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ORIGINAL ARTICLE

Moments of joy and delight: the meaning of traditional food in dementia care

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Aims and objectives. To learn about the meaning of traditional food to institutionalised patients with dementia.

Background. *Traditional food* strengthens the feelings of belonging, identity and heritage, which help persons with dementia to hold on to and reinforce their cultural identity and quality of life. Taste is more cultural than physiological. Dietary habits are established early in life and may be difficult to change. Being served unfamiliar dishes may lead to disappointment and a feeling of being betrayed and unloved.

Design and method. The three studies presented have a qualitative design. In-depth interviews of family members and nurses experienced in dementia care were conducted in South Africa and among ethnic Norwegians and the Sami in Norway. Content-focused analysis, hermeneutic in character, was used to enable the exploration of the thoughts, feelings and cultural meaning described.

Results. Traditional foods created a feeling of belonging and joy. Familiar tastes and smells awoke pleasant memories in patients and boosted their sense of well-being, identity and belonging, even producing words in those who usually did not speak.

Conclusions. In persons with dementia, dishes remembered from their childhood may help maintain and strengthen cultural identity, create joy and increase patients' feeling of belonging, being respected and cared for. Traditional food furthermore improves patients' appetite, nutritional intake and quality of life. To serve traditional meals in nursing homes demands extra planning and resources, traditional knowledge, creativity and knowledge of patients' personal tastes.

Relevance for clinical practice. This study provides insight into culture-sensitive dietary needs of institutionalised patients with dementia. The cultural significance of food for feeling contentment and social and physical well-being is discussed. Besides helping to avoid undernutrition, being served traditional dishes may be very important to reminiscence, joy, thriving and quality of life.

Key words: dementia, ethnic minority patients, reminiscence, traditional food, well-being

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What does this paper contribute to the wider global clinical community?

- This study provides a valuable insight into the positive effects of culture-sensitive food in patients with dementia residing in nursing homes beyond the mere physical nutritional needs.
- This study explains the cultural significance of food for reminiscence, joy, social and physical well-being, and quality of life. Traditional dishes may impact the person's thriving and appetite.
- The results indicate that the use of traditional food in dementia care may be important to avoid undernutrition and thusly meet needs of imperative clinical and moral concern.

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Introduction

Malnutrition is a serious problem among aged residents living in long-term institutions (e.g. Crogan & Pasvogel 2003, Crogan *et al.* 2004, Suominen *et al.* 2005 and Divert *et al.* 2015). In France, 15–38% of nursing home residents suffer from malnutrition (Divert *et al.* 2015), while one-third of nursing homes residents in Finland (Suominen *et al.* 2005) do the same, and Crogan and Pasvogel (2003) claim that as many as 85% of older nursing home residents in the United States are undernourished. Malnutrition may be defined as 'a deficiency in nutritional intake, in terms of calories and/or nutrients and micro-nutrients' (Divert *et al.* 2015, p. 139). This may lead to a vicious spiral of muscle wasting, less mobility and increased risk of falls or fractures. Furthermore, patients with malnutrition have impaired immune defences that make them more vulnerable to infectious diseases and exacerbation of chronic diseases. These problems contribute to further loss of appetite and increased malnutrition (ibid). To avoid these many problems, adequate intake of nutrients is imperative.

According to Simmons *et al.* (2009), food service is one of the most common complaints in nursing homes. Furthermore, the researchers found that the more cognitively impaired the patients, the less they were able to complain, and the lower their food and fluid intake.

Besides the physiological needs of adequate nutrients and liquids, it is important to realise that food also is important to psychosocial health, well-being and quality of life. Old people may feel disappointed and uncherished when served food foreign to them (Kayser-Jones 1996, Clark *et al.* 2010). Food habits from their younger years may be important in reducing or preventing malnutrition, particularly in nursing home patients with severe dementia. As persons with dementia gradually lose their feeling of self and the ability to recognise and relate to the surrounding world, studies (e.g. Henderson & Kennard 2011, Hanssen 2013) show the importance of helping persons to hold on to their identity and to whatever cultural features are important to them. Among these features are dishes that are recognised from childhood and youth and personal food preferences.

Based on findings from three studies (Table 1), two of which are part of an international 'umbrella' research project, we will in this paper focus on the meaning of traditional food to institutionalised patients with severe dementia. One study is from a geriatric institution in Bergen, Norway, where the patients – all ethnic Norwegians – during a 'Bergen Week' were offered traditional dishes from their childhood and youth. The two remaining sets of data are from four nursing homes in South Africa and one geriatric facility in a Sami town in Northern Norway.

The research question is as follows: What does it mean to institutionalised patients with dementia to be served dishes they recognise from childhood and youth?

Background

Traditional food constitutes an important element of culture, identity and heritage and is linked to particular regions and sensory qualities. Guerrero *et al.* (2009, p. 348) define traditional food as 'a product frequently consumed or associated with specific celebrations and/or seasons, normally transmitted from one generation to another, made accurately in a specific way according to the gastronomic heritage, with little or no processing/manipulation, distinguished and known because of its sensory properties and associated with a certain local area, region or country'.

Kittler and Sucher (2004, p. 202) hold that taste in its broader definition 'includes numerous sensory properties that are more cultural than physiological'. A brief overview of traditional staple foods among the Sami, ethnic Norwegians and Black South Africans is presented in Table 2. Staples in traditional Sami food are meat – particularly meat and blood, bone marrow, etc. of reindeer – and fish, and bread cooked over an open fire. Both meat and fish may be stewed, grilled, dried or smoked. These staples are supplemented with herbs and berries when available, and what may be harvested from nature (Sami Cultural Center 2006). Also traditional ethnic Norwegian food is largely based on the raw materials readily available in that country's mountains, wilderness and coast with a strong focus on game, fish, bread and potatoes. Meat is central to traditional Afri-

Table 1 Overview of study locations and interviewees

Setting	No. of geriatric facilities	No. of nurse interviewees		No. of nurses talking about traditional food	No. of family interviewees		No. of family talking about traditional food	Interview languages			
		Women	Men		Women	Men		Norwegian	English	Africans	Setswana
Sami town[1]	1	8	1	6	7	1	5	x			
Bergen	1	3	–	3	–	–	–	x			
Tshwane	4	18	1	4	16	2	1		x	x	x

can food, too, usually accompanied by mieliepap (maize porridge), potatoes or rice, and vegetables (country.-southafrica.net).

Kayser-Jones (1996) claims that dietary habits are established early in life and may be difficult to change. A British study (Payne *et al.* 2008) shows that older Chinese patients may perceive food as therapeutic, unhealthy, or giving support and comfort, and Canadian and British studies (Lawton *et al.* 2008, Oliffe *et al.* 2010) indicate that older persons from the Indian subcontinent with cardiovascular problems or diabetes may have difficulties changing their diet as required after being diagnosed. Authors therefore point to food as a manifestation of physical and spiritual well-being (e.g. Clark *et al.* 2010), and psychosocial health and quality of life (Guerrero *et al.* 2009). Food may affect emotions (Kittler *et al.* 2012) and may contribute to the maintenance and reinforcement of cultural identity (Kocktürk-Rundfors 1995).

Method

The primary goal of this study was to learn what people with severe dementia experience as good nursing care. Simmons *et al.* (2009) suggest that '[a]n alternative assessment approach for more severely impaired residents unable to respond to interview questions is to conduct observations during meals' (p. 326). However, no standardised mealtime observation protocol was used during this study. Instead, nurses and patients' family members were interviewed about their experiences regarding 'their' patients' food preferences and reactions to the dishes they were served.

Design and data collection

The entire study has a qualitative design. An in-depth interview approach was used in each part-study. Data from geriatric institutions in South Africa, and from Western and Northern Norway, are presented. One study, headed by the second author, is from a geriatric institution in the city of Bergen, where the patients – all ethnic Norwegians – during a 'Bergen Week' were offered traditional local dishes from their younger days. The two remaining substudies – from one geriatric facility in a Sami town in northern Norway and four geriatric facilities in the Tshwane, South Africa (Table 1) – are part of an international 'umbrella' project, 'Good dementia care in a multicultural society', headed by the first author.

The interviews in all the six nursing homes took form of an electronically recorded talk. With the use of an open, narrative approach, we wished to learn about the interviewees' personal experiences and thoughts concerning good dementia care. This allowed cultural issues to come to the fore, food being among these. Follow-up questions and the 'mirroring' of statements were used to develop, clarify and verify statements.

Sampling and setting

As persons with advanced dementia are vulnerable owing to mental limitations and language decline, others speaking on their behalf is necessary (Engedal *et al.* 2009). This is called use of proxy informants. Close family members are usually well informed about the person's life history and interests, likes and dislikes (Bøckmann & Kjellevold 2010). The patients' primary nurses have learned to know their patients' preferences and idiosyncrasies. Thusly, one may avoid the limitations caused by the person's dementia (Weyerer & Schäufele 2003). However, one needs to be aware of possible discrepancies between views and preferences of the person with dementia and the perception thereof by the interview proxy (Trigg *et al.* 2011).

Table 2 Traditional staple foods

Traditional staple foods in Sami culture	Traditional staple foods in ethnic Norwegian culture	Traditional staple foods in Black South African culture
Traditional Sami food is largely based on the raw materials readily available in the lakes, wilderness and ocean. Staple foods are meat – particularly reindeer meat – fish, and bread cooked over an open fire. These staples are supplemented with wild herbs and berries when these are available (Sami Cultural Center 2006)	Traditional ethnic Norwegian food is largely based on the raw materials readily available in that country's mountains, wilderness and coastal areas with a strong focus on game, fish, bread and potatoes. Some areas have quite distinctive local food traditions	Meat served in either stewed or grilled form is central to traditional African food. 'A starch usually accompanies the meat: mieliepap (maize porridge), potatoes or rice. Beetroot, carrots, cabbage and pumpkin are the vegetables most commonly served. Typical South African dishes include tripe, morogo, chakalaka, amadumbe, and the ubiquitous boerewors roll' (country.southafrica.net)

The sampling strategy was purposeful, focused on finding interviewees experienced in the care of persons with severe dementia. Nurses in leading positions identified potential study participants from the nurse population in their respective institutions as well as family members of patients with severe dementia. In Bergen, three nurses participated. In the other venues, all potential interviewees who were invited to participate chose to take part in the study. The interviews were mainly conducted in the respective institutions. A few family interviews were conducted in the interviewee's homes (Tshwane), and in the first author's hotel (Sami town).

Sami town setting

The Sami are the indigenous people of northern Scandinavia and north-western Russia. The majority, nearly 56,000 Sami (Slaastad 2014), live in Norway. In the geriatric facility studied, nearly all patients were Sami. Head nurses chose the 15 interviewees[1] : eight were family members and nine were nursing staff. All but two of the nursing staff interviewees were Sami.

Bergen setting

Bergen is Norway's second largest city with around 275,000 inhabitants (Statistics Norway 2015), situated on the West Coast. The patients in the facility studied are with very few exceptions ethnic Norwegians. There are two sheltered units for patients with dementia. Three nurses responded to the institution manager's challenge to participate in the study.

Tshwane setting

The city of Tshwane includes Pretoria, South Africa's national capital. In the four geriatric facilities studied, the vast majority of patients were of European decent. The matrons chose the interviewees, 18 family members, all but one of European heritage, and 19 nurses. The Black nurses were in majority in the facilities and also as interviewees and covered all levels from 'Sisters' (senior positions) to auxiliary nurses. The White nurses were all 'Sisters'. The interviews were conducted by a team of five interviewers (see 'Acknowledgements').

These very different cultural settings offered a multicultural database for the study of the importance of traditional food in dementia care.

Literature searches were conducted through the electronic search engines Cinahl, Medline, PubMed, Oria and Google Scholar using the terms dementia, Alzheimer's disease, inter-/multi-/cross-cultural care, food/food traditions, food/emotion/memory and culture in various combinations.

[1]Of the 15 Sami town interviewees, 2 of the nursing staff doubled as family respondents as they had close family members with dementia.

Data analysis

The authors transcribed verbatim all the interviews from their respective studies. This gave intimate knowledge of the data from the very start and became the first step of the hermeneutic analytic process. A hermeneutic analytic approach was chosen to place the research question at the immediate locality of daily life (Bergum & Dossetor 2005) and to enable the exploration of the thoughts, feelings and cultural meaning described. The analysis was content-focused to formulate themes that touched the core of the situations or meanings found in the texts (van Manen 2001). No software was used.

As context and local culture were prominent issues, the interview texts were sorted into major themes without the use of textual condensation. Traditional food was one of these major themes. This gave a true overview of all that was said on the issue and the context in which it was said. The sorted interview texts were then read and re-read all the while re-evaluating conceptions and deepening our understanding. Through this work, the interview texts were sorted into subthemes elicited from each interview based on the interview statements (van Manen 2001). Related themes were coalesced into common themes. Not until then textual condensation and the choosing of particularly telling and representative quotations were done. Our aim has been to give the reader insight into the interviewees' own expressions of opinions and attitudes.

Gadamer (1989) points to interpretive analysis as a creative activity, striving for depth of understanding through a circular investigation of situations. Throughout the entire analytic process, we tried to 'remain open to the meaning of the other person or the text' (ibid, p. 268). The paper text was sent back and forth between the two authors where we commented on each other's input. Through this process, three central subthemes were developed: awakening of memories and joy; improved appetite; and food and reminiscence.

Ethical aspects

The approvals of the Regional Committee for Research, South-Eastern Norway, the Ethics Committee of the University of Limpopo, South Africa, and the local heads of the respective geriatric facilities were obtained before the data collection was started. All interviewees were informed

in writing in Norwegian, respectively, English, and orally in Norwegian or English, or when needed in their home language that participation was confidential and voluntary and that they were free to withdraw from the project at any time. All interviewees signed an informed consent form. Recorded interviews will be deleted when all results are published. Participating institutions and interviewees were made anonymous during the transcription process. Transcriptions and recordings are stored according to the ethical research guidelines (Helsedirektoratet 2009).

Limitations and critical remarks

None of the Tshwane interviewees and only two of the Sami town interviewees were native English or Norwegian speakers, respectively. Some interviews would probably have been richer and more detailed if conducted in the interviewees' primary language.

Only in the Bergen study food was a particular focus. In the international research project, traditional food in dementia care was not a planned topic, and although all the nurses interviewed mentioned their work concerning meals and feeding patients, only a total of 16 interviewees from this project discussed the meaning of traditional food. Even so, the findings from these interviews and from the Bergen study give an important insight into a field in need of more research.

Results

Thirteen nurses and six family members talked about the importance of traditional foods and offered rich data on this topic. The interviews clearly indicate that traditional food is a factor that creates a feeling of belonging and joy in the lives of patients with dementia.

Belonging and joy

The Bergen nurses held that it was obvious that being served traditional dishes boosted the patients' sense of identity. One of them explained this phenomenon thusly: 'Identity has something to do with 'this is ours, this we grew up with'. 'To feel "that they belong here. ... It has something to do with safety and something recognizable. If one has dementia and recognises the dish, for instance ..., there is something safe and good about that experience'. On the same note, one of the South African nurses found that serving Black patients foods they were used to from their youth was a means of reminiscence and joy and that it also had a calming effect. This was supported by the Bergen nurse interviewees: 'When we on occasion lay the tables with white table cloths and serve traditional dishes, ladies who ordinarily are not able to eat without help or make a mess with the food, they sit nicely at table with knife and fork and eat without help. It is incredible!' They admitted that 'it does not always happen, but it does happen that they eat without help on such occasions'.

Improved appetite

In all the study contexts, the nurses found that traditional dishes made patients beam and eat more than usual. The Bergen interviewees held that patients with dementia during the 'Bergen Week' would eat 'a lot, more than usual' when served traditional food compared to when served 'modern' dishes like pizza and pasta.

In the Sami town facility, they generally serve their patients 'Norwegian' dishes very different from traditional Sami food. The patients are served fish on a regular basis, but ocean fish, not the freshwater fish they are used to from local lakes and rivers, as the town is situated far inland. They only 'serve Sami dishes once in a while'. A Sami nurse said 'we greatly miss to be able to serve food the patients are used to from old'.

The daughter of a Black African patient in Tshwane found that the nurses did not see the problem when she asked for a more traditional African diet for her mother. As one of the nurses put it: 'And the native blacks of our culture they just want to eat pap, pap, pap.[2] Yes, they get pap, but not always'. Only food accommodating the White patients tended to be served in the facilities we visited, except the occasional meal served with 'pap', which also the White patients enjoyed. In one of the Tshwane nursing homes, however, a nurse told us that it is important to respect the patients' culture: 'There is an Indian lady here. We write down ... what she eats and what she does not eat because it is *her* culture'.

Food and reminiscence

The nurses in all the tree settings took the patients' obvious delight in familiar smells and tastes as an indication that traditional foods awoke pleasant memories. This experience was enhanced during the 'Bergen Week' experiment. All dishes served in 'our' nursing home during this week were traditional Bergen fair. At meals, health personnel serving

[2]Pap /ˈpɑːp/ is a traditional porridge/polenta made from ground maize and is a staple food of the Bantu (black) inhabitants of Southern Africa. Many traditional Southern African dishes include variations of pap.

at tables were dressed as waitresses 70–80 years ago. 'We used white table cloths and wore aprons and the whole setting was more festive'. The reading of books and singing of songs from the patients' youth were also part of the programme during meals. 'It obviously hit the mark'. However, the positive effect 'may be the food and it may be the fact that we had more [traditional activities] generally'. Probably it was a combination of the two.

All the nurses who touched upon the meaning of traditional food in dementia care found that the traditional dishes created a lot of memories in the patients, and during the Bergen Week, female patients tended to talk about how they as housewives used to cook various dishes and the recipes they used. This created more interaction between the patients than usual. The taste and smell – even the mention of certain dishes – produced words even in those who usually did not speak, and memories were expressed. Even patients who had lost most of their language uttered a few words when served traditional dishes. The words come when recognition is awakened through sight, smell and taste. An otherwise mute old Sami lady with dementia had for instance suddenly commented on the food while she and other patients were served traditional blood or Black pancakes in the nursing home's 'gamme'.[3] She said: 'To make the pancakes taste good you must sprinkle more sugar on them'. 'And what do I do afterwards?' the nurse asked. 'Then you fold them'. And that was it. No more comments from her, although she enjoyed the meal and the stay in the 'gamme' immensely and only reluctantly returned to the nursing home building.

A Bergen nurse explained that 'What they grew up with, that created memories and they were able to tell stories from way back then'. This notion was reflected by one of the Black Tshwane nurses. She sometimes brought in traditional food for her ethnic African patients that she herself had prepared. One of her patients 'will then start eating and enjoy it. ... Then if I cook [a traditional dish] I bring it to her so that she can feel, she can remember that time [her youth]. Because they say 'you don't see this kind of food nowadays'.

Discussion

As seen from the result section, one should not underestimate the importance of serving patients with dementia traditional dishes. A main finding is that although there are great variations in tastes, attitudes and needs among patients, their cultural background and upbringing impact greatly on their food preferences in their autumn years, whether suffering from dementia or not. Harris-Davis and Haughton (2000, p. 1180) found that food habits are developed based on 'ethnicity, religion, group affiliation, socioeconomic status and world view'. As religion was not touched upon in connection with food in this study, the aspect of religious-based dietary choices will not be discussed here. Neither will family members' possible role in preparing traditional home-made food for their institutionalised dependent as this topic was not mentioned in the interviews.

Awakening of memories and joy

According to Higgs (2005, p. 67), 'human eating is a highly complex behaviour that is the outcome of the integration in memory of many different inputs, including sensory, somatic, affective, socio-cultural and contextual information'. Furthermore, 'the acquisition of memories, ..., and that associative conditioning (which relies on memory processes) is the most likely mechanism underlying the learning of food likes and dislikes' (ibid., p. 67). Thusly, food influences emotions, memory and taste preferences. This is seen in Sami patients with dementia when they 'recognise the smell, taste, [and] one sees that their eyes light up' when served dishes from their childhood and youth. Findings in all the facilities we studied show that traditional dishes revive memories and give joy. 'The ability to have and express emotions ... when recognizing food from their early years, constitute an integral and essential part of being human' (Kennedy-Moore & Watson 1999, in Li & Murray 2015, p. 332).

The relationship 'between eating and emotion differs according to the particular characteristics of the individual and according to the specific emotional state' (Canetti *et al.* 2002, p. 157). Traditional foods that persons with dementia found tasty and pleasant in younger days may revive memories, give joy and even in some cases change eating behaviour, as experienced in Bergen when the tables were nicely laid and traditional dishes were served. Patients who ordinarily were unable to eat unassisted sat nicely at table and ate without help, and some who usually made a great 'mess' were able to eat without soiling the tablecloth. This experience is in line with Desmet and Schifferstein (2008, p. 291) who hold that the pleasure of eating depends 'on features of the physical environment, like the table setting and lighting, and social factors, like the social interaction during eating and social activities associated with eating'.

[3]Turf house, formerly the winter abode for many of the old reindeer herders. Such a 'gamme' is built in the Health Centre's outdoor area.

The combination of sociocultural factors, like how the meal is served and the milieu surrounding the meal, and the awakening of pleasant food memories through the olfactory sense and taste buds enhance patients' appetite and hence their nutritional status.

Improved appetite

Although Eide *et al.* (2015) point out that '[u]ndernutrition occurs frequently among hospitalised older people and is a major concern because of the variety of negative consequences if it remains untreated', studies (e.g. Teeri *et al.* 2007, Eide *et al.* 2015) show that patients' dietary habits seem to be ignored in many admission interviews. This in spite of the fact that preventing undernutrition caused by lack of appetite 'is much easier than treating it. In an institutionalised setting, food intake can be enhanced by catering to individual and cultural food preferences' (Buchowski *et al.* 2014).

Being conversant with every culinary tradition is impossible, but some knowledge opens for conversations about food, nutrition and personal preference, either with the patient him/herself or with close family members as proxies if the patient has severe dementia. It is important to learn what kind of food the patient likes and dislikes, what his or her favourite dishes are and what food he or she believes to be healthy for him or her in the current situation (Goody & Drago 2009).

Being able to serve patients a culturally adapted 'core' or 'staple' food at least once a day, whether it be South African 'pap', bread, manioc, rice, or whatever the staple food is in a given culture, may help increase patients' feeling of identity, of belonging, being respected and cared for in addition to improving their appetite.

In the Sami town Health Center, patients were offered traditional Sami dishes only on special occasions or whenever traditional ingredients were available. In the Bergen nursing home, the 'Bergen Week' was a one off, but has made the personnel more aware of the importance of serving traditional fare from time to time. In the Tshwane nursing homes, only 'pap' was offered on a regular basis. Otherwise Black African patients had to hope that a kind nurse would bring a traditional dish from home. In all the studied facilities, most meals throughout the year consisted of 'modern food' or food from the majority culture's cook books. This means that many patients may find the food they are served unappealing. Eide *et al.* (2015) found that hospital nurses 'reported that low flexibility in the food service practices made it difficult for them to individualise meals and mealtimes for patients' (p. 702). The impression is that this is a problem in many geriatric institutions as well.

Conclusion

Our findings together with international literature show that food smells and tastes one recognises with joy from one's childhood are universal sources of pleasure and a feeling of belonging. The combination of sociocultural factors, like how the meal is served and the milieu surrounding the meal, and the awakening of pleasant food memories through the olfactory sense and taste buds enhance patients' appetite and hence their nutritional status. As opposed to this, being served unfamiliar dishes may lead to disappointment and a feeling of being betrayed and unloved (Kayser-Jones 1996). It is particularly important to adapt food in geriatric institutions to patients with ethnic minority backgrounds whose food culture and personal preferences may differ greatly from that of the majority patients', and even from other patients with similar cultural and/or religious backgrounds.

Our studies were conducted in nursing homes with patients from very different cultural backgrounds, giving us a multicultural basis for the study of the importance of traditional food in dementia care and the universality of traditional dishes creating joy and delight. An apt summing up was offered by one of the Bergen nurses: Memories are always important in nursing homes. Irrespective of food traditions, dishes patients recognise from childhood and youth create a better atmosphere than dishes they are unfamiliar with.

Relevance for clinical practice

This study provides a valuable insight into the dietary needs of institutionalised ethnic minority patients with severe dementia that go beyond physical nutritional needs. There is a significant need for a greater focus on serving dishes that patients recognise from their childhood and youth as tastes and smells from earlier years may create joy and improved appetite, which again will improve nutritional status. Although our studies cannot be generalised, they indicate that the use of traditional food in dementia care may be important to avoid undernutrition and thusly meet needs of imperative clinical and moral concern.

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Contributions

Study design: IH, BMK; Data collection and analysis: IH, BMK; Manuscript preparation: IH, BMK.

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