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Food stories: Unraveling the mechanisms underlying healthful eating

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ABSTRACT

The biomedical model of health (BMH) studies the causes and origins of disease. When applied to nutrition research, eating is studied as a behavior that supports physical health. However, the lack of attention the BMH pays to social and historical circumstances in which health behaviors are constructed has been widely addressed in literature. When people are studied without considering contextual influences, the relevance to everyday life is limited. As a result, how individuals actively deal with their context to manage healthful eating is poorly understood. This research applies a complementary model, salutogenic model of health (SMH), and uses life course research methodology to study a group of healthy eaters. The purpose of this research is to unravel how healthful eating develops in everyday life. Healthy eaters (n = 17) were identified and recruited from the NQplus research panel at Wageningen University, the Netherlands. Life course experiences were examined through narrative inquiry. Participants recalled and visually explored life experiences with food and health using timelines. Results indicate that healthful eating results from exposure to individual- and context-bounded factors during childhood and adulthood and involves specific mental and social capacities relevant to coping including amongst others, critical self-awareness; flexibility, craftiness, and fortitude. Through life-course learning moments, participants were able to develop proactive coping strategies which strengthened their sense of agency and helped them in overcoming stressors and challenges. Findings show that nutrition strategies should not only focus on strengthening food-specific factors like cooking skills and nutrition knowledge, but other factors like stress management, empowerment, and participation. Such factors support the development of adaptive skills and behaviors, enable individuals to deal with the demands of everyday life, and are building blocks for health promotion.

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1. Introduction

The biomedical model of health (BMH) orients towards pathogenesis, the study of disease origins and causes. The starting point is to understand determinants of ill-health, and that health is generated through the elimination of risks for diseases (Eriksson & Lindström, 2008). When applied to nutrition research, the underlying assumption is that eating is a physiological act, and that eating supports physical health. This risk-oriented, pathogenic view underlies the search within nutritional research and promotion for nutrients, foods, and meals that prevent, treat, or manage diet-related conditions. Yet this view tends to ignore the fact that eating is much more than just a basic health behavior (Biltekoff, 2010). Food choices are highly complex and have shown to be multifaceted, situational, and dynamic (Sobal, Bisogni, & Jastran, 2014). Research has shown that eating involves other factors besides physical health, such as taste, convenience, costs, moral concerns, and the maintenance of relationships (Sobal, Bisogni, Devine, & Jastran, 2006). Also, a systematic review of qualitative studies confirms that people assign diverse personal, social, and cultural meanings to healthful eating (Bisogni, Jastran, Seligson, & Thompson, 2012). The lack of attention the BMH pays to social and historical circumstances in which health behaviors are constructed has been widely addressed in literature (Fischer, 2006; Furst, Connors, Bisogni, Sobal, & Falk, 1996; Green, 2006;

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Johnson, Sharkey, & Dean, 2010)). The emphasis on physical health is also apparent in current nutritional guidelines (Delormier, Frohlich, & Potvin, 2009) that are oriented towards the physical side of health, overlooking the social embeddedness of food and health behavior. When people are studied without considering contextual influences, the relevance to everyday life is limited (Green, 2006, Scrinis (2008) As a result, the way in which individuals actively deal with their context to manage healthful eating is poorly understood (Bouwman, te Molder, Koelen, & van Woerkum, 2009).

This knowledge gap that results from the dominant role of the BMH in nutrition research can be addressed by applying a complementary model, Antonovsky's salutogenic model of health (SMH) (Antonovsky, 1979). SMH takes a life course perspective to search for answers to the question "what creates health?" rather than only "what causes disease?" Within SMH, health is defined as a process and it is shaped through the interaction between people and their everyday context. This approach aligns with people's striving for quality and "goodness" in life. The underlying assumption is that healthful eating, together with other biological, material, and psychosocial resources, makes it easier for people to perceive their lives as consistent, structured, and understandable (Antonovsky, 1996). A key difference between the SMH and the BMH is the notion that health-related practices – such as eating for physical health – are a resource for living rather than a central goal in life (Antonovsky, 1987). Instead of having a focus on physiological factors involved in illness and the prevention of disease, SMH has an emphasis on the positive aspects of health and well-being (Mittelmark & Bull, 2013), taking into account the diverse physical, mental, and social factors that promote health (Eriksson & Lindström, 2008). In SMH, health is placed on the so-called "ease – disease continuum". Throughout life, people are constantly being bombarded by stressors. These stressors range from psychosocial stressors (e.g. unexpected loss of a job, relationship problems) to physical and biochemical stressors (e.g. water pollution, disease outbreaks). It is impossible to avoid these stressors since they are an inherent part of everyday life. Stressors have the potential to cause internal tension and can impact health in a negative way. Coping successfully with the tension leads to a movement towards the ease end of the continuum (healthy). If not successful, then people experience stress and breakdown (either physically or emotionally) and there is movement towards the dis-ease end of the continuum (Buch, 2006). Table 1 provides an overview of the major differences between the BMH and the SMH.

A major construct within SMH is the Sense of Coherence (SOC). SOC is a coping capacity that supports people in dealing with challenging situations and in maintaining a healthy life orientation (Antonovsky, 1987). Evidence shows that a strong SOC is associated with dietary patterns more in line with dietary recommendations (Ahola, Mikkilä, & Saraheimo, 2012; Ray, Suominen, & Roos, 2009; Swan, Bouwman, Hiddink, Aarts, & Koelen, 2015) and higher intake of fruit and vegetables (Packard et al., 2012; Wainwright et al., 2007). To date, the SMH has only been applied in nutrition research to study the relationship between SOC and food choices. As a result, the mechanisms underlying this relationship remain unclear. Evidence continues to be limited and we lack a comprehensive picture of how people deal with challenges throughout the life-course and result in a (un)healthful orientation to eating. Such understanding can contribute to the design of strategies that support people in accomplishing healthful eating in the context of everyday life.

This research applies the SMH using life course research methodology to study a group of healthy eaters. The overall aim is to unravel how a healthful eating orientation develops in everyday life. Life course research methodology observes lives in time according to different social, contextual and cultural factors but also the internal responses resulting from those fluctuating external stimuli (Wethington, 2005). Life course research contributes to understanding how food choice develops and provides insights into the development of personal agency, provides a means for self-reflection and is embedded within the lifespans of social, cultural and historical contexts (Hinchman & Hinchman, 1997; Sobal et al., 2014). In doing so, it discerns patterns of change or consistency across the life span and is of particular interest to health behaviors (Szwajcer, Hiddink, Koelen, & van Woerkum, 2007).

2. Materials and methods

2.1. Participants

Healthy eaters were identified and recruited using purposive sampling from the NQplus research panel at Wageningen University (Van Lee et al., 2012). Research panel participants all live in the province of Gelderland in the Netherlands. They receive a physical health check (e.g. height, weight, blood pressure) and complete a food frequency questionnaire (FFQ) that measures consumption of the major food groups as well as salt, fat, sugar and convenience foods. From the FFQ, a diet quality index (DQI) score is computed that measures diet quality in relation to the Dutch dietary guidelines. The DQI has been shown to be a valid measurement instrument in ranking participants according to their adherence to the Dutch guidelines for a healthy diet and a good measure of nutrient density of diets (Van Lee et al., 2012).

Participants for this study were recruited from the NQplus research panel that met the following inclusion criteria:

- highest quartile of DQI scores
- female
- cohabitating
- aged 35–55 years

Females living with a partner were chosen for this study since our previous quantitative study found that cohabitating women had healthier dietary patterns in a cross-sectional Dutch population (Swan et al., 2015). Those aged 35–55 were specifically targeted to ensure that participants had a sufficient range of life experiences to discuss with researchers. Women meeting the inclusion criteria ($n = 33$) were sent a study recruitment invitation by email. From these emails, 17 women agreed to take part in this study and provided informed consent. The participants' ages ranged from 36 to 52 years old (mean age 47), they all had tertiary education and all but one were employed.

2.2. Methods

Life course events were examined through narrative inquiry, which is defined as systematic listening to people's life stories (Keats, 2009). Stories were elicited through timelines, an established research tool involving drawing and visually exploring life experiences (Sheridan, Chamberlain, & Dupuis, 2011). The timelines helped guide the interviews through what participants marked as significant and meaningful life experiences. The timeline was used as a tool to encourage participants to remember and reflect upon past experiences and to make it easier to tell stories about their lives during the in-depth interviews. Participants were also asked to construct a "Food and Me" box, which represented aspects that were important to them in terms of eating. Participants could include any objects that were meaningful to them, such as specific food items, photographs, utensils, pictures of meal settings, recipes, and so forth. The box was used as a tool to help participants

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