

Gathering at the Table: Using Food to Heal on One's Grief Journey

Jamie B. Daugherty, Jada Staat, and Julie Rachford
Family and Consumer Sciences Department, Fontbonne University

ABSTRACT

This research study explored the registered dietitian nutritionist's (RDN) role and impact while supporting those on their grief journey. Data collection methods included a focus group, journaling, workshop evaluations, and photo elicitation. Qualitative data analysis highlighted three themes emerging from a six-week culinary nutrition education support workshop: providing intention, building community, and showcasing RDNs as encouraging companions, by contributing their skills of nutrition education and hands-on culinary applications, supporting individuals continuing to grieve.

Keywords: nutrition education, culinary applications, community engagement, experiential education

INTRODUCTION

Traumatic or transitional situations occur when someone we love dies, when one chapter ends and another begins, or when a way of life—a routine, role, function, or dream—is lost. These situations often leave individuals with limited ability to properly nourish themselves as they grieve. This research study explored the importance of the RDN's role, as a facilitator of nutrition education and culinary applications, and the impact when supporting those on their grief journey.

What Is Grief?

Grief is a natural normal adaptive response to loss and is nonlinear, messy, has no specific rules, and is transformative (Florian, 2017). Grief is different than mourning. Mourning is the outward expression of grief, a shared social response to loss, while grief is the internal process (Wolfert, 2006). We are not taught how to grieve and often will model how we may have seen others grieve or not grieve throughout our lifetime (Dougy Center, n.d.). Grief is not something we can often prepare for though we can become more grief informed.

Dougy Center provides 10 core principles to becoming more grief informed including understanding grief is a natural and universal experience that is complex, contextual, disruptive, unique to each individual, and requires support and connections to help navigate the changes in one's life. Grief can make us feel helpless or out of control, thus individuals must choose healthy ways to respond in order to regain a sense of control and balance. Individuals must recognize their sense of safety is challenged and pay attention to their own physical, emotional, and spiritual needs allowing them to best cope. Finally, grief is dynamic, there is no correct way to grieve, and it can last a lifetime (Dougy Center, n.d.).

The RDN's Role and Student Learning Outcomes

RDNs are food and nutrition experts who have completed a minimum of a master's degree granted by a college or university with an accredited program, completed a required supervised practice internship, and passed a national examination (Academy of Nutrition & Dietetics [AND], 2025). RDNs work in a variety of settings including hospitals, private practice, corporate wellness, community

settings, universities, food and nutrition-related organizations, and research sectors. In these spaces, the RDN's role is to educate clients using evidence-based food and nutrition knowledge or health messages that facilitate healthier relationships with food and overall improve one's quality of life (AND, 2025). The skill set and multidisciplinary nature of the RDN career path allows one to be equipped to work alongside social workers, nurses, therapists, and other professionals in a collaborative fashion. RDNs often work with individuals experiencing loss, grief, and transition in a variety of capacities while assisting them in navigating new relationships with food and health, including eating disorder diagnosis, clinical health interventions, and end-of-life nutrition.

Professional practice expectations of aspiring dietetic students ensure 50 competencies are met in five different domains. Dietetic students apply their knowledge in a variety of interprofessional settings, developing practical skills and promoting consumer health, wellness, and lifestyle management, as many practicum or internship rotation sites offer opportunities for clients to engage in nutrition education (Accreditation Council for Education in Nutrition and Dietetics [ACEND], 2025). Often a hands-on component such as a food demonstration or cooking class experience may not be included due to time or budget constraints. Merging nutrition with culinary applications provides space for connecting appropriate eating behaviors while offering an opportunity for practical hands-on experiences (Condrasky & Hegler, 2010). This process is effective at behavior change because it allows individuals to "reset" their food behaviors (Lanou et al., 2021), and reframe how they think about food and nutrition.

Food and Nutrition Considerations With Grief

Due to the complexity of grief, the holistic nature of healing that occurs with grief, and the opportunity to gather and nourish oneself through stories, food, and support, it seems only natural an RDN should be at the table. By using food as a medium,

RDNs can provide education surrounding nutrition and culinary aspects to assist bereaved individuals. When individuals are confronted with loss, there are many nutritional implications. Grief resolution as it relates to psychosocial aspects are reported to improve grief resolution outcomes, and seldom does this care address nutritional issues (Johnson, 2002). Several studies have focused on nutritional alterations and food behavior changes in bereaved individuals, with much of the research focusing on spousal loss. Loss of a loved one is associated with worsening health, so it seems obvious that nutrition education services would be included in bereavement care (Petrillo, 2015).

Some nutritional considerations seen in a systematic review of 34 articles on health behaviors in late-life bereavement showed an increase in alcohol, decreased vegetable intake, and a decrease in body mass index (BMI) due to weight loss and a loss of appetite (Stahl & Schulz, 2014). This loss of appetite seen in recently widowed men and women was due to emotional changes with bereavement and difficulty with mealtimes (Johnson, 2002). When food is deprioritized, there is a tendency to lean toward fast food and convenience foods and have less intentionality with food behaviors. This results in erratic mealtimes, skipping meals, decreased cooking in the home, and increased snacking with fewer nutrients (Johnson, 2002). In spousal loss, it was noted that a two-stage process occurs where participants identifying as women, widowed 6-15 years, fall into new patterns and reestablish their personal food systems (Vesnaver et al., 2015). As these new patterns shift, there becomes a resetting of new systems that impact the individual's diet and lifestyle.

Using Food to Heal

The power and complexity of food allows many changing components of the lives of bereaved individuals to be addressed, including social considerations, emotional health, and self-care strategies. Food is a complex and powerful sustenance that nourishes as a basic need, while bringing comfort, pleasure, enjoyment, and care for others and oneself (Winkler, 2010). This is

seen in a variety of ways, including bringing meals to those who are sick or experiencing life-changing situations, bereavement trays offered in clinical settings to a family who has lost a loved one, as well as sharing “comfort foods” with others (Locher et al., 2005; Madni et al., 2022).

Robust learning opportunities that assist bereaved individuals in order to facilitate impactful behavior change need to include both nutrition and culinary education. One article piloted a model for nutrition education and cooking classes as part of a hospice bereavement support group. This program assisted participants in learning new cooking skills for one and finding support among other participants for the duration of the classes. This program allowed participants to increase knowledge of how to plan a healthy meal for one, how to shop for healthy food choices for one, and increased confidence in the skills needed to cook a healthy meal for one (Pettrillo, 2015). Thus, food can be used to heal and connect during moments of loss and grief.

Dual Process Theory

The dual process theory was used to inform this research study. It is a model that suggests there are two types of stressors associated with grieving: loss-oriented stressors and restoration-oriented stressors (Stroebe & Schut, 1999). Loss-oriented stressors make one think about their loved one and their death. These are thoughts, feelings, actions, and events allowing one to focus on their grief and pain. Restoration-oriented stressors let one move through their daily life and distract one from grieving. This theory considers the stress of feelings of isolation, having to fulfill tasks the person who died used to do (like cooking, cleaning, managing finances, etc.), while considering the rebuilding that must happen in everyday life after loss (Stroebe & Schut, 1999). Often individuals oscillate between the two stressors.

Additional theories and models were reviewed, and it was identified that alternative support groups offered at the hospice organization allowed for therapeutic

approaches that are often seen in cognitive-behavioral therapy, multidimensional grief theory, and interpersonal therapy. These models and theories utilize techniques such as normalizing trauma response, providing a toolbox of strategies, stress reduction, coping strategies, positive reminiscing, emotion regulation, meaning making, and strengthening social support (Aeschlimann et al., 2024). After reflecting on the concepts the dual process theory considers as part of the bereavement process, it fit best with the vision of the workshop. The principal investigator (PI), an RDN, hypothesized the workshop developed in this research study would allow individuals to oscillate between loss-oriented and restoration-oriented stressors while focusing on properly nourishing themselves.

METHODS

Due to gaps in nutrition education strategies and culinary applications with bereaved individuals, a research study was proposed exploring two research questions:

1. How can an RDN provide an opportunity to assist bereaved individuals?
2. How can nutrition education and culinary applications provide support with those on their grief journey?

A grant opportunity from the Academy of Nutrition and Dietetics Foundation was awarded, which provided funding for this research study. The PI worked with a community hospice organization providing a focus group in October 2023 for 10 participants, in collaboration with a bereavement specialist employed at the organization. The focus group informed the development of a culinary nutrition education support workshop. Inclusion criteria included participants had to have used a support group service through the hospice organization, their spouse had died in the last year on hospice, and they were 18 years or older. The bereavement specialist sent an email to individuals using a variety of support group services, and eight women and two men responded and participated, all Caucasian and over age 50. In

addition to the focus group, these 10 participants had the opportunity to attend the six-week culinary nutrition education support workshop. This will be referred to as workshop throughout the manuscript. An Institutional Review Board (IRB) at the PI's institution approved an IRB application and informed consent form that was used when collecting data from participants.

A six-class workshop was created and held between December 2023 and May 2024. Ten participants, who were part of the initial focus group or part of a grief support group at the community hospice organization, were originally interested in attending the workshop. At each session, five to seven participants attended. Some only attended once, while a core group of five participants were consistent throughout the workshop. The majority at each session had lost a spouse, as was the original intent of this study, yet others had also lost a child.

Twelve graduate dietetic students, enrolled in a fall 2023 and spring 2024 Community Practicum class, assisted at one or more given sessions to meet practicum specific competencies. They will be referred to as students throughout this manuscript, and the PI will be referred to as RDN. Session topics included: Sharing Your Grief Journey, Nutritional Considerations and Grief (including meal shortcuts, hydration, portioning, and nutrient intake), Using Food Memories to Heal, and Meal Preparation Collaboration, including Mexican and Greek flare, stir-fry and pasta stations, soups and salad, and a share-your-favorite-recipe evening. Topics were modified as needed between sessions with input from participants. Each session began with approximately 30-45 minutes of reflecting and sharing in a

classroom adjacent to a kitchen that included a one-hour cooking session, followed by 30-45 minutes of reflecting on the lesson, discussing nutrition topics, and sharing a meal together back in the classroom.

Data Collection Tools

Data collection methods included an initial focus group, journaling, workshop evaluations, and photo elicitation. Participants filled out a workshop evaluation in paper form after each session and gave back to the RDN or scanned and emailed to her within 24 hours. No other data was collected during the workshop. Participants were also encouraged to journal any thoughts about the workshop and its impact in between sessions. Journaling is ideal for collecting data that allows access to words the participants may have not been comfortable disclosing in person, and the participants have more time and attention to comply between classes (Creswell, 2013).

Following the initial class, participants were provided prompts to take photographs of sample meals and food behaviors in between each session in order to provide meaning around alterations in their daily practices with food and nutrition. Photo elicitation uses visuals and allows for critical reflection by selecting photographs and then telling stories about what they mean (Wang et al., 1998). Any journaling or photographs were emailed to the RDN. Participants shared general reflections and/or photographs at the beginning of the subsequent session with other participants if they felt comfortable doing so. See Table 1 for sample journaling questions and photo elicitation prompts.

Table 1

Data Collection Prompts

Journaling Prompts
Name one thing you learned today.
Name one thing you did in the kitchen today that you haven't done or haven't done in a while.
Name one thing you may like included (food, nutrition, social support wise) in a following session.
What goal are you focusing on this week and why?
Add anything you would like to add surrounding what you have learned or how this experience is impacting you and possibly your health.
How do you see an RDN playing a role in your health and/or overall when one experiences loss?
Photo Elicitation Prompts
Take any photos this week to share if you are comfortable: How this program is impacting your health: nutrition/food/movement-related.
Tell me what this means to you.

Data Analysis

The RDN transcribed the focus group input and used the information to inform the development of the workshop. The bereavement specialist and her graduate student reviewed as well, providing their input into what strategies would be helpful to support participants. The RDN initially coded the journaling responses, workshop evaluations, and photographs using deductive and inductive coding. The RDN developed a codebook allowing for structure as students reviewed the journaling responses, workshop evaluations, and photographs. Subcategories were determined by repetition of concepts and

were placed under the major code they fit within during data analysis. The major codes were then used to develop themes with supporting ideas and concepts highlighting the subcategories within each theme. Saturation was reached with this group of participants, as by the fifth session information shared was confirming what had been shared in the first four sessions.

Criteria for Rigor

Researcher bias was minimized by the RDN sharing with participants and students her own perspectives around grief and the development of the workshop. The RDN used multiple data collection methods to gain additional understanding of the impact of the workshop and the role participants saw the

RDN contributing throughout the workshop. Interrater reliability was used between the RDN and students in order to ensure agreement was found between each party for assessment of this given population and their experience and to reduce subjectivity. Member checking throughout the workshop allowed the RDN to share tentative findings to ensure intended meaning resonated with actual participants' experiences.

RESULTS

Initial Focus Group Data

The RDN met with 10 participants for the initial focus group. Several key concepts were identified during transcript review. These allowed the RDN to understand the context for individuals' losses as it related to how they nourished themselves during this process, informing workshop organization and development.

Change in Eating Routine

The change in routine after losing a loved one impacted participants each in different ways when feeding themselves. Even though they each had previously been caregiving for a loved one, they didn't reflect the same care when it came to nourishing their own selves. One participant noted, "We just don't think about taking care of ourselves the way we take care of others."

Once their loved one died, many reflected on eating strangely, putting together combinations of items they never would have in the past. As well, their appetite changed which impacted the timing of a meal or snack, amount of food eaten, and place of eating. One participant stated, "I open the fridge and say, I have nothing in here. I can't remember the last time I cooked." The process of planning and preparing shifts when one only has to think for themselves. Another participant shared, "I am no longer making a grocery list. We used to always sit down every Saturday morning and make a list and plan for the week and now we

don't." Even when one goes to the store, there is difficulty in the act of shopping. What once was an activity done together to prepare for the week is often unenjoyable and unproductive. The act of sitting down and taking time for a meal looked and felt different.

It was a shared experience around the table, even though there was value there, it doesn't feel as valuable anymore or at least now. We were big on family meals, nearly every night we'd all sit down together. We don't do that anymore.

This daily expectation had changed. Instead of sitting at the table, a meal may happen standing at the counter or in front of the television.

In this new space, many individuals had to take on different roles and responsibilities, which added increased stress. One participant described, "When there were two to worry about [now there is one], everything is on you now; everything falls on you." This same principle transfers through all aspects of the eating experience, whether it is planning, shopping, putting away groceries, preparing meals or snacks, washing dishes, unloading the dishwasher, taking out the trash or recycling. When the bereaved individual is the one who has to take on this load, it can be tasking among other life stressors while concurrently grieving. Likewise, for roles or responsibilities that occurred daily or weekly, the individual didn't do them anymore or at least not since their loved one died. Another participant recounted, "I usually grill, but I realized I haven't grilled all summer; I usually eat out a lot now [even though we ate together at home.]"

Impending Workshop Input

Finally, participants provided information the RDN could ensure would make the workshop execution beneficial. Participants needed simple, easy recipes that could be made into smaller portions or batches. They also wanted a list of pantry

staples to keep on hand to make meals or snacks, as well as suggestions on amounts to purchase to decrease food waste. Others just needed motivation to cook again.

In-Person Workshop Data

After receiving 35 journal responses and workshop evaluations and 20 pictures related to how this series was impacting participants, three themes emerged. These included (1) providing intention, (2) building community, and (3) showcasing RDNs as encouraging companions.

Providing Intention

An intention is a vision of what you may like an area of your life to look like in the future, or an outcome you are hoping for in making changes (Hartley, 2021). Throughout the workshop, the role of the RDN allowed participants to reclaim intention around their eating patterns and food choices, which ultimately impacted their health and wellness. They began to take more interest in their meal preparation and portioning, changed their shopping habits, and found new ways to use common ingredients. Many focused on monthly goals to stay focused between sessions. These ranged from planning meals ahead of time instead of spontaneously, which allowed for increased quality of ingredients, enhanced variety, and more nutritionally balanced meals. Participants also chose to mindfully listen to one's body, including eating when they were hungry and stopping when full, which assisted in portion control. Many learned new recipe strategies that

altered the types of vegetables, grains, or proteins they purchased to make easy, approachable meals. As well, a common ingredient like pasta was shown to be cross-utilized in a soup that was made at a session, providing an easy meal with leftovers for participants.

One participant noted, "Since I lost my husband, there are few things I have felt excited about doing." The act of cooking, and ultimately facilitating a supportive environment, renewed appreciation, enthusiasm, and motivation in participants to focus more on their health, which was deprioritized as they cared for their loved one on hospice and after their spouse died. Another participant shared, "I was going to entertain on Christmas Eve and thought I would just purchase something prepared, but decided as a gift I would cook as a gift of love for my family. This cooking class has inspired me." This workshop offered a reset, which many had needed yet did not consider until participating and reflecting on the importance of their own health.

Some examples of how participants were being more intentional about their health are shown in the following figures. One participant had made a breaded pork chop in the air fryer, which was easy to make, with sauteed fresh mushrooms and the brown rice cup that was sent home with her from one of the sessions. She paired this with a fresh spinach salad with nuts and dried cranberries. See Figure 1.

Figure 1

Ease of Preparation, Yet With a Healthy Twist, Participant 1



Another participant made beef, broccoli, and ramen for dinner. See Figure 2.

Figure 2

Opportunity for Inspiration, Participant 2



Since our classes with you, I have rediscovered fresh vegetables, even if someone else does the cutting! It brings back fond memories of picking veggies from my grandma's garden, and helping my mom prepare them. Thank you for the inspiration!

Another participant celebrated Passover with her son and daughter-in-law, and late spouse's sister and husband. They had fun, sang songs, and drank wine. See Figure 3.

Figure 3*A Celebration of Family and Traditions, Participant 3*

These are examples of how participants began to nourish themselves while cooking more balanced meals for themselves or others. They became more intentional about planning and preparing, which looked different than before they lost their loved one. This workshop provided a nudge to take better care of themselves when it came to all aspects of eating: planning, purchasing, and preparing.

Building Community

Each session began with an opportunity to share about their loved one and discuss any current challenges and bright spots from the previous month. This allowed space for connection via socialization, supportive words, and compassion provided in a group format. An additional opportunity for socialization and building community occurred among students and participants. The students shared vital nutrition and culinary tips through the cooking portion and made participants feel welcome.

The students are so talented and had great information to share; I love being with younger people who are enthusiastic about what they are doing. They [shared] their backgrounds and

[you could] feel the love of making life better through healthy cooking.

Participants were grateful for these new, unexpected connections and appreciated the comforting conversations with students while cooking together. One participant recounted, “I haven’t cooked pasta in over a year; I haven’t chopped fresh veggies in a while; I enjoyed the smell of soup cooking.” Doing these activities as part of a group made it more approachable, fun, and something to look forward to each month.

Two participants who knew the other had lost a spouse, because they lived near each other, connected throughout the workshop and even carpoled to class together. One participant described, “I pulled out of my driveway and noticed she was leaving her house and asked her if she was going to the class. I drove and we had so much to chat about on the way here.” This would have never happened had they not tried something new or taken time for themselves.

RDNs as Encouraging Companions

Finally, participants were able to see how an RDN could assist them on their grief journey. Many had never thought of food as part of their grieving journey, yet this became

another phase of their healing. Grief is hard, and one participant was grateful for "...finding a way to help us along this rough path."

Many enjoyed learning about nutrition and culinary basics that they could apply in their own lives. Participants learned many new culinary techniques such as incorporating lime, cooking tofu, making croutons, adding squash to soup, making hummus and tzatziki sauce, using orange zest, incorporating new seasonings and flavors, and making vinaigrettes. These were paired with nutrition education on the benefits of whole grains, plant-based proteins, and ways to reduce sodium.

Cooking and sharing a meal together became an act of self-care. One participant expressed, "[They] encourage me that it is worth taking the time to cook for myself and on a more regular basis." Doing it alongside someone else assisted in "...impacting me to move forward to cook, which I really love to do and [they] helped me choose foods that are nutritionally healthy." This concept of focusing on nutrition was a different way of approaching grief.

This entire concept helps my mental and physical health; it is a crisis in your life when you lose someone and you can use all the help you can get. I made the pesto pasta with chicken tonight [we did in class] for my daughter and her family. It was a hit. They loved it. It was so easy to put together; these classes have helped me so much. I have learned how easy it is to prepare healthy and flavorful meals with fresh ingredients and would have not known how to do this had I not attended this class.

For many it made them feel cared for, and it helped them see the importance of caring for oneself.

The RDN and students allowed space to oscillate between loss-oriented stressors and restoration-oriented stressors. During the 2.5-hour sessions, participants were provided with time at the beginning of the session for reflection. The opportunity for more formal discussion in the classroom, which included

loss-oriented stressors such as thinking about one's loved one and focusing on their grief and pain, were later replaced with the opportunity for restoration-oriented stressors. In the kitchen, informal discussion while preparing ingredients or cooking created an opportunity to try something new in a safe space with others who were also experiencing their life being radically changed. The RDN and students provided space to show participants they could do simple cooking tasks and think differently about their own nutritional needs, which rejuvenated participants. Participants were oscillating between both stressors during the workshop, crying and consoling in one moment with laughter, taste-testing, and storytelling in another.

DISCUSSION

This research study addressed and considered the importance of self-care by providing nutrition education and culinary applications facilitated by an RDN and students. This experience provided intentionality around food and nutrition goals that impacted participants' health, community building and support, and an opportunity for companionship by an RDN and students. When a loved one dies, the ability to provide basic needs daily is a struggle; these are the first things that motivate our behaviors. Changes in routines and the feeding process were seen among participants, including physiological needs such as feeding, hydrating, sleeping, and taking care of oneself. Thus, higher order needs such as safety/security (i.e., health), belonging (i.e., connections), self-esteem (i.e., achievement), and self-actualization (i.e., creativity) can seem difficult to attain at various times within one's grief journey (Wolfert, 2006). We cannot function optimally if physiological needs are not met. This workshop allowed participants to recognize and provide time to focus on physiological needs, in particular feeding oneself.

The RDN's Role

The RDN is trained to work with many difficult clinical scenarios, while assisting in facilitating healthier relationships with food

and offering practical, sustainable solutions by listening and remaining curious to clients' needs. This skill set closely parallels aspects of the tenets of companioning a bereaved individual: being present to another's pain, listening, walking alongside, learning from others, and having compassionate curiosity (Wolfert, 2006). Students were able to observe and experience working with difficult scenarios and conversations, to adapt planning to accommodate the given audience, and to promote nutrition and culinary strategies to meet individual needs. Both the RDN and students stayed focused on making the workshop sessions based on what participants needed on that given day, including lending more space to sharing, reflecting, and one-on-one interaction with certain participants or more hands-on in the kitchen with others. Some participants helped more with prep work, while others observed and asked questions to be able to recreate the dish at home.

Regardless of what was needed for each participant, the RDN and students listened, asked questions, provided empathic responses, and learned a tremendous amount from the participants over the course of the workshop. RDNs can be a link to bridging the self-care tactic of nourishing oneself when one experiences loss and is unable to do so for themselves. They can provide nutrition education in conjunction with culinary applications to meet the varied needs of the audience, which allow for effective behavior change. The encouragement by the RDN and students provided the spark to begin to cook again, get excited about food, and take care of themselves more consistently by forming a healthier relationship with food.

Food and Nutrition Considerations

Changes seen among participants were similar to what one study found among individuals who lost a spouse. Disrupted scripts and loss of shared meals, or commensality, often impact bereaved individuals' food behavior where they deprioritize food, leading to poor energy intake and diet variety (Vesnayer et al., 2015). Many participants ate strange combinations of

food items, ate in new spaces, didn't cook for themselves, or skipped meals entirely. They lost interest in the process of purchasing, preparing, and eating, which felt daunting and didn't provide the same sense of joy it did before their loved one died. The workshop showcased the importance of nourishing oneself while grieving by providing participants with ideas they could plan to carry out on their own. Being able to do the act of cooking alongside a student and other participants provided motivation and encouragement that transferred to their day-to-day meal planning and preparation.

Dual Process Theory

While developing the workshop, the RDN intentionally allowed space for debriefing, sharing, and listening throughout the workshop based on feedback from the bereavement specialist. The oscillation between loss- and restoration-focused aspects provided space for connection, forming new relationships, and improving one's relationship with self, diet, and health, which was seen in another study utilizing dual process theory as part of a group bereavement intervention with widowed adults (Xiu et al., 2019). Yu et al. (2022) also noted this food, mindfulness, and health-focused aspect using the dual process theory as a framework with bereaved individuals.

As the weeks progressed, the dual process theory informed data analysis because the RDN realized the oscillation that was occurring for participants as they shared about their experience. Participants saw the importance of building community, being more intentional about their food and nutrition goals, and the RDN as an encouraging companion as ultimately restorative, even as they continued to engage in loss-oriented stressors daily. The act of cooking was restorative, allowing one to focus on a concrete constructive task. This hands-on activity allowed creative sides to surface, which can often be stifled by grief.

IMPLICATIONS

This research study provided an opportunity to explore the RDN's role, as a facilitator of nutrition education and culinary applications, and their influence when supporting those on their grief journey. Moving forward, it is crucial to consider the long-term impacts of grief support interventions such as the one conducted in this study, the ongoing scalability of similar programming, and other considerations in offering grief support.

Long-term impacts of this intervention that could be considered in additional studies include positive impact on individuals' well-being, and ongoing social and peer support. Grief interventions are meant to facilitate improved coping skills for the grieving individual, reduce anxiety and depression symptoms, and enhance overall mental health (Dougy Center, n.d.). Programming that allows individuals to work on daily activities of living, such as feeding oneself—including preparing meals, shopping for one, and meal planning—aim to include aspects of self-care that are often overlooked or not considered when the weight of the loss impacts basic needs. Participants of this workshop noted the importance of integrating food and nutrition strategies and concepts into support services, as it is often not something grieving individuals consider. Offering opportunities via different modalities that can be used to support varying seasons of grieving can have a positive influence on overall well-being.

Most grief support opportunities offer space for socialization and peer-to-peer interaction, yet activities that include hands-on education and collaboration allow for this to naturally occur each time. These experiences foster social connections and can reduce feelings of isolation, assisting with long-term well-being. As well, empathy and validation by peers experiencing a similar loss can be exactly what is needed when an individual is feeling alone.

There is the opportunity for scalability of this workshop in collaboration with other grief support programs. Considerations include partnering with a diverse group of

community-based programs, staffing and resource management, and exploring alternative funding streams. One program was developed with a local culinary arts department. The series provided components of a grief support group in a culinary setting using live cooking demonstrations and hands-on workshops at various times throughout the year. Culinary instructors collaborated with an area hospice bereavement coordinator to plan menus and facilitate cooking instruction while implementing coping strategies (Nickrand & Brock, 2017). A similar partnership was conducted in this research study; however, expanding to other types of academic departments would allow additional opportunities to scale an existing program, while meeting students' course learning objectives. This could include culinary arts, social work, medical sciences, public health, and nutrition academic programs.

Additional partnerships could include integration into existing health care systems, including hospitals, community mental health centers, schools, and existing initiatives. A cooking for recovery program at Boston Medical Center's Grayken Center for Addiction partners with treatment clinics and other organizations to provide culinary support as part of a broader recovery program (Boston Medical Center, 2025). Building collaborations with existing programs could assist with staffing and resource management, as well as further promotion of the workshop for additional participants. Involving trained volunteers as part of community partnerships can increase the capacity of grief support programs, including promotion via social media platforms to increase exposure for these initiatives and connect with potential donors. Past participants of such grief support programs could contribute to the growth and outreach as volunteers or as spokespersons for promotion efforts. Increased use of technology to promote virtual opportunities of existing programs for individuals who live in rural communities or have transportation

difficulties could increase participant numbers.

Additional funding streams could be explored via grants, donations, and government initiatives for longer-term sustainability. Exploring these options could assist in the cost-effectiveness of continued programming initiatives. Many foundations offer grants including the New York Life Foundation, and the National Alliance for Children's Grief to support grief and bereavement services, including programs for youth and diverse communities, expanding access to bereavement services and addressing unmet needs (New York Life Insurance Company [NYL], 2025; National Alliance for Children's Grief [NACG], 2024). Corporate partnerships would allow for additional funding or in-kind support if partnering with local grief support organizations. These partnerships could benefit their own corporate employees who may use these grief support opportunities as an employee wellness initiative.

Additional considerations for other grief support contexts that have not been previously discussed include offering services to a variety of diverse populations and losses, including integrating culturally sensitive approaches. Aeschlimann et al. (2024) found that active involvement of the target community in the form of key informant interviews is essential for the development of culturally sensitive interventions, and is in line with recommendations for the development of interventions in minority groups. Collaborating with community partners who can provide a variety of diverse audiences would allow a similar approach to that used in this research study; it would be useful to conduct interviews or offer a focus group option in order to inform development and strategies to work with select audiences. This same concept could be used when addressing specific needs related to common losses such as those of caregivers, older adults, children, or individuals who have experienced a variety of traumatic losses.

Limitations

As with any study, there were limitations in this one, including sample size, consistent student exposure, frequency of sessions, additional data collection methods, and one-on-one nutrition support. The number of participants for the workshop was smaller than expected; having additional participants and a more diverse sample size would have provided more robust understanding for next steps and would reduce the risk of biased conclusions. There was a different combination of students each month, and while participants enjoyed the interaction, pairing a student with a couple of participants during each session would have allowed for more consistent support over the course of six months. There were benefits to having the workshop once a month allowing a longer period of connection, but in the future increasing the frequency to weekly or bi-weekly classes would allow for more support with participants' needs. Finally, including additional data collection methods throughout the research study would have allowed for more robust qualitative and quantitative data for future programming. These include pre- and post-intervention surveys, student experience surveys, and participant retention rates.

CONCLUSION

By bringing food, education, conversation, and enthusiastic health care professionals together with bereaved individuals, healing occurred. RDNs were able to contribute their skills of educating others on sound nutritional habits, while providing hands-on culinary applications, allowing support as individuals continued to grieve and restore themselves simultaneously. Participants were given the gift of nourishment, self-care, connection, and inspiration to keep moving forward as they mourn their loved one.

REFERENCES

- Academy of Nutrition and Dietetics (AND). (2025). *About RDNs and NDTRs*. <https://www.eatrightpro.org/about-us/our-members/about-rdns-and-ndtrs>
- Accreditation Council for Education in Nutrition and Dietetics (ACEND). (2025). *ACEND accreditation standards*. <https://www.eatrightpro.org/acend/accreditation-standards-fees-and-policies/2022-standards-and-templates>
- Aeschlimann, A., Heim, E., Killikelly, C., Arafa, M., & Maercker, A. (2024). Culturally sensitive grief treatment and support: A scoping review. *SSM – Mental Health*, 5, 100325. <https://doi.org/10.1016/j.ssmmh.2024.100325>
- Boston Medical Center (BMC). (2025). *Cooking for recovery*. <https://www.bmc.org/nourishing-our-community/teaching-kitchen/cooking-recovery>
- Condrasky, C., & Hegler, M. (2010). How culinary nutrition can save the health of a nation. *Journal of Extension*, 48(2), 1–6.
- Creswell, J. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). SAGE.
- Dougy Center. (n.d.). *Becoming grief informed: A call to action*. Retrieved February 1, 2023, from <https://www.dougy.org/articles/becoming-grief-informed-a-call-to-action>
- Florian, A. (2017). *A friend indeed: Help those who you love when they grieve*. Corgenius.
- Hartley, R. (2021). *Gentle nutrition: A non-diet approach to healthy eating*. Victory Belt Publishing, Inc.
- Johnson, C. S. (2002). Nutritional considerations for bereavement and coping with grief. *The Journal of Nutrition, Health & Aging*, 6(3), 171–176. <https://pubmed.ncbi.nlm.nih.gov/11887241/>
- Lanou, A. J., Mathews, L. G., Speer, J., Mills, L., & Gold-Leighton, N. (2021). Effects of experiential food education on local food purchasing and eating behavior. *Journal of Agriculture, Food Systems, and Community Development*, 10(4), 211–224. <https://doi.org/10.5304/jafscd.2021.104.006>
- Locher, J. L., Yoels, W. C., Maurer D., & van Ells, J. (2005). Comfort foods: An exploratory journey into the social and emotional significance of food. *Food & Foodways*, 13(4), 273–297. doi: 10.1080/07409710500334509
- Madni, A., Porter, A. S., Crook, K., Cartwright, C., & Hakim, H. (2022). Feeding the family: Cultural humility in bereavement care. *Pediatrics*, 150(6), 1–3. doi: 10.1542/peds.2021-055874
- Mayfield, B. (Ed.). (2020). *Communicating nutrition: The authoritative guide*. Academy of Nutrition and Dietetics.
- National Alliance for Children’s Grief (NACG). (2024). *Grief reach grants*. <https://nacg.org/grants/grief-reach/>
- New York Life Insurance Company (NYL). (2025). *Grant opportunities*. <https://www.newyorklife.com/foundation/grant-opportunities>
- Nickrand, H. L., & Brock, C. M. (2017). Culinary grief therapy: Cooking for one series. *Journal of Palliative Medicine*, 20(2), 181–183. doi: 10.1089/jpm.2016.0123
- Petrillo, E. A. (2015). *The role of nutritional education in support groups in the grieving process*. [Unpublished master’s thesis]. Humboldt State University. <http://hdl.handle.net/10211.3/143465>
- Stahl, S., & Schulz, R. (2014). Changes in routine health behaviors following late-life bereavement: A systematic review. *Journal of Behavioral Medicine*, 37, 736–755. doi: 10.1007/s10865-013-9524-7

- Stroebe, M., & Schut, H. (1999). The dual process of coping with bereavement: Rationale and description. *Death Studies*, 23(3), 197–224. doi: 10.1080/074811899201046
- Vesnaver, E., Keller, H. H., Sutherland, O., Maitland, S. B., & Locher, J. L. (2015). Food behavior change in late-life widowhood: A two-stage process. *Appetite*, 95, 399–407. doi:10.1016/j.appet.2015.07.027
- Wang, C., Yi, W., Tao, Z., & Carovano, K. (1998). Photovoice as a participatory health promotion strategy. *Health Promotion International*, 13(1), 75–86. <https://doi.org/10.1093/heapro/13.1.75>
- Winkler, M. (2010). Living with enteral and parenteral nutrition: How food and eating contribute to quality of life. *Journal of American Dietetic Association*, 110(2), 169–177. doi: 10.1016/j.jada.2009.12.002
- Wolfert, A. (2006). *Companioning the bereaved: A soulful guide to caregiver*. Companion Press.
- Xiu, D., Chow, A.Y.M., & Tang, S. (2019). Predictive factors for differential changes in grief symptoms following group bereavement intervention for Chinese widowed older adults. *Clinical Psychology & Psychotherapy*, 27(3), 267–277. <https://doi.org/10.1002/cpp.2425>.
- Yu, Z., Liang, J., Guo, L., Jiang, L., Wang, J., Ke, M., Shen, L., Zhou, N., & Liu, X. (2022). Psychosocial intervention on the dual-process model for a group of COVID-19 bereaved individuals in Wuhan: A pilot study. *OMEGA: Journal of Death and Dying*, 89(2), 701–717. <https://doi.org/10.1177/00302228221083067>

AUTHOR BIOGRAPHIES

Jamie Daugherty
 Jamie has been a dietitian for 20 years, working with families to develop healthier eating habits, consulting individuals

diagnosed with diabetes and celiac disease, and working with students, athletes, and professionals to reach goals that make them feel confident and optimistic. Currently she is an Associate Professor and Department Chair at Fontbonne University in St. Louis, Missouri. She brings nutrition and culinary arts together in the kitchen to allow individuals an opportunity to attain a level of culinary education that encompasses a more approachable, harmonious lifestyle. Address: 6800 Wydown Blvd. Phone: 314-443-3671 Email: bommer26@gmail.com

Jada Staat

Jada is a dietetics student at Fontbonne University with shadowing experience in clinical care, food service, and nutrition education. She has taught lessons on topics such as healthy eating and food label myths and has worked with diverse groups, including middle school children, college students, and older adults. Jada is interested in helping others build healthier habits through practical nutrition education and meal preparation. Address: 6800 Wydown Blvd. Phone: 314-443-3671 Email: jstaat04704@fontbonne.edu

Julie Rachford

Julie is currently a graduate student at Fontbonne University seeking a Masters of Arts in Health Advancement and Promotion. She has a demonstrated passion for the culinary arts that she utilizes as the foundation to form connections between people, nutrition, and health. She is looking to further develop her skill set and assist the public as a Registered Dietitian Nutritionist post-graduation. Address: 6800 Wydown Blvd. Phone: 314-443-3671 Email: jrachf04481@fontbonne.edu

AUTHOR NOTE

The authors would like to thank the Academy of Nutrition and Dietetics Foundation, which provided funding for this research study to occur. Without their ongoing support of

innovation opportunities for RDNs, this experience would not have made the meaningful impact it made among students and participants. The author would like to thank BJC Hospice and Sandra Dillon for their partnership and support to make this workshop experience succeed. Thank you to the participants who shared from their heart and allowed us to understand more about loss, grief, and love. Thank you to Fontbonne dietetic students for your courage and willingness to take part in this experience and build meaningful connections.

Correspondence concerning this article should be addressed to Jamie Daugherty, Family and Consumer Sciences Department, Fontbonne University, 6800 Wydown, Clayton, MO 63105, USA, bommer26@gmail.com