer Attitudes to Food, Nutrition, and Health. This study surveyed 1843 European citizens over age 65. At the same time, 'food-lovers' also indulged in occasional 'naughty moments'. It was the occasional nature of these naughty moments that meant participants were still described themselves as 'healthy eaters'. In addition, participants were able to maintain their healthy eater identities because they were able to resist temptation. This contrasts with previous studies in which difficulty following healthy eating guidelines was a threat to identity for adults and older adults with diabetes (Broom and Whittaker, 2004; Kohinor *et al*, 2011; Matthew *et al.*, 2012). In those studies, cheating, a lack of self-control, and difficulty following healthy eating guidelines were all a source of negative self-evaluation.

Negotiating between health seeking and pleasure seeking behaviours did not seem to be difficult for these 'food-lovers', because they also gained pleasure from a sense of achievement when they resisted temptation. Indeed, Christiansen (1999) argues that a sense of self-efficacy gained from reaching goals and having control over one's environment contributes to the sense of meaning and identity derived from engagement in occupations. In their focus group study of health seeking lifestyles among participants in a health promotion intervention, Jallinoja, Pajari, and Absetz (2010) also highlight the negotiation between health-seeking and pleasure-seeking food activities. In that study, healthy foods were not viewed as pleasurable. At the same time, being 'naughty' was a planned and disciplined event in which participants sought control over their naughty moments. The relaxed way in which 'food-lovers' in my study negotiated between being healthy and being naughty suggests a repertoire of 'doing-being-uncomplicated' as a way of eating for both pleasure and health. This is one of three healthy eating repertoires identified by Bouwman *et al.* (2009) in a discourse analysis study of consumer perspectives of healthy eating among 30 purposively selected Dutch men and women aged 18 to over 65. This suggests that eating healthy and resisting temptation contributes to positive self-evaluation, when this is experienced as easy and consistent with selves and identity.

Food activities were very important to 'food-lovers'. Consequently, the substantial investment of time, energy and financial resources into food activities also maintained 'food-lovers' identities. Spending an identity consistent amount of time on food activities may have increased participants' sense of wellbeing, since spending time on important activities is also associated with life satisfaction in later life (Stevens-Ratchford, 2011). The investment of time and resources is also an indicator of the process of selection and optimisation, as described in Baltes and colleagues meta-model of selective optimisation and compensation (Baltes and Carstensen, 2003; Baltes and Carstensen, 1996; Baltes and Baltes, 1990). The process of selection refers to the commitment to a set of goals that guide and organise behaviour.

The hoped-for possible selves of some 'food-lovers' may have motivated them to achieve their food-related goals. Throughout the three phases of data analysis there was no evidence of a consistent relationship between food activities and possible selves. However, it was evident in the qualitative matrix analysis in Chapter 7 that being able to cook was a hoped-for self, and therefore a goal, for seven of the 'food-lovers'. For these participants, cooking was a

goal-relevant means of achieving their hoped-for selves as loved and independent older adults with a good quality of life. Although previous research with adolescents has shown possible selves influence behaviour (Oyserman, Bybee and Terry, 2006; Yowell, 2002; Kerpelman, Shoffner and Ross-Griffin, 2002; Markus and Nurius, 1986), Oyserman and James' (2011) suggest possible identities will only affect behaviour under certain conditions. The conditions in which possible selves influence behaviour were only evident in the 'food-lovers' interviews.

Oyserman, Bybee and Terry (2006) found possible selves only impel action in adolescence when they are compatible with other current identities, are linked to clear and achievable goals congruent with personal identity, and when difficulty achieving the possible self is viewed as 'normal' (Oyserman, Bybee and Terry, 2006). Oyserman and James (2011) have subsequently named these conditions as connection, congruence, and interpretation of difficulty. In my study, the seven 'food-lovers' future selves as able to cook was connected to their current selves as 'food-lovers', 'socially connected', and 'healthy eaters'. These participants also held a clear goal of remaining independent with their cooking. Nevertheless, they expected at least some difficulty caused by deteriorating health and increasing age. This suggests these 'food-lovers' may have been more motivated to invest time and energy into their food activities as a way of achieving their possible selves as loved, independent and having a good quality of life.

The motivating effect of possible selves in later life is also interesting because of differences in the content of possible selves across the life course. In adolescence and young adulthood possible selves seem to be directed at achieving a new identity (Oyserman, Bybee and Terry, 2006). However, the possible selves evident in the theme 'hoping to cook' suggest a hope to maintain current selves as an independent 'food-lover', rather than achieving a new and different identity. This suggests possible selves impel self-maintenance rather than self-enhancement actions in later life. Ryff (1991) similarly found older adults are more likely to view themselves as stable rather than improving over time, in comparison to two cohorts of younger adults. However, unlike the participants in Ryff's (1991) study, the older adults in my study did not expect a decline in mental wellbeing or quality of life in the future. Instead, many of the older adults in this study were able to positively evaluate their current selves as 'food-lovers' and maintain their expected possible selves as 'busy, active, and socially connected' and 'interdependent'.

11.2.2 The Maintenance of Non-Foodies' Identities

In contrast to the 'food-lovers', some participants were 'non-foodies' who were uninterested in food and their food activities. Participating in food activities did not play a significant role in maintaining the important selves and identities of 'non-foodies', although participating in food activities did maintain their 'non-foodie' identity.

The lifelong disinterest in food activities that was evident in the 'non-foodie' interviews is congruent with Banwell *et al.*'s (2010) description of enduring views of food as a 'utilitarian necessity' (p354), in their narrative study of family dining patterns of 111 older Australians. The *'cooking as a need'* group in Kullberg *et al.'s* (2011) qualitative study of older men's approaches to cooking also shared similarities with the 'non-foodies' in my study. Those men in Kullberg *et al.'s* (2011) study also shopped and cooked out of necessity, and avoided cooking as much as possible. Although previous researchers have talked about 'views' or 'approaches' to food activities, the researcher agrees with McCall's (2003) argument from a symbolic interactionist perspective that defining the 'me', or one's sense of experienced identity, logically requires identification of what is 'not-me'.

Non-foodies' expressed their 'not-me' identities in their descriptions of themselves as *'not... a foodie at all'* and *'not a healthy eater'*. In this instance of two inter-related 'not-me' identities (McCall, 2003), identities were confirmed and maintained by *not* doing. 'Non-foodie' participants did not talk about food activities being important in their social roles, they were disinterested in the nutritional value of foods, and did not try to eat healthily. Consequently, these participants spent as little time as possible on their food activities.

The disinterest in spending time and effort on healthy eating that was expressed by the 'non-foodies' was also found in Lundkvist *et al.*'s (2010) qualitative study that analysed interview data from 564 older adults who participated in the pan-European Food in Later Life survey. In Lundkvist *et al.*'s (2010) study, some older adults thought it was too late to start eating healthily, and that they could continue with their old eating habits for 'a while longer'. Lundkvist *et al.* (2010) argue that an interest or disinterest in healthy eating is an age issue. The researcher disagrees with position, because Lindeman and Stark (1999) also describe a

disinterest in food activities among younger people (Lindeman and Stark, 1999). Instead, a disinterest in food activities, the social aspect to food, and healthy eating seemed to be part of a life-long food trajectory characterised by disinterest (Devine, 2005).

Christiansen (1999) suggests that daily activities provide the context in which an individual experiences and realises their personal identities. What he does not address is how much unimportant daily activities contribute to identity formation and maintenance. This finding of my study adds to the occupational identity literature. The way in which food activities did not contribute to the maintenance of 'non-foodies' social or health-related selves suggests that that over the life course, unimportant activities will not contribute to the maintenance of important selves and identity. Secondly the differences in investment of time, energy and resources into food activities between the 'food-lovers' and 'non-foodies' suggests that time use is an indicator of the importance of food activities, and their role in the maintenance of identity. Thirdly, unimportant activities will also not help older adults avoid their feared or dreaded possible selves.

11.3 Threats to Identities and Related Strategies for Compensation

The food activities of both 'food-lovers' and 'non-foodies' changed when their health deteriorated, when they found themselves alone at the table, and when they had less income. Within the identity process of 'Threat and compensation', this study found that these transitions and losses temporarily disrupted patterns of participation in food activities. This finding is consistent with Devine's (2005) concept of transition in a life-course model of food choice. According to Devine (2005), transitions occur when a person transitions from one 'state' to the next, through changes in roles, health, location, and resources. This leads to adjustments in food choice. The findings of my study support this theory. The temporary nature of these periods of transition was supported by the finding of no statistically significant relationship between the occupational performance of food activities and deteriorating health, marital status, living arrangements, or socio-economic status.

In my study, the participants who maintained their lifelong identities successfully compensated for changes in their food activities. This finding is important because

compensation is as an important strategy for the maintenance of a positive sense of self in later life (Rothermund and Brandtstädter, 2003; Brandtstadter and Greve, 1994). In a 4-year longitudinal study including 762 adults aged 58 to 81 years at Time 1, Rothermund and Brandtstädter (2003) found participants increasingly used compensatory actions to maintain a positive sense of self despite changes in their functional ability, but only up to the age of 70 years. After age 70, the use of compensatory actions as an assimilative strategy declined in Rothermund and Brandtstädter's (2003) study. Nevertheless, participants' self-evaluations remained stable even after 70 years, because they lowered their expectations of their performance.

11.3.1 Being Alone at the Table

The most significant threat to participants' identities was a change in the social meaning of food activities. When participants were alone at the table, food activities became more difficult and boring, and less routine. In their qualitative study of food-related health perceptions and food habits of 18 Swedish women, aged 65 to 88, Gustafsson and Sidenvall (2002) found meals eaten with others were pleasurable, while women living alone viewed food as a necessity - unless they were eating with family or friends. Similarly, in another study of 18 older men, aged 64 to 84 years, with somatic diseases in Sweden, Kullberg *et al.* (2011) found only single-living men who had previously been living in a partnership described cooking as a need. In contrast, other men who were both co-living or single described cooking as a pleasure. In my study, all of the participants who talked about their food activities as difficult, boring, and less routine were living either alone, or with other family members. None lived with a spouse or partner. Most were women, although two men, who were single and widowed respectively, also talked about changes in the social meaning of their food activities. This suggests that the loss of the social meaning to food activities may in fact be more of a threat to women's feminine identities than men's masculine identities.

The women and men in this study described their meals as boring because they were repetitive. This is a concern because in a series of four controlled studies of the effect of limiting dietary variety on calorie intake and weight loss among American adults, Raynor (2012) found that restricted dietary variety is associated with monotony, and decreased consumption. In those studies, the restriction of dietary variety focussed on high calorie

nutrient poor snack foods. In this study, both 'food-lovers' and 'not bothered' participants talked about cooking for one being repetitive and boring. However, the 'food- lovers' compensated for their boredom by learning to cook well for one, and by cooking for others. In my study, the repetitiveness of meals was not only the factor that made food activities boring for the 'not bothered' participants. Food activities also became boring because of the loss of meaning.

The life events that changed participation in food activities, and contributed to a change in the social meaning of food activities were retirement, divorce, widowhood, children moving away, moving home, deteriorating health, and to a lesser extent, a loss of income. Three quantitative studies support the finding that these life events change food activity participation. In a study of the impact of widowhood on weight and dietary behaviour, Shahar *et al.* (2001) found widowhood led to a significant increase in the number of meals widowed men and women eat alone, an increase in the use of ready-meals, and a decrease in the number of homemade foods eaten per week. Their study compared 58 recently widowed men and women with 58 matched married participants. Enjoyment of food and eating also decreased significantly (Shahar *et al.*, 2001). Of the 150 older adults over 70 years living alone in the SOLINUT study of the relationship between loneliness and nutritional status, Ferry *et al.* (2005) found 42.6% of participants were not meeting their daily nutritional needs, while 21.3% showed evidence of malnutrition. However, in their study of 1000 community-living older adults participating in the University of Alabama at Birmingham Study of Aging, Locher *et al.* (2005) found there were ethnic and gender differences in the social isolation factors that predicted poor nutrition. However, in my study, there was no consistent relationship between food identity and either marital status or living arrangements.

Another change in food activities that occurred when participants were alone at the table was that food activities became less routine. Most of the participants in this study talked about their 'usual' routines of three meals daily, and snacks and drinks in between. Surveys of older people's meal patterns across the United States, Europe and the Far East also show a pattern of three daily meals are predominant for older people from a variety of cultural backgrounds (Kallio, Koskinen and Prattala, 2008; Howarth *et al.*, 2007; Cluskey, 2001; Shahar *et al.*, 2000). In contrast, another group of participants talked about how their food activities became less routine and erratic when they were eating for one.

Being alone at the table was also a threat to 'food-lovers' identity in particular, because it disrupted their socially connected selves as family members, as well the meaning they experienced when they shopped, cooked, and ate alone. In their review of family routines and rituals over the 50 years prior to 2002, Fiese *et al.* (2002) describe food routines as purposeful food activities that are repeated over time and have a practical outcome (Fiese *et al.*, 2002). According to these authors, family routines and rituals have two components. Firstly the practical component organises the family's behaviour – e.g. who cooks the meal, who chooses the drinks, and who prepares the table. The second symbolic component contributes to the family's identity and the meaning of the food activities that are being shared (Fiese *et al.*, 2002). The participants who were alone at the table were able to compensate easily for changes in the practical components of their food activities. Compensating for changes in the symbolic component was much more difficult.

The sense of a loss of control over their eating, and guilt at eating 'unhealthily' was another cumulative factor contributing to a change in the meaning of food activities. Eating healthy became more difficult when food activities were boring and less routine. Consequently, some participants described themselves as overweight and lazy. Weight gain and a body image as 'overweight' due to snacking is unsurprising, since eating more than three meals daily is associated with obesity for both younger and older adults (Howarth *et al.*, 2007). Similarly, Forman-Hoffmann *et al.* (2008) suggest the loss of routine associated with working, and negative feelings about the loss of personal identity, explain weight gain in recently retired women in their study of weight changes in participants in the Health and Retirement Study (N = 3725). Participants' selves as overweight and lazy contrasted with their ideal selves as 'healthy eaters'. In addition, they were not motivated to stop snacking or lose weight, they had difficulty affording the fresh fruit and vegetables they viewed as expensive, and the absence of a fixed mealtime routine did not support healthy eating and weight-loss efforts.

While most participants who talked about being alone at the table lived alone, living in an intergenerational household did not prevent changes in food activity participation, or changes in the social meaning of food activities. In fact, most of the women who lived in intergenerational households described themselves as 'not bothered' about their food. Wilk (2010) suggests the 'happy family meal' is the product of an enduring mythology of the idealised family meal, and that a negative family identity is likely to be enacted through conflict around food choices and meal patterns. In addition, although European older adults

who live in an intergenerational household are less lonely than those living alone are, they are still more lonely than those living with a spouse or partner (Fokkema, De Jong and Dykstra, 2012). In my study, it appears that living in an intergenerational household was surprisingly one of the cumulative factors also contributing to changes in the meaning of food activities.

11.3.2 Deteriorating Health

Deteriorating health was a second life experience that affected participants' ability to do all of their food activities in a satisfactory way. The key difficulties caused by deteriorating health were reduced mobility and food activities becoming restricted and controlled. This contrasts with key themes identified in a narrative synthesis of previous studies, including a loss of control, changes in the social aspect, and changing roles and responsibilities (Plastow, Atwal and Gilhooly, 2014). In those previous studies, there is a clear link between health conditions such as diabetes, coeliac disease, cancer, and dementia; changes in food activity participation; and threats to identity (Rose and Howard, 2014; Mathew *et al.*, 2012; Atta-Konadu, Keller and Daly, 2011; Kohinor *et al.*, 2011; Locher *et al.*, 2010; Moss *et al.*, 2007; Peel *et al.*, 2005; Broom and Whittaker, 2004; Valentine, 1999). In my study, most of the participants who reported a change in their food activities because of deteriorating health were 'food-lovers'. There was also no relationship between deteriorating health and the occupational performance of food activities in the quantitative analysis. This suggests that deteriorating health is not always a threat to food identities, and that deteriorating health does not necessarily lead to loss or change in identities in later life.

11.3.2.1   Reduced Mobility

Christiansen (1999) proposes a close relationship between the loss of a sense of competence, a change in the meaning of occupations, and a threat to identity. Shopping was the food activity participants found the most difficult, and the most affected by a loss of mobility. The potential consequences of this difficulty for nutritional health and wellbeing are evident in a secondary analysis of the 1994 National Health Interview Survey on Disability in the United States of America. Crabtree and Mushi-Brunt (2013) found difficulty lifting or carrying more than 10lbs ($p < .001$) and difficulty walking ($p < .001$) predicted difficulty with grocery shopping in adults (> 18years) who did not drive. Furthermore, difficulty with walking and

carrying were also associated with running out of food (p < .05), and missing meals because of an inability to shop (p < .05) (Crabtree and Mushi-Brunt, 2013). The loss of ability to perform or do food activities changed the meaning of food activities in Moss *et al.*'s (2007) qualitative study with frail men. In that study, the meaning of food activities changed from being pleasurable to food as fuel for an aging body and a means to maintain health. The change in meaning experienced by participants in my study was from shopping as pleasurable to 'too much effort'.

Despite changes in the meaning of shopping, participants' food identities did not always change. This may because the shopping participants were able to do still made them feel socially connected. Indeed, two qualitative studies identified shopping as a way of maintaining social and community identities for British (Scarpello *et al.*, 2009) and American (Griffith, 2003) adults and older adults. Another explanation for the maintenance of identity despite difficult with shopping is that participants successfully compensated for a loss of mobility. Most participants used a variety of strategies to make their shopping quicker and easier. These included shopping locally, using assistive devices, getting their shopping delivered, driving, and making the most of their social networks. In this way they were able to compensate for their deteriorating mobility, and maintain independence with their shopping.

Driving was another compensatory strategy that maintained the meaning of shopping as pleasurable or necessary. Driving also gave some participants the opportunity to be socially connected, because they drove other older adults who were less mobile. Driving has been associated with many identities across the life course (Sibley and Harré, 2009; Casey and Dollinger, 2007; Gardner and Abraham, 2007). In later life, Eisenhandler (1990) suggests an 'asphalt identikit' is important because it maintains the holder's identity as a productive and competent member of society. A more recent meta-synthesis using constant comparative analysis of six qualitative studies of driver safety and community mobility in later life also found driving was connected to identity and the maintenance of independence as a core construct (Classen, Winter and Lopez, 2009). In their qualitative study with one older couple, Vrkljan and Polgar (2007) suggest that the loss of a driver's license can threaten identities. However, in my study many of the participants expected to lose their license in the future. Consequently, they shopped locally and drove less frequently. For these participants, the

future loss of a driver's license was not a threat to identities, because they had already planned for and tested being a non-driver, by adapting their shopping as a food activity.

While driving was a compensatory activity that contributed to a sense of wellbeing, using assistive devices to compensate with difficulty cooking and shopping was not always a positive experience. The researcher found participants rarely talked about their assistive devices. In her clinical work as an occupational therapist, the researcher had supplied many older adults with assistive devices in the past. In participants' interviews it was hard to ignore participants' assistive device in their kitchens, where many interviews were held. In their focus group study with 18 older adults aged 80 and over in Sweden, Skymne *et al.* (2012) found their participants were ambivalent towards assistive devices. For the participants in my study, assistive devices may have become a symbol of unpreventable deterioration associated with age (Kronlof and Sonn, 1999), or a barrier to presenting preferred identities as independent and capable (Lupton and Seymour, 2000). Indeed, one woman who positively described the use of mobility scooters to support her shopping independence and her identity as a 'food-lover' also described the forthcoming installation of a stair lift as a symbol of *'just one more thing that I can't do'* (Gloria).

11.3.2.2   **Restricted and Controlled**

Deteriorating health also threatened identities as both a 'food-lover' and 'non-foodie' by making food activities more restricted and controlled. 'Food-lovers' needed to limit the foods that they enjoyed eating. 'Non-foodies' food activities had to become more important, so that they were able to maintain their health. This experience of food activities becoming more controlled by health contrasts with the loss of control that is evident in previous studies. In Broom and Whittaker's (2004) narrative study with Australian adults with diabetes, the authors highlight the moral dimension of developing diabetes as a condition associated with a lack of self-control and a 'bad' lifestyle. Participants' identity was challenged by blame – for not taking better care of one's health, and for lacking control. Control included diet and food choice, eating fats and sweets, and self-control. In Peel *et al.*'s (2005) study using a discursive approach, Scottish men and women with type 2 diabetes tried to accomplish and maintain a positive identity as a 'compliant' or 'good' diabetic by justifying lapses and 'cheating'. 'Cheating' was blamed on particular contexts, like eating out. Mathew *et al.*

(2012) found women were more open about their identity as a diabetic, but also experienced difficulty with control. Women also used emotionally-laden language such as *'cheating'* to describe their lack of control, in a similar way to participants in Peel *et al.*'s (2005) study.

In my study, participants justified their lapses and 'cheating' by being reasonable in the changes they made to their food choices and eating patterns. The absence of the same emotionally laden language evident in Broom and Whittaker (2004), Peel *et al.* (2005), and Mathew *et al.*'s (2012) studies suggests that participants in my study did not negatively evaluate themselves in the same way as the participants in these previous studies. Instead, they took a more balanced approach through self-monitoring, and being more flexible in their food routines.

In their grounded theory study of the experiences of people living with diabetes, Olshansky *et al.* (2008) describe a process of normalising diabetes. That study collected data in 10 focus groups with 39 adults with diabetes (> 18 years). Data analysis was an iterative process using constant comparative methods, and was completed concurrently with data collection. In that study, participants initially took on a new identity as a 'diabetic person'. Over time, they normalised the changes in their lifestyle, by viewing these changes as normal for anyone wanting to live a healthy lifestyle. In this way, they began to view themselves as a 'person with diabetes' who was not different to the general population (Olshansky *et al.*, 2008). The participants in my study also talked about deteriorating health being a 'normal' part of ageing. This means deteriorating health was less of a threat to these participants' identities than has been suggested by previous research.

11.3.3 Loss of Income

Although many of the older adults in my study talked about the cost of food, the loss of income after retirement had surprisingly little effect on their food activities. Participants talked about some changes they made to their food activities, such as eating out less. However, there was no relationship between socio-economic status and the occupational performance of food activities in the quantitative analysis. The findings of my study do contradict those of Klesges *et al.* (2001) in the United States. In that study, post-retirement financial difficulty was associated with increased depression and the prevalence of other

medical conditions, and reduced physical functioning and quality of life among 1002 women over 65 years participating in the Women's Health and Aging Study (Klesges *et al.*, 2001). However, another Australian study with 1580 women of working age (18 – 65 years) found a non-significant relationship between socio-economic status and diet, when the effect of perceptions of food availability, accessibility, and affordability were taken into account (Inglis, Ball and Crawford, 2008). In my study, participants compensated for a loss of income by spending less. Some 'food-lovers' also tried to carry on growing foods they perceived to be more expensive, such as fresh fruit. In this way, they were able to continue gaining pleasure from their eating, and maintained their identities as 'food-lovers'.

11.4 Cumulative Changes in Meaning and Food Identity

In addition to temporary periods of transition, Devine (2005) suggests there are also specific turning points that signal a drastic and permanent change in food activities. Turning points identified by Bisogni *et al.* (2002) in their qualitative study of food choice and identity in 17 mid-Western American adults were becoming vegetarian and a brother's death from heart disease. The same life event can be a transition for some, and a turning point for others. According to Devine (2005), the key difference between a transition and turning point is whether or not the change in food activities necessitates a change in identity. In my study, there was no evidence of any specific turning points that signalled a sudden change in food activities, or subsequent threat to identities.

The absence of any single turning point, and the lack of consistency between transitions and losses and particular changes in meaning, suggests the change in meaning of food activities was cumulative. The cumulative nature of changes in meaning and identity is also supported by what Sells *et al.* (2009) termed a 'cascade of crises', in which adults do not have time to adjust to each subsequent life event before the next crisis. In that study, the authors interviewed 33 adults (M_{Age} = 50.5 years), who utilised services in one primary care centre in the United States, three times over a period of one year. The narrative interviews focussed on participants' illnesses, their daily activities, and their social relationships. Using narrative analysis, Sells *et al.* (2009) found that in the wake of a single health crisis, individuals experience many losses, including loss of independence, valued roles and relationships, and enjoyable and meaningful activities. Adults with multiple health conditions adapt to these

losses by trying out new roles, activities, and identities. When 'hit' by a second health crisis, this process of adaptation is disrupted. This disruption leaves participants feeling overwhelmed with medical concerns, and unable to construct new identities. Nevertheless, Sells *et al*. (2009) point to the importance of social support – both received and given to others – in reconstructing an identity that is not dominated by illness.

In my study, as the participants experienced one loss after another, they became less able to compensate for the changes in their food activities. A lack of statistical power to detect the effect of interaction between life events on food activities and food identities limited further exploration of the interaction between different life events and identity maintenance using quantitative methods. In the qualitative findings it was evident that changes in the way participants experienced their food activities led to changes in meaning. The three changes in meaning evident in the qualitative component were that food activities became less pleasurable, less important, and too much effort. Food activities no longer contributed to the maintenance of their identities. The outcome of the cumulative changes in the meaning of food activities was a change in food identity from 'food-lover' and 'non-foodie' to 'not bothered'.

11.5 Implication of the Findings for Mental Wellbeing

The findings of this study suggest that maintaining an identity as a 'food-lover' contributed to the mental wellbeing of this group of participants. These participants' descriptions of themselves as 'socially connected' through their food activities, and the way in which they maintained their social connections by 'cooking together' when married, or 'cooking for others' when widowed or divorced suggests that food activities were important to their experiences of belonging and support. This echoes the findings of three other studies in which there was an inter-relationship between food activities, identities, and mental wellbeing (Kong and Hsieh, 2012; Kohinor *et al.*, 2011; Hocking, Wright-St. Clair and Bunrayong, 2002). My study adds to this previous research, by suggesting that food activities only promote mental wellbeing through experiences of support and belonging when food activities are important to the individual.

The way in which these 'food-lovers' also gained pleasure and satisfaction from 'resisting temptation' and 'being reasonable' when their health affected their food activities suggests

that maintaining food identities was closely related to feelings of mastery and control. Mastery and control during daily activities, as an element of wellbeing, was also evident in a number of other studies (Daley *et al.*, 2013; Dollard *et al.*, 2012; Kidd *et al.*, 2008; Reynolds, Lim and Prior, 2008; Phinney, Chaudhury and O'Connor, 2007; van den Hoonaard, 2007). However, none of these studies specifically refer to food activities as one domain of activity in which mastery and control can be experienced. Finally, all of these participants' high expectations of having a good quality of life in the future points to a sense of optimism that was supported by their enjoyment in their food activities.

In contrast, maintaining a 'non-foodie' identity did not contribute to mental wellbeing in later life. These participants did not talk about themselves as being socially connected by food activities, nor did they see themselves as healthy eaters. However, the pattern of life-long disinterest and avoiding food activities of the 'non-foodies' is important because it appeared that these participants were also less able to avoid their feared possible selves. This was evident in the finding that three of the four participations who expected to be 'Bored, lonely and dependent' in later life were 'non-foodies'. Another study validating Erikson's theory of ego integrity vs. despair in 97 Canadian adults over 65 years had a similarly small proportion of participants who had lost a positive sense of self, with only 4% (n = 4) of that participant sample categorised as 'Despairing' according to the Self Examination Interview (SEI) developed for that study (Hearn *et al.*, 2012). In Hearn *et al.'s* (2012) study these participants were excluded from further analysis. However, in my study this was an important instance of a negative case, in comparison to the majority of other participants who expected to have a good quality of life.

There was insufficient data across this small proportion of interviews to draw firm conclusions about why these participants expected to have a poor quality of life. However, it was evident that the 'non-foodies' who had these negative expectations for the future did not use their food activities to avoid their feared possible selves. Food activities were not a meaningful substitute for other valued activities, so they were not used to avoid a 'bored' possible self. These participants also failed to use food activities to avoid their 'lonely' possible selves, because food activities were not a meaningful way of being socially connected. Neither did these participants use their food activities to improve their health. This increased their risk of disability in later life, since there is substantial evidence of a relationship between malnutrition and increased morbidity and mortality in later life.

Having considered the relationship between food identity maintenance and mental wellbeing, the focus shifts to the implications of a change in food identities for mental wellbeing. The negative consequences of changes in identity that are evident in other studies include depression (Weinberger and Whitbourne, 2010), loss of self-esteem (Westerhof, Whitbourne and Freeman, 2012; Skultety and Whitbourne, 2004; Sneed and Whitbourne, 2003; Whitbourne and Collins, 1998), feelings of loss (Rose and Howard, 2014) and suffering (Charmaz, 1983). These were not evident in my study. Instead, ten of the 11 'not bothered' participants expected to achieve their hope-for selves as 'busy, active, and socially connected' or 'self-sufficient' in the future, and expected to have a good quality of life. This suggests that a change in food identities had no negative implications for mental wellbeing in later life for these participants.

There was insufficient evidence in the data to reach a fully grounded explanation of why 'not bothered' participants were able to maintain their mental wellbeing, despite the loss of meaning of their food activities. This suggests that theoretical saturation of the process of 'change in meaning and identity' was not reached, even though the concept of being 'not bothered' was well supported in the data. Nevertheless, other studies do provide some explanation of why a change in food identity to 'not bothered' may not lead to a loss of mental wellbeing.

The findings of my study provide some evidence of the loss-based selection strategies described in Baltes and colleagues meta-model of selective optimisation and compensation (SOC model) (Baltes and Carstensen, 2003; Baltes and Carstensen, 1996; Baltes and Baltes, 1990). One loss-based selection strategy is to re-evaluate priorities and goals (Haase, Heckhausen and Wrosch, 2013). In my study, the 'not bothered' participants appeared to re-evaluate and then downgrade the importance of their food activities, by describing their food activities as 'less important' than they used to be. The finding in the Q-methodology component that the 'not bothered' participants either viewed cooking independently as unimportant, or dreaded being dependent on others, also suggests a downgrading of the importance of that goal. Changing priorities and goals means that an individual is free to focus their time and energy on the goals that are most likely to help them age well.

Another explanation is that participants balanced personal identity maintenance with change in component identities. In some of the earliest writings on identity, James (1890/2009) suggested that giving up a less important identity is not a negative experience, if it means an individual can pursue a different identity that is more important. Troll and Skaff (1997) also found that older adults are able to maintain their 'I' selves at the same time as changing their 'me' selves (identities based on experience). Whitbourne and colleagues research has also shown that some flexibility in identities is necessary to improve or maintain self-esteem (Westerhof, Whitbourne and Freeman, 2012; Skultety and Whitbourne, 2004; Sneed and Whitbourne, 2003). The same flexibility in identity components is also evident in Smith and Freud's (2002) 4-year longitudinal study that found stability in possible selves at a domain level, but change in specific hoped-for and feared selves.

The findings of my study add to this research, by suggesting that food identities are only one component of personal identity, and that they are less important than other components of personal identity. This means that food identities are likely to change, and also that this change does not necessarily affect mental wellbeing, if older adults are able to successfully pursue or maintain other more important identities.

11.6 Limitations of the Study

The discussion of the findings presented in this chapter is based on integration of findings from the qualitative, quantitative, and Q methodology components. Despite the importance of integration, the quality of mixed-methods studies should be evaluated using different criteria for the qualitative and quantitative components, as well as alternative criteria for mixed methods research (Bryman, Becker and Sempik, 2008). The following part of this chapter highlights the limitations of this study using the quality assessment criteria proposed by Annear *et al*. (2014) and Bryman *et al*. (2008).

11.6.1 Limitations of the Qualitative Component

The qualitative component of this study was of moderate quality, with a score of 9/18 illustrated in Table 30. The use of pragmatism, abductive reasoning, and Corbin and Strauss's (2008) methods of data analysis mean that the research was clearly situated within a

theoretical framework that guided the design of the qualitative component. Data analysis was rigorous and followed a well-documented and systematic process, as described in Chapter 4. In addition, findings from the qualitative component were validated through triangulation of the results using quantitative methods in Chapter 6. Nevertheless, there were a number of weaknesses in the qualitative component including the research design, sampling and recruitment, and reflexivity.

11.6.1.1   **Research Design**

The most important limitation of the qualitative component is that it does not meet the benchmarks for a high quality grounded theory study. Grounded theory includes methods for participant sampling, data collection, and data analysis (Dixon-Woods *et al.*, 2005; Chiovitti and Piran, 2003). In my study, participants were selected using convenience sampling, rather than by theoretical sampling as predominant concepts and categories emerged (Strauss and Corbin, 1998; Corbin and Strauss, 1990). Data analysis also only started after all of the data were collected.

Table 30   Quality Assessment of the Qualitative Component

Assessment Parameter	Score	Justification
Research Design	0	Does not meet benchmarks for high quality grounded theory study because of the absence of theoretical sampling and data saturation for the process of 'Changes in Meaning and Identity'
Sampling and Recruitment	0	Convenience sampling used instead of theoretical sampling. Participant sample was homogenous for gender, socio-economic status, and ethnicity
Theoretical Framework	3	Clear theoretical framework for research design including pragmatism, abductive reasoning, and Corbin and Strauss' (2008) grounded theory methods
Evidence of Reflexivity	0	Preconceptions related to identity maintenance (Christiansen, 1999) and clinical experience given, but other preconceptions not adequately addressed
Rigour of Data Analysis	3	Process was well documented and systematic, as described in Chapter 4
Validation of findings	3	Triangulation with quantitative and Q methods used to verify the results
Total Score		9 / 18

Some grounded theorists suggest it is not essential to simultaneously collect and analyse data (Draucker *et al.*, 2007), and a pre-existing data set can be used to develop a grounded theory (Corbin and Strauss, 2008). One option for my study, suggested by Cutcliffe (2005), is to describe studies that are not 'pure' Grounded Theory studies as a 'modified Grounded Theory' study. However, this undermines the rigour of the resulting study, since it is never clear which methods have been 'modified'. A second option was to use the term 'constant comparison' to describe the data analysis methods. Constant comparison is associated with other forms of theory building research (Eisenhardt, 2002), and has been used as a data analytic tool in studies on food activities in later life that have not claimed to be grounded theory studies (Leichty, 2012; Eugeni *et al.*, 2011; Curle and Keller, 2010). In the researcher's view, simply comparing pieces of data does not lead to the identification of concepts nor understanding of the processes that link concepts, both key requirements of theory (Cutcliffe, 2005).

On reflection, the original version of grounded theory described in Glaser and Strauss (1967) would have been a better fit with the mixed-methods approach used in this research. In that text, Glaser and Strauss (1967) emphasised the importance and necessity of both qualitative and quantitative methods in the development of a grounded theory. Denzin (1978) makes repeated reference to the early work of Glaser and Strauss (1967) in his discussion of triangulation. He takes a similar viewpoint to Glaser and Strauss (1967), suggesting different methodological perspectives are needed to generate *'fully grounded and verified theories'* (Denzin, 1978 p. 297). However, more recently key grounded theorists have positioned themselves as qualitative rather than mixed methods researchers (Corbin and Strauss, 2008; Charmaz, 2006; Strauss and Corbin, 1998). Despite this limitation, the flexibility of the researcher was also strength of this study that reflects a commitment to findings grounded in the data, rather than what the researcher wanted to or expected to find (Eisenhardt, 2002; Glaser and Strauss, 1967).

11.6.1.2   The Participant Sample

The use of convenience rather than theoretical sampling has already been highlighted as a limitation above. A second limitation in sampling and recruitment was the homogeneity of the participant sample. It is clear in the literature that food identities may be influenced by factors such as ethnicity, gender, marital status and socio-economic status. In this study, the participants recruited were urban, financially and physically independent older adults who identified themselves as White British. This raises the possibility of bias in the results if participants did not represented the range of White British older adults' views on food activities (Gravetter and Forzano, 2009).

Perhaps the most striking difference between my study and the reviewed literature was that ethnic identities were not evident in the data analysis. In this study, only one participant described himself as '*very much a person who's for British food, that's the way I was brought up I'm afraid'* (Rupert). No other participants talked about their ethnicity or 'British' food. It is possible that ethnic identities were not salient because they were not threatened. These participants had no difficulties finding the 'right' ingredients or cooking utensils for their meals, which were described as threats to ethnic identity in D'Sylva and Beagan (2011), Kohinor *et al.* (2011), Hadjiyanni and Helle (2009) and Janowski's (2012) studies. Nor did

they have any of the difficulties maintaining family traditions, described in Wright St-Clair's (2003) study. On the other hand, a range of other food identities were salient in the participants' interviews. In my study, the proportion of 'food-lovers' to those who were not 'food-lovers' in the total sample was almost equal. Both men and women described themselves as 'food-lovers' and 'non-foodies'. This suggests that there is a relationship between food activities and a range of selves and identities, different to the identities explored in the existing literature.

11.6.1.3   Qualitative Methods of Data Collection

A fourth limitation, not included in Annear *et al.*'s (2014) assessment parameters, was that the influence of the interview context on identities that became salient was not exploited to its full potential. Salience of selves and identity, or what an individual notice about themselves, is dependent on a variety of factors, including the interview situation (Oyserman, Elmore and Smith, 2012). In my study identities were salient in what participants said, how they presented their surroundings, and how they behaved. For example, there were noticeable difference between two interviews in participants' kitchens in which they were baking bread and making jam (both later identified as 'food-lovers'), versus another interview in a cold living room scattered with discount leaflets for takeaway pizza (later identified as 'not bothered'). The importance of possessions, important others, and one's home to identity maintenance is also evident in the literature reviewed (Hocking *et al.*, 2005; O'Sullivan *et al.*, 2008) and the broader gerontological literature (Shank and Cutchin, 2010; Kroger and Adair, 2008; Jackson, 1996).

Almost all of the participants in my study were interviewed in their own homes, and often in their kitchens. The researcher found interviewing older adults in their own homes an effective way of breaking the barrier between the presented self, or the identities participants wanted to present (Rosenberg and Kaplan, 1982), and participants' real identities. In this study, some participants' real identities emerged gradually over the course of the interview, because the 'presented selves' were so discordant with reality evident in the home setting. In these instances, the researcher used environmental cues to prompt further discussion about food activities. Home-based interviews were also different to the two interviews conducted in community settings - one in a local library and one at the researcher's University. These two

women made their identities as very busy and active retirees noticeable to the researcher through their insistence on meeting when they were already out and about. The difference between what is initially shown and what emerges later in an interview situation has been noted and exploited in visual methods research of identity (Croghan *et al.*, 2008; Oliffe and Bottorff, 2007; Casey and Dollinger, 2007).

In Pilot Study 1 participants took photographs and selected objects that represented their food activities. In the main study, the researcher decided to use semi-structured interviews instead of visual methods. When participants talked about photographs and objects in the pilot study interviews were longer, more in-depth, and more focussed, in comparison to the semi-structured interview used in the main study. Other qualitative researchers have also written about these differences (Van Auken, Frisvoll and Stewart, 2010; Oliffe and Bottorff, 2007; Collier, 1957). On reflection, discarding the visual methods was a mistake. Using visual methods in my study would have allowed more explicit inclusion of the interview context in the data analysis, adding further depth to the data gathered and enhancing the rigor of the analysis.

11.6.1.4 Reflexivity

The inclusion of reflexivity is one of the benchmarks of high quality qualitative research, in which the preconceptions and/or meta positions of the researcher are addressed (Annear *et al.*, 2014). In the introduction to this study, I described my experiences as an occupational therapist working with older adults, and Christian's (1999) theory of identity development and maintenance, as a preconception and meta position respectively. On reflection, I believe there are other preconceptions and meta positions that influenced my study. I will address these issues as a first-person reflective account, using Fish, Twinn and Purr's (1994 in Alsop and Ryan, 1994) strands of reflection.

My own life-long love of food, and enjoyment of shopping, cooking, eating, and dining started with the elaborate birthday cakes and themed-snacks my mother used to make; my experimenting in the kitchen aged 8 with my baking T-shirt on (because I was too messy for an apron); and my mother's French-cuisine inspired 5 course dinner parties. I then married a man who loves cooking as much as I do, and in the process of doing my PhD had three

children. For me, making sure my babies eat well has been a hallmark of good motherhood. As an occupational therapist, my focus was on the limitations and restrictions older adults faced in their daily lives, including their food activities. In retrospect, my own identity as a 'foodie', and my surprise that this was also the experience of my participants, initially led me to focus more on the meaning and experience of 'food-lovers' identities, at the expense of 'non-foodie' and 'not bothered' participants.

A second issue was the ontological and epistemological underpinning to the research. Pragmatism claims to have no commitment to one philosophy or reality (Peirce Edition Project, 1998; Buchler, 1955; Peirce, Hartshorne and Weiss, 1935; James, 1907; Dewey, 1905). Subsequently, Creswell (2003) claims that researchers use both realist and relativist assumptions when conducting mixed methods research from a pragmatist perspective (Creswell, 2003). At the beginning of this study, I assumed this meant that I did not need to think much about my own position as researcher. It is only at the end of this study that I have come to appreciate that I have an objectivist view of reality.

Ratner (2008) defines objectivism as the notion that a reality exists, and that the researcher can fully understand this reality by accumulating knowledge. Glaser (2002) rejects Charmaz's (2000) argument that researchers with his (objectivist) viewpoint do not recognise their own bias or biography. Instead, he argues that the careful, slow, and rigorous application of constant comparison challenges the researchers' bias throughout the study (Glaser, 2002). After my own experience of analysing my data over and over again in the four years since I collected it, I agree with Glaser. I acknowledge that I was initially more interested in a 'food-lover' identity, and the components of food identities rather than maintenance processes. Over time, I believe my bias was challenged by my data – including participants' interview transcripts, discussions with my supervisors, and feedback from my examiners. This has led to an account or theory of the way in which food activities do and do not contribute to identity maintenance in later life that is grounded in reality. I also believe this end-product was produced because I had enough time to accumulate knowledge.

This has taught me that PhD students should not underestimate the value of giving themselves enough time. At the beginning of my PhD, I did not think I would have enough time. In retrospect, I realise that I rushed through the piloting phase and the data collection for the main study, with the end goal in mind. This was at the expense of conducting a

carefully constructed grounded theory study that analysed data between each interview, and progressed towards theoretical sampling. It was also at the expense of using visual methods – which I now believe would have produced richer data. The lesson I have learnt from these mistakes is that grounded theory studies take time, that visual methods should be used more in qualitative research with older adults, and that the lack of a clear and consistent link between ontology, epistemology, and methodology is a key weakness of concurrent mixed methods research.

11.6.2 Limitations of the Quantitative Component

The quantitative component of this study was of low quality, with an assessment score of 6 / 18. Key issues are summarised in Table 31.

Table 31 Quality Assessment of the Quantitative Component

Assessment Parameter	Score	Justification
Research Design	1	Cross-sectional design used
Reliability and Validity of Assessment Measures	1	Reliability and validity of some measures was determined through piloting
Sample Size and Representativeness	1	Small sample size which did not meet power requirements of all statistical tests used
Response Rate	0	Not Reported
Appropriateness of Statistical Analysis	3	All hypotheses and objectives addressed
Control of Potential Confounders	0	Sample size too small to control for potential confounders
Total Score		6 / 18

11.6.2.1 Research Design

Using Annear *et al.*'s (2014) quantitative assessment parameters, the quantitative component of this study is weak. The similarities between the older adults who agreed to participate in this study mean that the participant sample is not representative of the population of British older adults living in West London. The quantitative component is also a cross-sectional

study, which is the least rigorous of the three levels of research design included in Anner *et al*.'s (2014) parameters. A longitudinal study would have allowed the researcher to test the theory that food identities change over time with an accumulation of life events.

11.6.2.2   Reliability and Validity

The primary data collection tool in the quantitative component was the Occupational Performance Measure of Food Activities (OPMF) (Plastow *et al*., 2014). As a novice, the researcher did not appreciate the range of issues associated with developing a new measurement tool. Although the pilot study showed adequate internal consistency of a 13-item measure, construct validity should have been addressed before reliability. In addition, in this study, the Cronbach's α for the Occupational Performance of Food Activities Subscales were all below the widely acceptable level of .70 (Bland and Altman, 1997). The OPMF subscales also did not meet all of the assumptions for normality and homogeneity of variance for the MANOVA used to explore the relationship between demographic variables and the occupational performance of food activities. Although MANOVA is apparently robust to violation of these assumptions, there is some debate about this in the literature (Field, 2009). The OPMF needs to be substantially further developed and assessed before being used in future food and identity research (Plastow *et al*., 2014).

In Phase 2 of the analysis the researcher also created two new variables by transforming qualitative data through 'quantizing'. The reliability and validity of the variables for food identity and deteriorating health is also questionable – particularly the extent to which these variables measured the intended constructs of food identity and health status (O'Leary-Kelly and Vokurka, 1998). Both variables were based on interview data that was not systematically collected for this purpose (Plano Clark, Garrett and Leslie-Pelecky, 2010). The researcher also found categorising the food identity of some participants uncomfortable and difficult, especially since some interviews included contradictory data. Morse (2003) suggests that researchers should avoid quantizing in mixed methods research. I disagree with this position, but suggest that the construct validity of transformed data should be improved through inter-rater agreement between members of a research team, or member checking with study participants.

Q methodology has been used in previous research to identify viewpoints in a population, and then include a measurement of these viewpoints in subsequent survey research (Baker *et al.*, 2010). The use of the expected possible selves viewpoints as a grouping variable in this research was problematic for a number of reasons. Firstly, R methodologies take a more realist view of knowledge, which means the ratings of the OPMF represent a fixed reality. In contrast, Q is more relativist in nature. The Q sorts only captured participants' expected possible selves viewpoints at that fixed moment in time. Therefore, it is questionable whether these two types of data are actually comparable. Secondly, the assumption of independence for MANOVA was violated. A key assumption in MANOVA is that the observations are statistically independent (Field, 2009). However, theoretical rotation meant the Q sort factors were correlated: Participants may have held more than one viewpoint, although the stronger viewpoint was expressed in their Q sort. This raises questions about both the reliability and validity of the quantitative analysis complete in Chapter 6. Nevertheless, transforming the expected possible selves factors is justified because of the exploratory nature of this study, the use of this data as a form of triangulation, and the significance of the findings for interpretation of the overall findings.

11.6.2.3   Sample Size and Representativeness

The sample size (N = 39) was a limitation in the quantitative component. The power for follow-up ANOVA of the relationship between identity groups and participation variables was unacceptably low. In the theme 'Cost is one thing' participants highlighted the impact of having less income after retirement on their food activities. In the quantitative analysis, the relationship between socio-economic status (SEC) and the occupational performance of food activities approached significance, $F_{(3, 12)} = 0.29$, p = .08. However, it is unclear whether this non-significant relationship was because of the lack of power to detect a relationship between these two variables because of the small sample size and the homogeneity of the participant sample. Furthermore, analysis of the interaction between different socio-demographic variables and food identities was not possible. This meant the hypothesis of an accumulation of life events leads to changes in food identity could not be tested using quantitative methods.

11.6.3 Limitations of the Q Methodology Component

The researcher identified no published methods of assessing the quality of Q methodology research. In the researcher's view, this was a high quality Q methodology study that carefully and systematically applied a well-documented process from developing the Q set through to factor interpretation. Nevertheless, the Q methodology component raised important conceptual and practical issues when using Q methodology to investigate possible selves in later life.

11.6.3.1   Defining Possible Selves as a Construct

The first limitation was difficulty defining possible selves. This study used Markus and Nurius' (1986) definition of possible selves, consistent across many studies of possible selves. More recently, Oysermann and James (2011) have used the term 'possible identities' to bring together various other conceptualisations of the future self, including possible selves (Markus and Nurius, 1986), ideal and ought selves (Zetner and Renaud, 2007; Brandtstadter and Greve, 1994), fantasy selves (Rosenberg and Kaplan, 1982), and self-regulatory or expected selves (Van Dellen and Hoyle, 2008; Oyserman, Bybee and Terry, 2006; Hooker and Kaus, 1992). The researcher's initial conceptualisation of possible selves led to two problems in this study: First, Markus and Nurius (1986) focus on hoped-for and feared components identity, instead of the expected selves investigated in this study. Second, previous research on Markus and Nurius' (1986) possible selves has focussed on hoped-for and feared possible selves in specific domains pre-determined by the researcher, while this study aimed to identify possible identities consisting of many interacting possible selves.

Doing the Q methodology component has taught the researcher three important lessons. i) There is a difference between the expected possible selves identified in the Q methodology component, and the hoped-for and feared possible selves describe by Markus and Nurius (1986). ii) There is an interaction between different possible selves that needs to be considered in possible selves research. iii) Researchers need to define more clearly the type(s) of possible identities they are investigating.

The second issue is what components are included, or not included, in the study of possible identities. Markus and Nurius' (1986) initial possible selves study, and subsequent research with older adults, informed selection of the 35 items included in the possible selves Q sort. However, Erikson (2007) has criticised the lack of a more specific definition in possible selves research, because of conceptual blurring. A potential issue with conceptual blurring within this study occurred with inclusion of the Item 13, 'I will have a good quality of life', in the possible selves Q sort. Markus and Nurius (1986) included the item A 'Good quality of life' in the Possible Selves Questionnaire used in their original study. This suggests quality of life is a possible self, consistent with the original conceptual definition of possible selves. However, Erikson (2007) specifically singles out quality of life as an example of a concept that is not a possible self, but is related to possible selves. This was an issue in this study, particularly because of the importance of a good quality of life in interpreting both the Q methodology component and the significance of change in identities for mental wellbeing. On completion of this study, the researcher agrees with Erikson (2007) that a good quality of life is not an aspect of the concept of possible selves. However, expecting to achieve hoped-for possible selves and avoid feared possible selves does contribute to mental wellbeing in later life.

11.6.3.2   Selection of Items for the Possible Selves Q sort

There were also a number of limitations within the multi-stage process that was used to select the 35 items for the Possible Selves Q set. The most significant of these was that the researcher was unable to compare participants' hoped-for and feared possible selves with their expected possible selves, because the Q set was inappropriately balanced for the conditions of instruction for the hoped-for and feared possible selves Q sort. This resulted in a one factor solution discarded from further analysis.

Another limitation was using pre-determined measures as a source of statements or items to be sorted. This study used the Possible Selves Questionnaire (Markus and Nurius, 1986) as the basis for item selection, followed by a review of the literature. Although using existing rating scales is a recognised method of item selection (McKeown and Thomas, 1988), in the R methodology studies for which these scales are developed, the focus is on the content and construct validity of the scales used (O'Leary-Kelly and Vokurka, 1998; Haynes, Richard and

Kubany, 1995; Clark and Watson, 1995). In contrast, the focus in a Q methodology study is on the balance of the items in the Q set. The concept of 'balance' means equally covering all possible aspects of the topic, to allow for the investigation of a range of different viewpoints (Watts and Stenner, 2012). Furthermore, one study in the United States of America has shown cultural differences in possible selves content in later life (Waid and Frazier, 2003). There are also differences in possible selves content between the American and European literature (Smith and Freund, 2002; Frazier *et al.*, 2000). This means the possible selves statements selected for this study may not accurately reflect the broad range of possible selves of British older adults.

11.6.4 Evaluation of the Mixed Methods Research Design

Bryman, Becker, and Sempik (2008) identify four quality criteria for mixed methods studies. These are based on an online survey completed by 251 social policy researchers, and follow up telephone interviews with 28 of these respondents:

   a) There should be a clear rationale for choosing mixed methods
   b) The study design should be relevant to the research question
   c) The researcher should be transparent about the way the study was conducted
   d) The findings should be properly integrated

This study had a clear rationale for using mixed methods. The primary rationale for using mixed methods was that this would provide a more comprehensive view of the relationship between food activities and identity maintenance than could be achieved with a single method. Mixed methods would also allow triangulation of the findings, by using different methods to answer the same research question. In my study, the combination of the qualitative and Q methodology components led to a more comprehensive understanding of the relationship between food activities and the maintenance of identity than could have been achieved with either method alone. The finding that participants who had become 'not bothered' about their food activities still expected to achieve their hoped-for possible selves contradicted the researcher's initial expectations that a loss of identity in later life was a negative experience. This led to different interpretations of the findings than may have been reached without the Q methodology data. On the other hand, the substantial problems with the reliability and validity of the quantitative data mean this component added little new

information to the findings, other than to confirm what had been observed through the other two components.

The issue of transparency was a clear limitation for this concurrent mixed methods study. Although the results of each component have been presented separately in Chapters 5, 6 and 7, the reality was a complex and often messy iterative process of moving back and forth between the findings over a period of four years. Although the researcher carefully logged each analytic step when fully immersed in the data analysis between October 2010 and March 2011, this process became much more difficult between March 2011 and February 2013, and between December 2013 and October 2014, when analysis and writing up occurred simultaneously. The complexity of a concurrent mixed-methods research design may explain why a methodological review of mixed-methods in health services research found concurrent designs were the least common, in comparison to parallel and sequential mixed methods designs (Ostlund *et al.*, 2011). Based on personal experience of this research, transparency is much more difficult to maintain in a concurrent mixed methods study. Consequently, parallel and sequential mixed methods are likely to produce more transparent studies.

The difficulty integrating analyses that is reported by other researchers (Moen *et al.*, 2010; O'Cathain, Murphy and Nicholl, 2010; Bryman, 2007) was also a factor in my study. The multiple areas of expertise needed to conduct a rigorous mixed-methods study led to unexpected difficulties, and increased the time needed to analyse the data, also describe by Creswell (2003). The researcher needed time to i) develop new data sets, for example in the quantitization of qualitative data; ii) to develop data analysis skills for each type of data; iii) to apply different writing styles to different types of data; and finally iv) to integrate and interpret the multiple data sets during each of the phases of analysis.

Another issue was differences in research paradigms made integrating the findings more difficult. For example, differences in the abductive and interpretavist approach to Q methodology developed by Stephenson (1953), and the deductive and positivist approach to Q methodology based on the work of Block (1961), were not appreciated in the research design phase. This meant the researcher realised after data collection that it was inappropriate to correlate the rank ordering of Q sort statements with quantitative data, as initially planned. In writing this study up, the process of moving back and forth between the three study

components meant presentation of the findings in a structured and logical way was very challenging, and occurred at the expense of transparency.

11.7 Chapter 8 Conclusion

This chapter has presented the integration and interpretation of the findings of the three different components of this study, within the context of the existing literature. The limitations of the study were also considered. In the next chapter, the primary contributions to knowledge are highlighted, and the implications of this study are considered.

CHAPTER 12   CONCLUSIONS

12.1 Introduction

This chapter presents the researcher's conclusions about what the findings revealed, how this study contributes to knowledge about identity and mixed methods research, and the implications of the study for research, policy, and occupational therapy practice. The primary conclusion of this study is that participation in food activities maintains older adults' important identities and their mental wellbeing when food activities are an important and pleasurable part of daily life. Nevertheless, older adults whose food activities and identities change continue to experience mental wellbeing in later life.

12.2 What the Findings Revealed

This study found that a dynamic and reciprocal relationship between food activities and the identity maintenance processes of participation and maintenance, threat and compensation, and change in meaning and identity, among predominantly White British community-living older adults in West London.

Participating in everyday food activities maintains a life-long food identity as a food-lover as well as other important selves. When food activities are very important, they also contribute to the maintenance of hoped-for possible selves as independent and able to cook. Participating in everyday food activities also maintains a life-long identity as a non-foodie. However, when food activities are unimportant they do not contribute to the maintenance of other important selves. These findings confirm Christiansen's (1999) theory that activities contribute to the development and maintenance of identities; and add to his theory by showing that only important and meaningful activities will contribute to the development and maintenance of multiple important selves and identity.

The findings also revealed that being alone at the table, deteriorating health, and a loss of income threaten the maintenance of food identities. The most significant of these is being alone at the table. When older adults successfully compensate for these threats, food activities continue to maintain selves and identity. An accumulation of life events over time may

become a 'cascade of crises' leading to a change in meaning of food activities. When food activities become less important, less pleasurable, and too much effort, they no longer maintain important selves and identities. Furthermore, food identity may change as older adults become increasingly 'not bothered' about their food activities.

12.3   Contribution to Knowledge

This study addresses important gaps in the literature identified in a previous systematic review (Plastow, Atwal, Gilhooly, 2014). Previous studies have shown that older adults maintain their important selves and identities by participating in food activities. This study adds depth to this previous research, by demonstrating that the relationship between food activities and identity maintenance is dynamic in later life, and that food activities only contribute to the maintenance of important identities when food activities are important to the individual.

Two previous studies have demonstrated evidence of a relationship between food activities and identity maintenance among British adults in rural communities (Scarpello *et al.*, 2009), and older Polish women in London (Janowski, 2012). In previous studies in the United Kingdom and internationally, there is an emphasis on how food activities contribute to the maintenance of women's gendered identities, family identities, and ethnic identities. My study has shown that among British older adults, food activities contribute to the maintenance of a much broader range of selves and identities, including an individual identity as either food-lover or non-foodie.

This study also addresses a substantial gap in our understanding of what life experiences in later life may challenge the maintenance of identities or lead to changes in identity. Previous studies focus on health as the primary threat to maintenance of food-related selves and identities (Plastow, Atwal, Gilhooly, 2014). My study shows that the loss of the social aspect to food activities is a greater threat to identity maintenance. Older adults who are alone at the table are more likely to find their food activities boring and repetitive, and are more likely to view themselves negatively as overweight and lazy because of a loss of their food routines. The findings of my study also add to our understanding of life course trajectories in food choice (Devine, 2005), by showing that in later life an accumulation of life events, rather than

a single turning point, is more likely to change the meaning of food activities, and lead to a change in identity.

The relationship between food activities and possible selves in later life has also been ignored in previous studies (Plastow, Atwal, Gilhooly, 2014). My study provides conclusive evidence, using three different methods, that there is no consistent relationship between possible selves and food activity participation. Although possible selves are described as 'intimately connected' to current selves (Markus and Nurius, 1986 p. 954), my study only found a connection between a hoped-for possible self as able to cook and *very important* current selves as a 'food-lover'. Two previous studies have shown a relationship between hoped-for possible selves and health behaviour (Hooker and Kaus, 1992) and daily activities in the health and social domains (Hoppmann *et al.*, 2007). My study adds to Hoppmann *et al.*'s (2007) finding that there is a relationship between some important possible selves and daily activities, but not others.

The inter-relationship between gender, food activities, and identity maintenance is another gap addressed in this study. In the literature there is more emphasis on men's threatened masculine identities, and the maintenance of women's identities (Plastow, Atwal, Gilhooly, 2014). My study found that both men and women maintain their important selves and identity when they participate in food activities, if food activities are important to them. Previous research suggests revision and redefining of identities is more common among women (Skultety and Whitbourne, 2004). In my study, most participants who became 'not bothered' about their food activities were women. This suggests that a change in meaning of food activities is more of a threat to identity maintenance among older women than among older men.

A final contribution to knowledge about the relationship between food activities and identity maintenance is that changes in food identity do not necessarily affect mental wellbeing. Consequently, the researcher disagrees with Christiansen's (1999) argument that a change in daily activities poses a threat to personal identity, or that a change in meaning necessarily leads to diseases of a loss of meaning. Instead, older adults whose food identities change may continue to expect to have a good quality of life and achieve their hoped-for possible selves in the future in other ways. The reasons why a change in food identity does not negatively affect mental wellbeing in later life is an interesting area for further research.

From a methodological point of view, the use of a concurrent mixed methods design in this study also makes a contribution to knowledge. Creswell *et. al.*'s (2003) advice is to use as few methods as possible while still obtaining rich data. From the outset of this research, the researcher found little additional guidance in the mixed methods literature on how many methods to combine in one project. Following this study, the researcher has reached three conclusions that contribute to knowledge of concurrent mixed methods research: Firstly, concurrent mixed methods studies should not include more than two methods from different research paradigms. Secondly, the quality of each component is lower than what can be achieved using a single research paradigm, or a sequential mixed methods design. Thirdly, a concurrent mixed methods research design situated in more than one research paradigm is inappropriate for a time-limited project by novice researchers, including undergraduate and post-graduate students.

To the researcher's knowledge, Q methodology had not been used in the past to explore the possible selves of older adults. Instead, the older adult literature has been dominated by the semi-structured Possible Selves Questionnaire, and content analysis of the results into domains pre-determined by the researcher (Bolkan, Hooker and Coehlo, 2014; Hoppmann *et al.*, 2007; Cotrell and Hooker, 2005; Waid and Frazier, 2003; Frazier, Cotrell and Hooker, 2003; Frazier *et al.*, 2002; Smith and Freund, 2002; Frazier *et al.*, 2000; Hooker and Kaus, 1992) . The findings of my study show that older adults hold a variety of viewpoints about their possible selves that are different to the previously studied domains; and that Q methodology is a useful way to understand these viewpoints. Secondly, Q methodology is an engaging method of data collection that was enjoyed by the older adults participants in this study.

12.4 Implications of the Study

12.4.1 Implications for Research

The food-related selves and identities most salient to British older adults in this study were different to the identities researchers have chosen to study in the past. An integrated approach to future identity research (Vignoles, Schwartz, Luyckx, 2011) will provide a more

comprehensive understanding of identity maintenance and change than can be achieved using a single theoretical framework or explanatory model.

Q methodology is a useful method to explore the possible selves of older adults. This methodology addresses Oyserman and James' (2011) criticism that possible selves research concentrates on specific domains of possible selves, rather than the concept of a possible identity. Researchers should develop a new Q set, based on naturalistic item selection, to further explore the possible selves of British older adults using Q methodology.

Concurrent mixed-methods designs from multiple research paradigms are inappropriate for graduate research. Triangulation of researchers (Denzin, 1978) may address time constraints and skill deficits in experienced research teams. However, achieving truly interdisciplinary team working between researchers from qualitative and quantitative backgrounds requires an appreciation of the strengths of each methodology, and good team communication (O'Cathain, Murphy and Nicholl, 2008).

12.4.2 Implications for Clinical Guidelines in the United Kingdom

In response to the NICE quality standard QS50 *'Mental wellbeing of older people in care homes'*, (National Institute for Health and Care Excellence, 2013) my study shows that health professionals working with older adults in residential care should recognise the role of meaningful activity in the maintenance of personal identities. Providing opportunities for meaningful activities and identity maintenance at the same time has the potential to enhance mental wellbeing further than addressing each need individually.

The NICE guidelines PH16 *'Occupational therapy and physical therapy interventions to promote mental wellbeing in late life'* (National Institute for Health and Care Excellence, 2008) recommend that occupational therapists should encourage older adults to develop daily routines that help them maintain or improve their mental wellbeing. The findings of this study suggest that older adults should focus their time, energy, and financial resources on those activities that are the most meaningful and that provide the most pleasure. This offers a further opportunity to promote mental wellbeing through the maintenance of important identities.

12.4.3 Implications for Occupational Therapy Practice

Participation in meaningful activities, and compensation for changes in these activities, maintains lifelong identities. Occupational therapists are experts in the use of meaningful activity to maintain health and wellbeing in later life. Consequently, occupational therapists need to understand what selves and identities are important to the individuals they work with, and the activities that may maintain their identity. A conversation about service users' most important daily activities, why they love or enjoy them, and what they do to make sure participation is consistent with the way they view themselves, is a good starting point for this assessment.

Older adults' food identities may have an effect on the success of occupational therapy interventions. 'Food-lovers' are the older adults most likely to have the motivation, knowledge, and skills necessary to prepare healthy meals, and remain independent in their food activities. Finding ways to compensate for changes in food activities, while still maintaining the meaning of food activities, should be the focus of occupational therapy intervention for these older adults.

Older adults with a life-long disinterest in food activities may lack any interest or motivation in improving their nutritional health, because food activities are not important to them. These older adults may also lack the knowledge and skills necessary to make informed decisions to support their nutritional health. Finding ways to spend as little time as possible on food activities, while still achieving optimum nutritional health, should be the focus of occupational therapy intervention with these older adults.

Older adults who have lost the meaning of their food activities and become 'not bothered' may be at a higher level of nutritional risk, because of the loss of interest in eating evident in some participants' interviews. Further research is needed to explore this hypothesis. Interventions with older adults who have become 'not bothered' may focus on either restoring meaningful participation in food activities, or finding new meaningful activities that maintain important identities.

The 'Feeding, Eating and Swallowing' knowledge and skills paper published by the American Association of Occupational Therapists (Clark *et al.*, 2007) states occupational therapists have the skills and competence to modify the environment to support feeding and eating performance, and to improve social interactions that enhance or support feeding performance. Assessment of feeding and eating performance should include the importance and meaning of food activities to individual patients. This will ensure that therapists work in collaboration with service users to select the most appropriate compensatory and rehabilitative strategies to maintain or improve both the performance and meaning of food activities, based on individual needs.

CHAPTER 13   REFERENCES

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CHAPTER 14   APPENDICES

Appendix D   Protocol and Schedule for Selection of Items for the Possible Selves Q set

1. Introduction and Welcome

Introduce self to each other – What is your interest in participating in this group?
Discuss housekeeping arrangements including

>   Helping self to drinks
>   Location of toilets
>   Location of fire exits

Introduce participants of the purpose of the study and planned research protocol

Define and describe the group discussion and its purpose – To select a balanced and representative Q set for older adults for use in the planned study.

2. Selecting and Modifying Relevant Q set Items

'Please read the statement on each of the 78 cards I have given you and place them into one of three piles for people of your age group – Relevant, Possibly Relevant, Irrelevant'

'Now, for the cards you considered relevant, which are ambiguous and which are obvious?'

'Are any cards similar?'

'Are all of the cards understandable, or are some confusing or perplexing?'

For each set of questions, place prompt cards on table.

Relevant	Ambiguous	Similar	Understandable
Possibly Relevant			
Irrelevant	Obvious		Perplexing

3. Closure
Thank participants
Discuss Focus Group meeting for following fortnight

4. Items Sorted by Participants

To be independent	To be blind	To be able to do the things I enjoy	To be able to act helpless
To have a good quality of life	To be in good shape	To be an art / music appreciator	To be able to con people
To be motivated	To be in touch with my feelings	To be an assault / rape victim	To be able to manipulate people
To be secure	To cope well with the loss of family / friends	To be destitute	To be able to successfully cheat on taxes
To be trusted	To have a good death	To be married	To be drug / alcohol dependent
To be helpful	To have a serious illness	To be religious	To be famous
To be unable to do the things I want to do	To be a good parent	To have a boring job	To be feared
To be loved	To be creative (1)	To be a failure	To be good at sports
To being unable to care for myself	To be incompetent	To be able to fix things (1)	To be good looking
To have a range of interests / hobbies	To be long-lived	To be able to speak well in public	To be ignored
To lose my memory	To be unable to cook for myself	To be boring	To be impotent / non-orgasmic
To lose my close friends	To make a valuable contribution to society	To be in a nursing home	To be jealous
To be able to travel widely	To be able to defend myself physically	To be lazy	To be married several times
To be appreciated	To be self-confident	To be offensive	To be old
To be respected	To be able to remember the things that matter	To be on benefits	To be overweight
To be unable to walk independently	To be a grandparent	To be selfish	To be poor
Losing my spouse / partner	To be able to fix things	To have a job I truly enjoy	To be rich
To be able to cook	To be depressed (1)	To have an affair	To be able to act helpless
To be relaxed / mellow	To be health conscious	To be lonely	
To be useless to others around me	To be unable to care for my spouse / partner	To be good looking	
To have a medium size comfortable home	To have a prolonged death	To be a spouse / child abuser	

Appendix E   Protocol and Schedule for Focus Group Pilot Study

1. Introduction and Welcome

Remind participants of the purpose of the study
Define and describe the focus group and its purpose
Remind participants about issues of confidentiality and respect, particularly relating to any sensitive topics the group may discuss
Confirm housekeeping arrangements including
> Helping self to drinks
> Location of toilets
> Location of fire exits

Sign consent forms

2. Opening discussion questions:

'What kinds of daily activities do you do that involve food?'

'What is the purpose of these activities?'

3. Q sort Demonstration

'To continue this discussion group we are going to think about the future. When we think about the future we usually think about things that might happen or the kinds of people we might become. One way researchers have to talk about this is to talk about Possible Selves – selves we might become in the future. Some might seem quite likely and others might seem a bit far fetched. These possible selves might be someone we hope to become in the future or someone we fear becoming in the future. For example, in the future I hope to be a professor at a university. At the same time I fear not finishing my PhD.

In this pack of cards I have 61 possible selves that others think are relevant to older people. What I would like you to do is to sort these cards on the board in front of you from the possible self you think you are most likely to become to the possible self you are least likely to become. You can move the cards around as much as you like. I'll do three myself so you can see what to do.'

Researcher selects at least 3 cards and places each on different places on the board while verbalising reasons for choices.

'Do you understand what you need to do? Are there any questions now? If you have any questions once we start please don't be shy to ask'

4. Complete Q sort

Facilitator hands out Q sort packs. Participants complete Q sort.

5. Possible Selves Discussion

'Please take the cards at the top of your board that you have chosen as possible selves you are most likely to become. First, I would like to talk about why you have chosen these possible selves

Place questions one by one on table

'Why are these possible selves most likely?'

'What do you do now to achieve these possible selves?' / 'What do you do to avoid these possible selves?'

'Can you link any of your most likely possible selves to the food activities we spoke about earlier?'

6. Closure

Complete demographic questionnaire
Thank participants for their participation
Offer M&S voucher

7. Preparation for In-depth Interviews

Remind participants of the follow up individual interview
Hand out cameras and demonstrate use
Reinforce ability to withdraw at any time
Discuss suitable time to contact by telephone in the following week to confirm participation and arrange interview

Appendix F   Demographic Questionnaire Completed by Pilot Study 1 Participants

Ageing, Food and Maintaining Identity

The purpose of this form is to record some of your details which will help in the analysis of our results. Please do not hesitate to ask a question if there is anything you do not understand, or if you have difficulty reading this form. There are 12 questions

1. What month and year were you born?

Month:

Year:

Please tick ✔ the appropriate box in each section

2. Gender

- [ ] Male
- [ ] Female

3. What is the highest educational qualification that you achieved?

- [ ] I have not gained any formal qualifications
- [ ] O-Levels / GSCE
- [ ] A-Levels
- [ ] Vocational / College education
- [ ] University degree

4. What is your current marital status?

- [ ] Never married
- [ ] Currently married
- [ ] Widowed

Divorced / SeparateLiving with a partner / significant other

- [ ]
- [ ]

5. Ethnicity

What is your ethnic group?

Choose ONE section from A to E, then ✔*the appropriate box to indicate your ethnic group.*

A   White

☐ British

☐ Irish

☐ Any Other White background, *please write in*

   _____

B   Mixed

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any Other Mixed background, *please write in*

   _____

C   Asian or Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Any Other Asian background, *please write in*

   _____

D   Black or Black British

☐ Caribbean

☐ African

☐ Any Other Black background, *please write in*

   _____

E   Chinese or other ethnic group

☐ Chinese

☐ Any Other, *please write in*

   _____

The next section is about the daily activities you do that are related to food.

6. How often do you eat your main meal of the day with other people?

☐ No more than once a month

☐ Fortnightly

☐ Weekly

☐ At least 3 days per week

☐ Almost every day

7. How often do you cook your main meal using fresh ingredients?

☐ No more than once a month

☐ Fortnightly

☐ Weekly

☐ At least 3 days per week

☐ Almost every day

8. How often do you eat your main meal away from home, for example at a restaurant or luncheon club?

☐ No more than once a month

☐ Fortnightly

☐ Weekly

☐ At least 3 days per week

☐ Almost every day

9. How often does someone help you to prepare your main meal?

☐ No more than once a month

☐ Fortnightly

☐ Weekly

☐ At least 3 days per week

☐ Almost every day

10. How often do you drink alcohol with your main meal?

☐ No more than once a month

☐ Fortnightly

☐ Weekly

☐ At least 3 days per week

☐ Almost every day

11. How often do you go shopping for food and drink?

☐ No more than once a month

☐ Fortnightly

☐ Weekly

☐ At least 3 days per week

☐ Almost every day

12. How often do you limit your daily activities involving food because of your financial circumstances?

☐ No more than once a month

☐ Fortnightly

☐ Weekly

☐ At least 3 days per week
Almost every day

☐

Appendix G   Protocol and Schedule for Individual Interviews in Pilot Study 1

1. Introduction and Welcome

1.1 Remind participant of the purpose of the study

'Just to remind you, the aim of the study I am doing is to find out if the way we see ourselves in the future is related to the daily activities we do now that involve food. This can be things like shopping, cooking, eating a meal, or going out for a drink.'

1.2 Define and describe the in-depth interview and its purpose

'In the discussion group at _____ that you came to you talked about how food may or may not be related to how you see yourself in the future. The purpose of this interview is to find out more about how your activities involving food relate to the way you see yourself. We'll talk about some of the things you said in the discussion group, but you can also tell me anything new you have thought about since then. I have a few questions in mind that I would like to ask you but we'll just see where the conversation takes us.

We will use the photographs you have taken or any other objects you think are important when thinking about food to lead our discussion. This discussion should take about an hour to an hour and a half.'

1.3 Verbally confirm continued consent to participate

'At the discussion group you filled in a form to say you were happy to participate in the study. Are you still happy for me to be here and interview you?

Is there anything you would like to ask me before we start?'

1.4 Move to chosen room

'I would like to do this interview in the room that reminds you most about your daily activities involving food. Which room would you choose? Is it OK to do the interview there?'

Set up recording equipment

2. Upload Photographs / Gather Discussion Objects

Upload digital photographs from participant's digital camera to laptop. Also ask the participant to gather four or five objects that they think are important when thinking about activities involving food.

3. Unstructured In-depth Interview

3.1 Start the interview with the question:

'Tell me about the photographs / objects you have chosen that remind you of food'

3.3 Within the interview use the following themes to guide discussion:

Form: Tell me how you do this activity

Function: Tell me why you do this activity

Meaning: What does (activity) mean to you? What would it mean if you couldn't do it anymore?

3.2 The following questions may also be used (in no particular order) to prompt discussion during the interview:

'Why did you choose to sit in this room / Are there any objects in this room that make you think about food?'

*'In the group discussion we talked about who you will most likely be in the future. I asked you to use a pack of cards to find your most likely possible selves. The possible selves you thought were most likely were (*name*) and (*name*).*

Do you still think these are your most likely possible selves?

Is this the same as what you would ideally like to be in the future?

'Let's look at your photographs. Think about your most likely / ideal possible selves and tell me about the photographs you took'*

'Think about your most likely / ideal possible selves and tell me about your activities involving food. Start with those you enjoy doing in this room'*

*Discuss likely / ideal possible selves separately

4. Closure

Thank participant for their time.

Check that they do not have any further questions.

Make sure they still have their participant information leaflet with the author's details and contact details of the supervisor should they have any concerns.

Ask participants if they would like to receive written information about the results of the study once it is completed.

Appendix H   Evaluating the Focus Groups and Interviews and Hoped-for / Feared Possible Selves Q sort

1. Introduction and Welcome

Remind participants of the purpose of the study
Define and describe the purpose of the group meeting
Remind participants about issues of confidentiality and respect, particularly relating to any sensitive topics the group may discuss
Remind participants about the content and structure of the focus group and individual interviews piloted

2. Evaluating Focus Groups and Interviews

'What were the strengths and weaknesses of the focus group and interviews that you participated in for this study?'

Hand out instruction sheet with alternative Q sort instructions.

'Which of the following sets of instructions would work best for the Q sort?'

> Place each card on the board according to how likely it is that this statement will describe you in the future.

> How much would you like this possible self to describe you in the future?

> How much do you think this possible self <u>will</u> describe you in the future?

> How likely do you think this possible self is to come true?

> For you, how likely is this possible self?

3. Hoped-for / Feared Possible Selves Q sort

Give participants the same 61 items used in the Expected Possible Selves Q sort. The instruction given is:

'Place each card on the board according to how much the statement describes what you hope for and what you dread for the future'

4. Closure

Appendix I   Postal Survey Questionnaire

Food and your Identity: A survey
Nicola Plastow

The aim of this postal survey is to determine if there are differences in identity and activities that involve food between people in different age groups between 18 and over 85 years. Your participation is needed to determine if only one particular aspect of identity is measured, if the questions distinguish between older people (over 65 years) and younger people (under 65 years), and if there are any unnecessary or poorly worded questions about food, identity and personal details (demographic information).

The survey should take about 25 minutes to complete.

If you have any further questions please contact:

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Brunel University
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UB8 3PH

Telephone: 01895 268 679

Email: Nicola.Plastow@brunel.ac.uk

Surveys can also be returned to the physical or email address above.

If you have any concerns about this study please contact Dr David Anderson-Ford, Brunel University Ethics Committee via 01895 274 000.

Section 1: Your daily activities that involve food

Please answer the questions below thinking about all of your activities that involve food. Food activities may include shopping, cooking, eating at home, eating out and looking after your health.

How important are food activities to you?

A score of 1 means food activities are not important to you. A score of 10 means they are extremely important to you.

1	2	3	4	5	6	7	8	9	10

Not
important

Extremely
important

How well are you able to do your food activities?

A score of 1 means you are not able to do your food activities at all. A score of 10 means you are able to do your food activities extremely well.

1	2	3	4	5	6	7	8	9	10

Not
able

Extremely
well

How would you rate your satisfaction with the way you do your food activities?

A score of 1 means you are not satisfied at all with the way you do your food activities. A score of 10 means you are extremely satisfied.

1	2	3	4	5	6	7	8	9	10

Not
satisfied
at all

Extremely
satisfied

How much help do you need with your food activities?

A score of 1 means you are completely dependent on others for all of your food activities. A score of 10 means you are completely independent with all of your food activities.

1	2	3	4	5	6	7	8	9	10

Completely
dependent

Completely
independent

Grocery Shopping

How important is grocery shopping to you?

A score of 1 means grocery shopping not important to you. A score of 10 means grocery shopping is extremely important to you.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
important

Extremely
important

How well are you able to do your grocery shopping?

A score of 1 means you are not able to do your grocery shopping at all. A score of 10 means you are able to do your grocery shopping extremely well.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
able

Extremely
well

How would you rate your satisfaction with the way you do your grocery shopping?

A score of 1 means you are not satisfied at all with the way you do your grocery shopping. A score of 10 means you are extremely satisfied with the way you do your grocery shopping.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
satisfied
at all

Extremely
satisfied

How much help do you need with your grocery shopping?

A score of 1 means you are completely dependent on others for all of your grocery shopping. A score of 10 means you are completely independent with all of your grocery shopping.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Completely
dependent

Completely
independent

Cooking

How important is cooking to you?

A score of 1 means cooking not important to you. A score of 10 means cooking is extremely important to you.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
important

Extremely
important

How well are you able to cook?

A score of 1 means you are not able to cook at all. A score of 10 means you are able to cook extremely well.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
able

Extremely
well

How satisfied are you with the way you cook?

A score of 1 means you are not satisfied at all with the way you do your cooking. A score of 10 means you are extremely satisfied with the way you do your cooking.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
satisfied
at all

Extremely
satisfied

How much help do you need with your cooking?

A score of 1 means you are completely dependent on others for all of your cooking. A score of 10 means you are completely independent with all of your cooking.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Completely
dependent

Completely
independent

Eating

How important is eating to you?

A score of 1 means eating is not important to you. A score of 10 means eating is extremely important to you.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
important

Extremely
important

How well are you able to eat?

A score of 1 means you are not able to eat at all. A score of 10 means you are able to eat extremely well.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
able

Extremely
well

How satisfied are you with your eating?

A score of 1 means you are not satisfied at all with the way you do your grocery shopping. A score of 10 means you are extremely satisfied with the way you do your grocery shopping.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
satisfied
at all

Extremely
satisfied

How much help do you need with eating?

A score of 1 means you are completely dependent on others for all of your eating. A score of 10 means you are completely independent with all of your eating.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Completely
dependent

Completely
independent

Eating Out

How important is eating out to you? For example going to restaurants, a coffee shop, or a lunch club

A score of 1 means eating out is not important to you. A score of 10 means eating out is extremely important to you.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
important

Extremely
important

How well are you able to eat out?

A score of 1 means you are not able to eat out at all. A score of 10 means you are able to eat out extremely well.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
able

Extremely
well

How satisfied are you with the eating out you do now?

A score of 1 means you are not satisfied at all with your eating out. A score of 10 means you are extremely satisfied with your eating out.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
satisfied
at all

Extremely
satisfied

How much help do you need with eating out?

A score of 1 means you are completely dependent on others to eat out. A score of 10 means you are completely independent with eating out.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Completely
dependent

Completely
independent

Balancing your diet for a healthy lifestyle

How important is it to balance your diet for a healthy lifestyle?

A score of 1 means balancing your diet is not important to you. A score of 10 means balancing your diet is extremely important to you.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not important

Extremely important

How well are you able to balance your diet for a healthy lifestyle?

A score of 1 means you are not able to balance your diet all. A score of 10 means you are able to balance your diet extremely well.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not able

Extremely well

How satisfied are you with the way you balance your diet for a healthy lifestyle?

A score of 1 means you are not satisfied at all with the way you balance your diet. A score of 10 means you are extremely satisfied with the way you balance your diet.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not satisfied at all

Extremely satisfied

How much help do you need to balance your diet?

A score of 1 means you are completely dependent on others to balance your diet. A score of 10 means you are completely independent in balancing your diet.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Completely dependent

Completely independent

Section 2: Questions about your sense of identity

The following statements relate to what you may hope for, dread or expect for your own future. Please write a number between 1 and 5 that indicates how much you agree with each statement.
A rating of 1 means you agree totally with the statement. A rating of 5 means you agree least with the statement. Record your answer in the 'Score' column

1	2	3	4	5	0
Totally Agree	Strongly Agree	Agree	Somewhat Agree	Least Agree	Not applicable

	Score
I hope I will be independent	
I expect I will be independent	
I hope I will have a good quality of life	
I expect I will have a good quality of life	
I hope I will be motivated	
I expect I will be motivated	
I hope I will be financially secure	
I expect I will be financially secure	
I hope I will be trusted	
I expect I will be trusted	
I hope I will be helpful	
I expect I will be helpful	
I dread being unable to do the things I want to do	
I expect to be unable to do the things I want to do	
I hope I will be loved	
I expect I will be loved	

1	**2**	**3**	**4**	**5**	**0**
Totally Agree	Strongly Agree	Agree	Somewhat Agree	Least Agree	Not applicable

I dread being unable to care for myself	
I expect to be unable to care for myself	
I hope I will have a range of interests / hobbies	
I expect I will have a range of interests / hobbies	
I dread losing my memory	
I expect I will lose my memory	
I dread losing my close friends	
I expect to lose my close friends	
I hope to be able to travel widely	
I expect I will be able to travel widely	
I hope I will be appreciated	
I expect I will be appreciated	
I hope I will be respected	
I expect I will be respected	
I dread being unable to walk independently	
I expect I will be unable to walk independently	
I dread losing my spouse / partner	
I expect I will lose my spouse / partner	
I hope I will be able to cook	
I expect I will be able to cook	
I hope I will be relaxed / mellow	
I expect to be relaxed / mellow	

1	2	3	4	5	0
Totally Agree	Strongly Agree	Agree	Somewhat Agree	Least Agree	Not applicable

I dread being useless to others around me	
I expect I will be useless to others around me	
I hope I will have a medium size comfortable home	
I expect to have a medium sized comfortable home	
I dread being blind / deaf	
I expect I will be blind / deaf	
I hope I will be in good shape	
I expect I will be in good shape	
I hope I will be in touch with my feelings	
I expect I will be in touch with my feelings	
I hope I will cope well with the loss of family / friends	
I expect I will cope well with the loss of family / friends	
I hope I will have a good death	
I expect I will have a good death	
I dread having a serious illness	
I expect I will have a serious illness	
I hope I will be a good parent	
I expect I will be a good parent	
I hope I will be creative	
I expect I will be creative	
I dread being incompetent	
I expect I will be incompetent	

1	2	3	4	5	0
Totally Agree	Strongly Agree	Agree	Somewhat Agree	Least Agree	Not applicable

I hope I will be long-lived	
I expect I will be long-lived	
I dread being unable to cook for myself	
I expect I will be unable to cook for myself	
I hope I will make a valuable contribution to society	
I expect I will make a valuable contribution to society	
I hope I will be able to defend myself physically	
I expect I will be able to defend myself physically	
I hope I will be self confident	
I expect I will be self confident	
I hope I will be able to remember the things that matter	
I expect that I will be able to remember the things that matter	
I hope I will be a grandparent	
I expect I will be a grandparent	
I dread being depressed	
I expect I will be depressed	
I hope I will be health conscious	
I expect to be health conscious	
I dread being unable to care for my spouse / partner	
I expect I will be unable to care for my spouse / partner	
I dread having a prolonged terminal illness	
I expect I will have a prolonged terminal illness	

1	2	3	4	5	0
Totally Agree	Strongly Agree	Agree	Somewhat Agree	Least Agree	Not applicable

I hope I will be able to do the things I enjoy	
I expect I will be able to do the things I enjoy	
I hope I will appreciate art / music	
I expect I will appreciate art / music	
I dread being a victim of crime	
I expect I will be a victim of crime	
I dread being destitute	
I expect I will be destitute	
I hope I will be married	
I expect to be married	
I hope I will be religious	
I expect I will be religious	
I dread having a boring job	
I expect I will have a boring job	
I dread being a failure	
I expect I will be a failure	
I hope I will be able to fix things	
I expect I will be able to fix things	
I hope I will be able to speak well in public	
I expect I will be able to speak well in public	
I dread being boring	
I expect I will be boring	

1	2	3	4	5	0
Totally Agree	Strongly Agree	Agree	Somewhat Agree	Least Agree	Not applicable

I dread being in a nursing home	
I expect I will be in a nursing home	
I dread being lazy	
I expect I will be lazy	
I dread being offensive	
I expect I will be offensive	
I dread being on benefits	
I expect I will be on benefits	
I dread being selfish	
I expect I will be selfish	
I hope I will have a job I truly enjoy	
I expect I will have a job I truly enjoy	
I hope I will have an affair	
I expect I will have an affair	
I dread being lonely	
I expect I will be lonely	

Section 3: Demographic Details

The purpose of this section is to record details about you that will help in the analysis of our results.

- **What is your date of birth?** _____ **.**

Please mark the appropriate box in each section

- **What is your gender?**

	Male
	Female

- **What is your legal marital or same-sex civil partnership status?**

	Never married and never registered a same-sex civil partnership
	Married
	Separated, but still legally married
	Divorced
	Widowed
	In a registered same-sex civil partnership
	Separated, but still legally in a same-sex civil partnership
	Formerly in a same-sex civil partnership which is now legally dissolved
	Surviving partner from a same-sex civil partnership

- **Are you living with someone in your household as a couple?**

	Yes - **What is your relationship to this person?**
	No

What is your ethnic group?

CHOOSE ONE SECTION FROM A TO E, THEN SELECT THE APPROPRIATE OPTION TO INDICATE YOUR ETHNIC GROUP

A. White

1. British

2. Irish

3. Any Other White background, *please write in*
_____

B. Mixed

4. White and Black Caribbean

5. White and Black African

6. White and Asian

7. Any Other Mixed background, *please write in*
_____

C. Asian or Asian British

8. Indian

9. Pakistani

10. Bangladeshi

11. Any Other Asian background, *please write in*
_____

D. Black or British Black

12. Caribbean

13. African

14. Any Other African background, *please write in*
_____

E. Chinese or other ethnic group

15. Chinese

16. Any Other, please write in
_____

Questions about your current or previous occupation

Question A

Are you currently a student in Higher education?

Yes ☐

No ☐

The following questions refer to your current main job, or (if you are not working now) to your last main job. Please tick one box only per question.

Question B

Do (did) you work as an employee or are (were) you self-employed?

Employee ☐

Self-employed with employees ☐

Self-employed / freelance without employees (go to question 4) ☐

Question C

For employees: indicate below how many people work (worked) for your employer at the place where you work (worked).
For self-employed: indicate below how many people you employ (employed). Go to Question E when you have completed this question.

1 to 24 ☐

25 or more ☐

Question D

Do (did) you supervise any other employees?
A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis

Yes ☐

No ☐

Question E

Please tick one box to show which best describes the sort of work you do / did.
(If you are not working now, please tick a box to show what you did in your last job).

PLEASE TICK ONE BOX ONLY

Modern professional occupations
    such as: teacher - nurse - physiotherapist - social worker - welfare officer
    artist - musician - police officer (sergeant or above) - software designer   ☐ 1

Clerical and intermediate occupations
    such as: secretary - personal assistant - clerical worker - office clerk -
    call centre agent - nursing auxiliary - nursery nurse   ☐ 2

Senior managers or administrators
    (usually responsible for planning, organising and co-ordinating work
    and for finance)
    such as: finance manager - chief executive   ☐ 3

Technical and craft occupations
    such as: motor mechanic - fitter - inspector - plumber - printer -
    tool maker - electrician - gardener - train driver   ☐ 4

Semi-routine manual and service occupations
    such as: postal worker - machine operative - security guard – caretaker
    - farm worker - catering assistant - receptionist - sales assistant   ☐ 5

Routine manual and service occupations
    Such as: HGV driver - van driver - cleaner - porter - packer – sewing
    machinist - messenger - labourer - waiter / waitress - bar staff   ☐ 6

Middle or junior managers
    such as: office manager - retail manager - bank manager - restaurant
    manager - warehouse manager - publican   ☐ 7

Traditional professional occupations
    such as: accountant - solicitor - medical practitioner - scientist -
    civil / mechanical engineer   ☐ 8

Appendix J   Letter of Ethical Approval

Brunel
UNIVERSITY
WEST LONDON

School of Health Sciences and
Social Care

Research Ethics Committee

School of Health Sciences and
Social Care
Brunel University,
Uxbridge
Middlesex UB8 3PH
Telephone: +44 (0)1895 274000
Web www.brunel.ac.uk

1 August 2008

<u>Proposer</u>:   Nicola Plastow

<u>Title:</u>   **Food and Identity: The relationship between performance of activities involving food and hope-for and feared possible selves as community dwelling older adults age**

<u>Reference</u>:   08/06/PHD/04

Letter of Approval

The School Research Ethics Committee has considered the amendments recently submitted by you in response to the Committee's earlier review of the above application

The Chair, acting under delegated authority, is satisfied that the amendments accord with the decision of the Committee and has agreed that there is no objection on ethical grounds to the proposed study. Approval is given on the understanding that the conditions of approval set out below are followed:

- *The agreed protocol must be followed. Any changes to the protocol will require prior approval from the Committee.*

NB:

- **Research participant information sheets and (where relevant) flyers, posters and consent forms, should include a clear statement that research ethics approval has been obtained from the School of Health Sciences and Social Care Research Ethics Committee.**

- **Approval to proceed with the study is granted subject to receipt by the Committee of satisfactory responses to any conditions that may appear above, in addition to any subsequent changes to the protocol.**

David Anderson-Ford
School Research Ethics Officer
School of Health Sciences and Social Care

Appendix K   Participant Information Leaflet

**Participant
Information Leaflet**

Survey Interviews

on

Ageing, Food and Maintaining Identity

A PhD study by Nicola Plastow
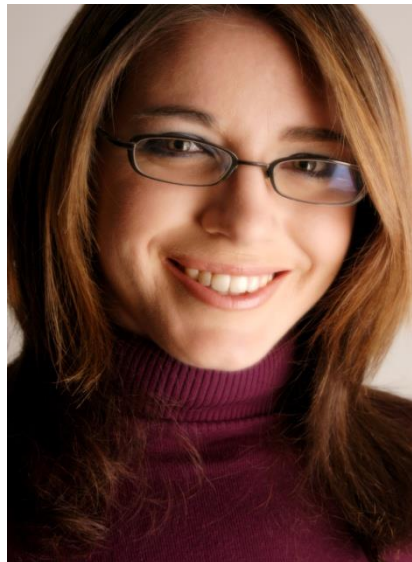
What is the purpose of this study?

We know that ageing actively is important to older people. At times of transition, for example from working life to retirement, and from healthy old age in to increasing frailty, it can be more difficult to remain as active as before. As people age some daily activities change in importance and meaning. Other daily activities can become more difficult to carry out independently. This can affect how a person hopes or expects to be in the future. This impacts on a person's sense of identity and their well-being.

We also know that food is central to our sense of identity and well-being. Food lets us express ourselves, influences our roles in our families, helps us organise our day, and live healthily. Daily activities involving food may also be related to how we hope and expect to be in the future. Most current research on ageing and food focuses on nutrition, rather than the meaning of every day activities that involve food.

The aim of this study is to find out how older people maintain their identity and well-being despite changes to daily activities involving food.

A personal aim is to further develop my competence in research with older people through a programme of PhD study and training.

How will the study benefit older people?

Activities involving food are often used in rehabilitation to help people become more independent after an illness or time in hospital. Health professionals aim to make these activities beneficial and meaningful to promote recovery.

We hope that information gathered in this study will help health professionals understand the importance of activities related to food in helping older people maintain their independence and identity as they age.

Who is doing this study?

The study is the project of Mrs Nicola Plastow, a PhD student at Brunel University, West London and lecturer in occupational therapy. Her supervisors are Professor Mary Gilhooly, Director of the Brunel Institute for Ageing Studies, and Dr Anita Atwal, Director the Centre for Professional Practice Research at Brunel University.

This study has been approved by the Brunel University Research Ethics Committee.

Who is being asked to take part?

We would like to talk to 45 people who are retired and living in their own home or with their extended family in London.

What do I have to do?

Participating in this study involves one interview with Nicola Plastow. The interview will include questions about what you hope for, dread and expect for your future. I will also be asking you questions about the daily activities you do that involve food. The questions follow a set format. All 45 people participating will be asked the same questions.

The interview is face to face and will last approximately one hour. I will tape record the interview so that later I can go back to exactly what you have said.

How do I indicate whether or not I want to participate in this study?

Participation is entirely voluntary. Please fill in the contact details form indicating that either you are willing to take part in my study or you would like to discuss the project further before deciding.
Return this form in the prepaid envelope provided.

You may also change your mind about participating at any time without any negative consequences.

How are the interviews arranged?

Once I have received your contact details form I (Nicola Plastow) will telephone you to either provide more information or arrange an interview.

Where do the interviews take place?

The interviews will take place in your home. If you do not wish to be interviewed at home we can arrange for the interviews to be held at your local club, within your retirement complex or in an interview room at Brunel University. Any costs of travelling to the interview by public transport will be reimbursed.

Can someone be with me during the interview?

We are very happy for you to be accompanied in the interviews by a friend or relative. However some of what you share in the discussion may be quite personal, so bear this in mind.

What will happen to the study findings?

If you would like to know the results of the study a leaflet outlining the results of the study will be posted to you. You can also contact me directly at any time.

In order to have the maximum benefit to older people, results of this study should be published as widely as possible. Findings may be published in journal articles, at conferences involving health professionals and older people, or in the local press. The PhD thesis for this project will also be available online and in print through the Brunel University library.

Is my information confidential?

Your confidentiality will be protected at all times by:
- Putting a code rather than your name on all records of your participation
- Storing all data on a password-protected Brunel University computer
- Limiting access to your information to the research team only
- Ensuring no names or other personal details are used in future reports or publications of this research
- Keeping to the Data Protection Act (1998)

What do I do next?

If you are happy to participate in this project, or would like some more information, please get in touch with Nicola Plastow by telephone or by completing the enclosed contact details form and posting it in the addressed envelope provided.

ABOUT ME

I am an occupational therapist registered with the Health Professions Council. I have worked with older people in a variety of settings within the NHS. I am passionate about enabling people to liver healthier and happy lives in the home of their choice.

I have been a lecturer in occupational therapy at Brunel University since 2005. I have an MSc degree and I am now registered as a PhD student.

I would really value your participation in this research and hope that you have found this information leaflet useful. If you do decide to participate you will receive a £10 M&S voucher to thank you for your time. I look forward to hearing from you.

CONTACT DETAILS

Nicola Plastow
Mary Seacole Building
Brunel University
Kingston Lane
Uxbridge
UB8 3PH

Telephone: 01895 268 679
Mobile: 07754 110 633
Email: Nicola.Plastow@brunel.ac.uk

If you have any concerns about this study please contact David Anderson-Ford, Brunel University Ethics Committee.

RESEARCH TEAM

PhD Student

Mrs Nicola Plastow

Lecturer in Occupational Therapy, Brunel University

Tel: 01895 268 679

Email: Nicola.Plastow@brunel.ac.uk

Project Supervisors

Professor Mary Gilhooly

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Dr Anita Atwal

Centre for Professional Practice Research, Brunel University

Tel: 01895 268 737

Email: Anita.Atwal@brunel.ac.uk

Appendix L   Participant Contact Sheet

Ageing, Food and Maintaining Identity

The purpose of this form is to provide us with your contact details so that we are able to invite you to participate in this study or provide you with more information. All data will be securely stored according to the regulations detailed in the Data Protection Act (1998) and in accordance with the Code of Ethics and Professional Conduct for occupational therapists.

Name:_____

Address:_____

_____

_____

Post Code:_____

Telephone Number: _____

Mobile Telephone Number: _____

Email: _____

Please tick as appropriate:

[ ] **I would like you to contact me to participate in the study interviews in 2010**

[ ] **I would like you to contact me to answer my questions before I decide whether or not to participate in the study**

Please return to:

Nicola Plastow
Lecturer in Occupational Therapy
Mary Seacole Building
Brunel University
Uxbridge
UB8 3PH

Appendix M   Semi-structured Interview Protocol and Schedule

The following text outlines the procedures for the face-to-face survey interview for Pilot 3. Items in *italics* are examples of instructions or explanations that may be given to participants. Normal text indicates instructions to the interviewer, Nicola Plastow.

Introduction

Remind participant of the purpose of the study

Everyday activities involving food can change as we get older and particular at times like retirement, after a bereavement, or during an illness or time in hospital. The way we see ourselves in the future also changes at these times. It is thought that the way we view ourselves in the future is linked to our motivation to adapt positively to these kinds of changes and also to our sense of well-being. Food can also be motivating and is also important to our well-being.

The aim of the study I am doing is to find out if the way we see ourselves in the future is related to the daily activities we do now that involve food. This can be things like shopping, cooking, eating a meal, or going out for a drink.

Define and describe the survey interview and its purpose

'*For this phase of the project I am using the same interview with around 40 people who are retired and live in their community rather than in a residential home or long-stay hospital. The interview questions are all written down in front of me and I will be writing down your answers as we go along. To make sure that I don't miss anything I would also like to tape record the interview so I can go back later and listen again to what you have said. The interview will last for about one hour.*

Do you have any questions at this stage?'

Complete consent form

Part 1: Food-related Activities Introductory Questions

'What kinds of daily activities do you do that involve food?'

'What is the purpose of these activities?'

Part 2: Possible Selves Q Sorts

We are now going to do two card sorting exercises. I will tell you about the items on the cards first and then explain how we will sort them.

'To continue this discussion group we are going to think about the future. When we think about the future we usually think about things that might happen or the kinds of people we might become. One way researchers have to talk about this is to talk about Possible Selves – selves we might become in the future. Some might seem quite likely and others might seem a bit far fetched. These possible selves might be someone we hope to become in the future or someone we fear becoming in the future. For example, in the future I hope to be a professor at a university. At the same time I fear not finishing my PhD.

In this pack of cards I have 36 possible selves that a survey I did suggests are relevant to older people. First I would like you to sort them into three piles – things you hope for, things you dread, and things that are not important or not relevant to you.

Now I would like you to sort these cards on the board in front of you from the possible self you hope for most to the one you dread most. You can move the cards around as much as you like.

For the second sort, I would like you to think about your expectations for the future. First sort these cards into three piles again. Things you expect to happen, things that are unlikely to happen, and things you are not sure about or are not relevant to you.

Now I would like you to sort these cards on a board in front of you from the possible self you expect most, to the possible self you expect least.

Possible Selves items

1	I will be trusted
2	I will be helpful
3	I will be able to do the things I enjoy
4	I will be respected
5	I will be a good parent
6	I will be financially secure
7	I will have a range of interests / hobbies
8	I will be loved
9	I will be independent
10	I will have a good death
11	I will be in touch with my feelings
12	I will appreciate art / music
13	I will have a good quality of life
14	I will be motivated
15	I will be able to remember the things that matter
16	I will be health conscious
17	I will have a comfortable home
18	I will be unable to remember the things that matter
19	I will be unable to do what I want to do
20	I will be a victim of crime
21	I will be able to cook
22	I will be blind / deaf
23	I will be incompetent
24	I will be depressed
25	I will be unable to care for my spouse / partner
26	I will be unable to walk independently
27	I will be destitute
28	I will be offensive
29	I will lose my spouse / partner
30	I will have a serious illness
31	I will be unable to care for myself
32	I will be useless to others around me
33	I will lose my close friends / family
34	I will be in a nursing home
35	I will be unable to cook for myself

Part 3: Occupational Performance of Food Activities Questionnaire

The activities we do involving food can include shopping, cooking, eating, eating out and managing our diet to stay healthy. I am going to ask you questions about each of these activities.

'This is a score card from one to ten. I am going to ask you how important it is to you to be able to do each of the activities you just mentioned. If we look at the score card we can see that the score goes from 1 to 10. A score of one means it is not important to you at all to be able to do an activity. Ten means it is extremely important to you to be able to do the activity. Does that make sense? OK, now I will ask you for each of the activities you mentioned.

How important is it to you to be able to do (name of activity)'

'In the same way that we scored importance of each of these activities to you, I am going to ask you how you would rate the way you do (name of first activity) now. The scores are out of 10 again. One means that you are not able to do the activity at all. Ten means you are able to do it extremely well. Do you have any questions?'

'How would you rate the way you do (name of activity) now?' Repeat for all 5 activities

'I am now going to ask you how you would rate your satisfaction with the way you do this activity now. Again the scores are out of ten. A score of one means you are not satisfied at all with the way you do an activity. A score of ten means you are extremely satisfied with the way you do that activity. Is that clear?

'How satisfied are you with the way you do (name of activity) now?'

'How independent are you with (name of activity)?

'Is there anything that stops you doing (name of activity) in the way you would like to do it?'

Repeat for all 5 activities, showing questions to participants.

Score Card

How important is it?									
1	2	3	4	5	6	7	8	9	10
Not important									Extremely important

How well are you able to do it?									
1	2	3	4	5	6	7	8	9	10
Not able									Extremely well

How would you rate your satisfaction with the way you do it?									
1	2	3	4	5	6	7	8	9	10
Not satisfied at all									Extremely satisfied

How much help do you need?									
1	2	3	4	5	6	7	8	9	10
Completely dependent									Completely independent

Grocery Shopping

How important is grocery shopping to you?

A score of 1 means grocery shopping not important to you. A score of 10 means grocery shopping is extremely important to you.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
important

Extremely
important

How well are you able to do your grocery shopping?

A score of 1 means you are not able to do your grocery shopping at all. A score of 10 means you are able to do your grocery shopping extremely well.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
able

Extremely
well

How would you rate your satisfaction with the way you do your grocery shopping?

A score of 1 means you are not satisfied at all with the way you do your grocery shopping. A score of 10 means you are extremely satisfied with the way you do your grocery shopping.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
satisfied
at all

Extremely
satisfied

How much help do you need with your grocery shopping?

A score of 1 means you are completely dependent on others for all of your grocery shopping. A score of 10 means you are completely independent with all of your grocery shopping.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Completely
dependent

Completely
independent

Cooking

How important is cooking to you?

A score of 1 means cooking not important to you. A score of 10 means cooking is extremely important to you.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
important

Extremely
important

How well are you able to cook?

A score of 1 means you are not able to cook at all. A score of 10 means you are able to cook extremely well.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
able

Extremely
well

How satisfied are you with the way you cook?

A score of 1 means you are not satisfied at all with the way you do your cooking. A score of 10 means you are extremely satisfied with the way you do your cooking.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
satisfied
at all

Extremely
satisfied

How much help do you need with your cooking?

A score of 1 means you are completely dependent on others for all of your cooking. A score of 10 means you are completely independent with all of your cooking.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Completely
dependent

Completely
independent

Eating

How important is eating to you?

A score of 1 means eating is not important to you. A score of 10 means eating is extremely important to you.

1	2	3	4	5	6	7	8	9	10

Not
important

Extremely
important

How well are you able to eat?

A score of 1 means you are not able to eat at all. A score of 10 means you are able to eat extremely well.

1	2	3	4	5	6	7	8	9	10

Not
able

Extremely
well

How satisfied are you with your eating?

A score of 1 means you are not satisfied at all with the way you do your grocery shopping. A score of 10 means you are extremely satisfied with the way you do your grocery shopping.

1	2	3	4	5	6	7	8	9	10

Not
satisfied
at all

Extremely
satisfied

How much help do you need with eating?

A score of 1 means you are completely dependent on others for all of your eating. A score of 10 means you are completely independent with all of your eating.

1	2	3	4	5	6	7	8	9	10

Completely
dependent

Completely
independent

Eating Out

How important is eating out to you? For example going to restaurants, a coffee shop, or a lunch club

A score of 1 means eating out is not important to you. A score of 10 means eating out is extremely important to you.

1	2	3	4	5	6	7	8	9	10

Not
important

Extremely
important

How well are you able to eat out?

A score of 1 means you are not able to eat out at all. A score of 10 means you are able to eat out extremely well.

1	2	3	4	5	6	7	8	9	10

Not
able

Extremely
well

How satisfied are you with the eating out you do now?

A score of 1 means you are not satisfied at all with your eating out. A score of 10 means you are extremely satisfied with your eating out.

1	2	3	4	5	6	7	8	9	10

Not
satisfied
at all

Extremely
satisfied

How much help do you need with eating out?

A score of 1 means you are completely dependent on others to eat out. A score of 10 means you are completely independent with eating out.

1	2	3	4	5	6	7	8	9	10

Completely
dependent

Completely
independent

Eating Healthily

How important is eating healthily to you?

A score of 1 means eating healthily is not important to you. A score of 10 means eating healthily is extremely important to you.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
important

Extremely
important

How well are you able to eat healthily?

A score of 1 means you are not able to eat healthily all. A score of 10 means you are able to eat healthily extremely well.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
able

Extremely
well

How satisfied are you with the way your healthy eating?

A score of 1 means you are not satisfied at all with your healthy eating. A score of 10 means you are extremely satisfied with your healthy eating.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not
satisfied
at all

Extremely
satisfied

How much help do you need to eat healthily?

A score of 1 means you are completely dependent on others to eat healthily. A score of 10 means you are completely independent in healthy eating.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Completely
dependent

Completely
independent

Part 4: Demographic Details

The purpose of this section is to record details about you that will help in the analysis of our results.

- **What is your date of birth?** _____ **.**

Please mark the appropriate box in each section

- **What is your gender?**

	Male
	Female

- **What is your legal marital or same-sex civil partnership status?**

	Never married and never registered a same-sex civil partnership
	Married
	Separated, but still legally married
	Divorced
	Widowed
	In a registered same-sex civil partnership
	Separated, but still legally in a same-sex civil partnership
	Formerly in a same-sex civil partnership which is now legally dissolved
	Surviving partner from a same-sex civil partnership

- **Are you living with someone in your household as a couple?**

	Yes - **What is your relationship to this person?**
	No

What is your ethnic group?

CHOOSE ONE SECTION FROM A TO E, THEN SELECT THE APPROPRIATE OPTION TO INDICATE YOUR ETHNIC GROUP

A. White

1. British

2. Irish

3. Any Other White background, *please write in*
_____

B. Mixed

4. White and Black Caribbean

5. White and Black African

6. White and Asian

7. Any Other Mixed background, *please write in*
_____

C. Asian or Asian British

8. Indian

9. Pakistani

10. Bangladeshi

11. Any Other Asian background, *please write in*
_____

D. Black or British Black

12. Caribbean

13. African

14. Any Other African background, *please write in*
_____

E. Chinese or other ethnic group

15. Chinese

16. Any Other, please write in
_____

Questions about your current or previous occupation

Question A

Are you currently a student in Higher education?

Yes ☐

No ☐

The following questions refer to your current main job, or (if you are not working now) to your last main job. Please tick one box only per question.

Question B

Do (did) you work as an employee or are (were) you self-employed?

Employee ☐

Self-employed with employees ☐

Self-employed / freelance without employees (go to question 4) ☐

Question C

For employees: indicate below how many people work (worked) for your employer at the place where you work (worked).
For self-employed: indicate below how many people you employ (employed). Go to Question E when you have completed this question.

1 to 24 ☐

25 or more ☐

Question D

Do (did) you supervise any other employees?
A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis

Yes ☐

No ☐

Question E

Please tick one box to show which best describes the sort of work you do / did.
(If you are not working now, please tick a box to show what you did in your last job).

PLEASE TICK ONE BOX ONLY

Modern professional occupations
    such as: teacher - nurse - physiotherapist - social worker - welfare officer ☐   1
    artist - musician - police officer (sergeant or above) - software designer

Clerical and intermediate occupations
    such as: secretary - personal assistant - clerical worker - office clerk - ☐   2
    call centre agent - nursing auxiliary - nursery nurse

Senior managers or administrators
    (usually responsible for planning, organising and co-ordinating work ☐   3
    and for finance)
    such as: finance manager - chief executive

Technical and craft occupations
    such as: motor mechanic - fitter - inspector - plumber - printer - ☐   4
    tool maker - electrician - gardener - train driver

Semi-routine manual and service occupations
    such as: postal worker - machine operative - security guard - caretaker – ☐   5
    farm worker - catering assistant - receptionist - sales assistant

Routine manual and service occupations
    Such as: HGV driver - van driver - cleaner - porter - packer – ☐   6
    sewing machinist - messenger - labourer - waiter / waitress - bar staff

Middle or junior managers
    such as: office manager - retail manager - bank manager - restaurant ☐   7
    manager - warehouse manager - publican

Traditional professional occupations
    such as: accountant - solicitor - medical practitioner - scientist - ☐   8
    civil / mechanical engineer

Appendix N   Ethical Approval – Main Study

Brunel
UNIVERSITY
WEST LONDON

School of Health Sciences and Social Care

Research Ethics Committee

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Brunel University,
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Telephone: +44 (0)1895 274000
Web www.brunel.ac.uk

14 December 2009

Approval of Amendment to Protocol

Proposer: Nicola Plastow

Title: Food and Identity: The relationship between performance of activities involving food and hope-for and feared possible selves as community dwelling older adults age
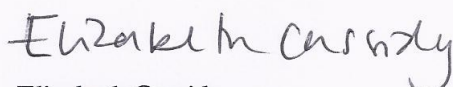
Reference: 08/06/PHD/04

The School Research Ethics Committee has considered the amendment to protocol recently submitted by you in relation to the above study. Acting under delegated authority, the Chair is satisfied that there is no objection on ethical grounds to the amendment. Approval is given on the understanding that the conditions of approval set out below are followed:

- *The Committee requires reassurance regarding data protection issue when using the proposed web-based questionnaire, particularly with reference to the protection of anonymity.*
- *The agreed protocol must be followed. Any changes to the protocol will require prior approval from the Committee.*

NB:

- Research participant information sheets and (where relevant) flyers, posters and consent forms, should include a clear statement that research ethics approval has been obtained from the School of Health Sciences and Social Care Research Ethics Committee.

- Approval to proceed with the study is granted subject to receipt by the Committee of satisfactory responses to any conditions that may appear above, in addition to any subsequent changes to the protocol.

Elizabeth Cassidy

Elizabeth Cassidy
Chair, School Research Ethics Committee
School of Health Sciences and Social Care

Appendix O   An Illustration of the Use of Memos in Qualitative Data Analysis

FEBRUARY 2011

Memo Title: 'I'm a foodie really. I love food' (CP001)

> This memo is one of the first on a 'food-lover' identity. Note in this memo the need to understand what this food identity is, the process of this food identity over time, and what it means for participation in food activities. Also note the development of food identity labels over the course of the data analysis.

What is this identity?

One group of participants described themselves as 'foodies' which generally involved a 'love' of food, but also enjoyment of a range of different food activities.

Why do participants have this identity?

Being a 'foodie' was usually a life-long identity, often based on family life experiences. Coming from a 'foodie family' was therefore important. CP001, a X year old Irish participant, talked at length about her family's relationship with food extending as far back as her own grandmother.

Her identity as a 'foodie' was also based on her cultural identity as 'Irish'.
'Irish people tend to be very sociable. It's part of the old Irish culture to always give people food, so that would be fairly instinctive in me, to share' (CP001)

But this identity as a 'foodie' was not only related to the past, but also to present cooking and eating as a family, evident for participant CP008.

'I've got two daughters who are very good cooks and [food] is just a big part of our lives really...I've got two little grandchildren...Sometimes I do meals for all of us and then my daughter does the same and then we share...I've got a brother who lives nearby. He'll come once a week for supper and we take it in turns to cook for each other because he loves cooking as well. So in the evenings we always have a nice meal and a glass of wine and enjoy it' (CP008, AGE, Divorced, Lived Alone)

It also extended into the future, by passing on skills to children and grandchildren. Women who defined themselves as 'foodies' as well as those who had been 'foodies in the past, often talked about how their culinary skills had been passed on to their daughters and granddaughters.

Consequences for food activities?

Participants who were 'foodies' really enjoyed all of their food activities, from shopping to cooking, to eating out. This meant that they cooked their own meals even if they were alone; cooked the things they enjoyed eating; experimented or were spontaneous with the content of their meals; and cooked more elaborate meals when entertaining.

Cooking own meals

'Foodies' who were both married or living alone continued to cook their own meals even when alone.
'Even if [Simon's*] away or anything I always cook myself a roast dinner...My friends laugh because they say "Oh, I bet you're having roast" and I said "Yes, I'm having duck today" and they say "Oh my God!', because Simon doesn't like duck so I have things he doesn't like.' (CP020)

Cooking foods that are enjoyed

'Foodies' also cooked the foods that they enjoyed, rather than those that were merely quick and easy to prepare. They were also prepared to make an extra effort to shop for these foods even if they were more expensive or if participants had to travel further to the 'right' shop.

'I like salads and stuff...but I'm a big meat eater so we eat allot of meat, steak, mince, every week...I cook mince and lamb chops and loads of meat...I go to the butcher's in [London suburb]. It's quite expensive but it's good meat' (CP020)

In the same way that CP020 describes herself as a 'big meat eater', other participants would express various food identities based on their food preferences.

Experimenting – Being flexible and spontaneous

'Foodie' participants gained pleasure in being flexible and spontaneous in their daily food routines, rather than strictly following a specific regime. Part of this flexibility was experimenting with new dishes without being concerned about whether they were successful or not.

'I watch all the cooking programmes on telly, all of them...I think "Oh, I think I'll do that" and then you do bits of it and then you think "Oh no, I don't think I'll do that again' (CP020)

In this next memo, the consequences of a 'food-lover' identity for food activity participation have been elaborated. However, the most noticeable shift is from understanding of a 'food-lover' identity in isolation, to comparison with a 'utilitarian' identity. This 'utilitarian' identity was later classified as a 'non-foodie' identity.

Over the life course, white older Britons living in London held particular food identities. The dimensions of these food identities ranged from those who were 'Foodies' to those who had a 'Utilitarian' approach to food. 'Foodies' talked in positive terms about food and related activities over the whole of their life course. They valued food that was enjoyable, fresh, tasty and so food activities were important. As a result they enjoyed a range of food activities including shopping, cooking and eating, although some enjoyed eating much more than cooking. They often grew their own food, primarily because they enjoyed it and because it tasted better. They cooked daily using fresh ingredients, and froze extra portions for convenience. Their food activities were, therefore, part of their hobbies and interests. Eating healthily was also important to 'Foodies'. Their food activities, particularly cooking, maintained other current health and social identities as well as their hoped-for possible selves.

'Utilitarians' talked in neutral terms about food and related activities over their life course. They valued food that was was quick, efficient, simple, and so their food activities were essential to survival. Grocery shopping, cooking and eating were therefore essential activities of daily living, and so were necessary, rather than enjoyed. They ate a more limited range of foods than 'Foodies', often using supermarket ready meals for convenience. Eating healthily was generally not important to this group of participants. For 'Utilitarians', only being able to eat independently was an essential aspect to their quality of life. Their food activities did not play an important role in their current or future selves, and so they gave lower ratings to the importance of their food activities.

The range of food identities from 'Foodie' to 'Utilitarian' were evident in five different ways within the data set:
    a) How participants spoke about food over their life course
    b) The importance of their food activities
    c) The way they carried out their daily food activities
    d) Their attitudes to healthy eating
    e) The importance of food activities in their possible selves

Each of these five points of comparison were discussed in more detail in the same memo. Each of these points of comparison also contributed to understanding of the structure of food identities in the final analysis. For example attitudes towards healthy eating and salience of possible selves contributed to understanding of the interaction of different food identities. The way participants carried out daily activities contributed to understanding of the enactment of food identities.

Appendix P   An Illustration of the Use of a Participant Summary Sheet in Qualitative Data Analysis

Note: The table presented here illustrates only one identity category for this participant. The full participant summary sheet included all identity categories in the participants' interview from the qualitative data analysis, as well as all factors impacting on food activities. Also note the inclusion of some researcher memo's in the summary. A summary sheet was recorded for all 39 participants.

Participant 003 – Food-lover		
Demographic Details	CP003 is an 81 year old widow who lives alone. She has a busy and active life and has activities on most days of the week. She considers food to be very important in her life (29/30), performs her food activities well (44/50) and is satisfied with them (44/50). She has positive expectations for her future (EF1).	
Identities	**Food Practices**	**Contexts**
Foodie	**Cooking every day** 'I like cooking. If I'm out for the whole day...we might have a snack lunch somewhere, but I nearly always cook. I cook mainly in the evening unlike yesterday when I did a big Sunday lunch, but otherwise I cook in the evening...Usually, at lunchtime, on my own, I'll have...soup in the winter and salad in the summer. Mostly.'

Growing food 'Salad is east enough in the summer and I grew a lot of it last year, so that's quite good'

Cooking is and interest / hobby 'I've already got a fair old range of interests and hobbies...that would take care of that one because I enjoy cooking'

'It's a hobby, it's a pastime and I enjoy it, I've studied it, done exams in it. I like it. So it's very important to me'

Shopping is important 'Whatever you buy is going to make a difference, isn't it?'

Eating is important – what is eaten and eating in company 'I can't eat as much as I used to so it's getting less important, in that sense. But what I eat is extremely | **Part of past identity** 'I like cooking...I've always been used to cooking and I like doing it'

'I've always been used to cooking and I like doing it...well, for a family and always lots of people coming in' *Note cooking for others visiting as essential, similar to CP001. Also, had coffee tray laid out with biscuits etc in anticipation of my visit. Had a cup of coffee because I HAD to, rather than because I actually wanted one*

'I know with two older granddaughters now, when they were small every year they would say...I'd started from when they were small making them cakes or something in different shapes'

Essential part of future identity 'I couldn't bear not cooking for myself'

'I'd like to be health conscious and motivated'

'I do value my independence a great deal and I like to be able to go out and do all the activities I enjoy still...I wouldn't like not to be able to go and dance. I wouldn't like not to be able to get up to see an art gallery or something, all sorts of things, or to stand and cook...or sit and sew...so I'm not dependent on other people'

'Overall I just dread not being independent. And that would include things like physical things that stop you being independent and mental capacity, forgetting everything...I forget small things allot |

important...and I always enjoy it more it it's a social occasion and I have people in to share it with.' **Experimenting** 'I just like putting my own ingredients and things together. Yes, I like experimenting, using it. Oh yes, that's half the fin. It's all the fun of it.'	now but people who develop Alzheimer's or a similar...I'd rather not go down that road if it's possible but we can't always choose, can we?' 'I like to be useful to people, if I can help things...or do things...It's nice to be able to, A to help and B to be part of it' 'I don't expect to be rich or hope to be rich, but I have a teacher's pension...so long as that goes on I shouldn't starve' **Threats to eating** 'I can't eat as much as I used to so it's getting less important, in that sense...I can't eat some of the things I used to or my tastes are changing. I don't know. And now I'm getting that I...don't really like to eat anything much after about 9 o'clock because I get indigestion if I do. Where that never happened, I could have eaten, you know, 11 [o'clock] and not made any difference' *What she eats and eating socially are protective against these threats. Also making adjustments to eating patterns*

Appendix Q   Participants by Name and Number

Participant 001	Maisy
Participant 002	Edna
Participant 003	Bettie
Participant 004	Jack
Participant 006	Marjory
Participant007	Margaret
Participant 008	Sarah
Participant009	Saul
Participant 010	Ruth
Participant 011	Daphne
Participant 012	Mary
Participant 013	Wanda
Participant 014	Howard
Participant 015	Linda
Participant 016	Victoria
Participant 017	Fred
Participant 018	Barbara
Participant 019	Sally
Participant 020	Patricia
Participant 021	Eileen
Participant 022	Carol
Participant 023	Sharon
Participant 024	Robert
Participant 025	Sue
Participant 026	Anne
Participant 027	Judith
Participant 028	William
Participant 029	Betty
Participant 030	Dorothy
Participant031	Gloria
Participant 032	Martha
Participant 033	Helen
Participant 034	Jean
Participant 035	Jill
Participant 036	Peter
Participant 037	Nancy
Participant 038	Ethel
Participant 039	Phyllis
Participant 040	Rupert

Appendix R   The OPMF Subscale Scores by Demographic Group

The OPMF Subscale Scores by Demographic Group: Food Activity Importance (FA – I), Food Activity Performance (FA – P), Food Activity Satisfaction (FA – S)

| Demographic Characteristics | n (%) | Occupational Performance of Food Activities | | |
		FA – I M (SD)	FA – P M (SD)	FA – S M (SD)
Age Group				
60 – 69	15 (38.5)	24.13 (4.64)	43.40 (5.05)	40.80 (4.84)
70 – 79	14 (35.9)	25.00 (4.61)	42.71 (4.80)	39.79 (5.83)
80 +	10 (25.6)	21.60 (4.86)	40.10 (5.34)	39.30 (5.66)
Gender				
Male	8 (20.5)	22.63 (5.40)	42.00 (6.46)	40.00 (6.02)
Female	31 (79.5)	24.00 (4.63)	42.39 (4.79)	40.07 (5.23)
Marital Status				
Never Married	5 (12.8)	23.80 (3.56)	44.60 (3.71)	40.00 (6.02)
Married	11 (28.2)	23.91 (6.11)	40.90 (6.20)	38.91 (6.44)
Divorced /Separated	9 (23.1)	22.89 (4.20)	40.56 (5.77)	38.56 (5.59)
Widowed	14 (35.9)	24.28 (4.68)	43.71 (3.65)	41.93 (3.87)
Living Arrangements				
Living as a Couple	13 (33.3)	22.69 (6.31)	39.92 (6.18)	38.00 (6.30)
Living with family	6 (15.4)	25.00 (2.00)	43.83 (3.71)	42.83 (1.60)
Living alone	20 (51.3)	24.15 (4.20)	43.40 (4.25)	40.55 (5.02)
SEC				
Professional and Managerial	26 (66.7)	23.96 (5.39)	42.46 (5.38)	39.96 (5.53)
Intermediate	9 (23.1)	24.22 (2.95)	41.89 (4.54)	40.89 (4.65)
Lower Supervisory and Technical	1 (2.6)	-	-	-
Semi-routine and Routine	3 (7.7)	22.67 (4.16)	44.66 (3.21)	41.00 (5.57)

Appendix S   Demographic Characteristics by Food Activities

Table 7. The relationship between demographic characteristics and the occupational performance of food activities using MANOVA*

	Df	F	*O*	p	Effect size
Age Group	3,11	1.34	.38	.30	.27
Gender	3,10	.74	.22	.55	.18
Marital Status	3,12	.20	.50	.17	.33
Living Arrangements	3, 10	.35	.10	.80	.09
SEC	3, 12	.29	.72	.08	.42

* All results were non-significant

Appendix T   Data Characteristics of the OPMF scores by Deteriorating Health (Yes /No)

	M	SD	Range Potential	Range Actual	Skew	95% Confidence Interval LL	95% Confidence Interval UL
			Potential	**Actual**		**LL**	**UL**
Food Activity Importance							
Yes	24.52	4.49	3 – 30	14 – 30	- 1.13	22.67	26.37
No	22.50	5.11	3 – 30	15 – 30	0.24	19.55	25.45
Food Activity Performance							
Yes	41.40	4.74	5 – 50	31 – 50	- 0.24	39.44	43.35
No	43.93	5.44	5 – 50	33 – 50	- 0.89	40.79	47.07
Food Activity Satisfaction							
Yes	39.64	5.35	5 – 50	28 – 47	- 0.53	37.43	41.85
No	40.79	5.37	5 – 50	32 – 48	- 0.52	37.69	43.88

Appendix U Socio-demographic Characteristics by Food Identity Group

Demographic Category	'Non-foodie'		'Not bothered'		'Food-lover'		Total	
	n	%	n	%	n	%	n	%
Age Group								
60 – 69	2	20	5	45	8	44	15	39
70 – 79	4	40	3	27	7	39	14	36
80 +	4	40	3	27	3	17	10	26
Gender								
Male	2	20	1	9	5	28	8	21
Female	8	80	10	91	13	72	31	80
Marital Status								
Never Married	1	10	2	18	2	11	5	13
Married	3	30	1	9	7	39	11	28
Divorced /Separated	3	30	4	36	2	11	9	23
Widowed	3	30	4	36	7	39	14	36
Living Arrangements								
Living as a Couple	5	50	1	9	7	39	13	33
Living with family	0	0	4	36	2	11	6	15
Living alone	5	50	6	55	9	50	20	51
Socio-economic Status								
Professional and Managerial	7	70	5	45	14	78	26	67
Intermediate	2	20	5	45	2	11	9	23
Lower Supervisory and Technical	0	0	0	0	1	6	1	3
Semi-routine and Routine	1	10	1	9	1	6	3	8

Appendix V   The relationship between demographic characteristics and food identities using likelihood ratio*

	Df	χ^2	p
Gender	2	1.60	.47
Marital Status	6	5.37	.60
Living Arrangements	4	9.23	.08
SEC	2	3.20	.25

* All results were non-significant

Appendix W   Factor Loadings for the 35-item Expected Possible Selves Q-sort

	Significant Factor Loading			
Participant	A	B	C	D
001	0.80			
002	0.76			
003	0.80			
004		0.61		
006				0.58
007				0.54
008				
009	0.64			
010	0.66			
011				
012	0.55			
013	0.80			
014	0.65			
015	0.65			
016	0.69			
017				0.50
018	0.73			
019	0.61			
020	0.63			
021	0.76			
022		0.62		
023	0.66			
024				
025				0.71
026	0.69			
027	0.67			
028		0.66		
029	0.68			
030	0.74			
031		0.77		
032		0.51		
033	0.60			
034				
035	0.57			- 0.65
036	0.66			
037			0.69	
038		0.52		
039			0.53	
040	0.50			