



FROM DESIRE TO ACTION: FACTORS INTERFERING IN THE NUTRITIONAL APPROACH TO CHANGE FOOD HABIT

DO DESEJO À AÇÃO: FATORES QUE INTERFEREM NA ABORDAGEM NUTRICIONAL PARA MUDANÇA DE HÁBITO ALIMENTAR

DEL DESEO A LA ACCIÓN: FACTORES QUE INTERFIEREN EN EL ENFOQUE NUTRICIONAL PARA EL CAMBIO DE HÁBITO ALIMENTAR

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ABSTRACT

Objective: to analyze the strategies and resources used in the processes of building changes in the eating habits of health professionals. **Method:** this a descriptive study, with a qualitative approach, performed with 12 participants randomly selected, who individually answered a semi-structured interview script. For the organization and analysis of the data, the technique of Content Analysis in the modality Thematic Analysis was used. **Results:** the statements produced two thematic categories: the relation of the individual to the food and the process of food re-education. The analysis showed that subjective aspects influence the feeding behavior; affective memory can relate food to a pleasurable escape from everyday pressures; anxiety and sadness can induce compulsive eating. Family support assists in maintaining change. Information is fundamental to the development of critical awareness and autonomy was a motivational factor for conducting the changes. **Conclusion:** considering subjective aspects of the individual in a nutritional intervention is fundamental for the effectiveness of adherence to the proposed changes. **Descriptors:** Food and Nutrition Education; Feeding Behavior; Motivation.

RESUMO

Objetivo: analisar as estratégias e os recursos utilizados nos processos de construção da mudança de hábitos alimentares dos profissionais da saúde. **Método:** estudo descritivo, com abordagem qualitativa, realizado com 12 sujeitos, selecionados aleatoriamente, que responderam individualmente um roteiro de entrevista semiestruturada. Para a organização e análise dos dados, empregou-se a técnica de análise de conteúdo na modalidade análise temática. **Resultados:** os depoimentos produziram duas categorias temáticas: relação do indivíduo com a comida e processo de reeducação alimentar. A análise mostrou que aspectos subjetivos influenciam o comportamento alimentar; a memória afetiva pode relacionar comida a um escape prazeroso das pressões cotidianas; e a ansiedade e a tristeza podem induzir o comer compulsivo. O apoio familiar auxilia na manutenção da mudança. A informação é o elemento fundamental para desenvolvimento da consciência crítica e a autonomia foi fator motivacional para condução das mudanças. **Conclusão:** considerar aspectos subjetivos do indivíduo em uma intervenção nutricional é fundamental para a efetividade da adesão às mudanças propostas. **Descritores:** Educação Alimentar e Nutricional; Comportamento Alimentar; Motivação.

RESUMEN

Objetivo: analizar las estrategias y los recursos utilizados en los procesos de construcción del cambio de hábitos alimentares de los profesionales de la salud. **Método:** estudio descriptivo, con enfoque cualitativo, realizado con 12 sujetos, seleccionados aleatoriamente, que respondieron, individualmente una guía de entrevista semi-estructurada. Para la organización y análisis de los datos fue empleada la técnica de Análisis de contenido en la modalidad Análisis Temático. **Resultados:** los testimonios producían dos categorías temáticas: relación del individuo con la comida y proceso de reeducación alimentar. El análisis mostró que aspectos subjetivos influyen el comportamiento alimentar; memoria afectiva puede relacionar comida a un escape placeroso de las presiones cotidianas; ansiedad y tristeza pueden inducir al comer compulsivo. El apoyo familiar auxilia en el mantenimiento del cambio. Información es elemento fundamental para desarrollo de la conciencia crítica y autonomía fue factor motivacional para conducción de los cambios. **Conclusión:** considerar aspectos subjetivos del individuo en una intervención nutricional es fundamental para la efectividad de la adherencia a los cambios propuestas. **Descriptores:** Educación Alimentaria y Nutricional; Conducta Alimentaria; Motivación.

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INTRODUCTION

The change in dietary habits in the last decades has led to a phenomenon called nutritional transition characterized by an increase in the consumption of industrialized foods with a high energy content and salt and a decrease in the intake of fruits and vegetables, often due to the higher frequency of meals outside the home. The adoption of this dietary pattern is closely related to the increased incidence of obesity, affecting individuals of all ages, and directly related to the onset of chronic diseases such as diabetes, hypertension and certain types of cancer.¹⁻⁴

The transformation of Brazilian social behavior interfered in the change in eating practices since there was an increase in workload, adoption of a more sedentary lifestyle due to lack of time for leisure, stress, pressure and competitiveness in the social and professional relationships. People spend long periods of time in the work environment and are forced to seek the convenience of eating in or around the workplace. Added to this context, besides the appeal of the media and the market for consumption, the sedentarism contributes to hamper the adoption of healthier eating habits and life.

Considering the reality of health professionals, it is worth noting that the Ministry of Health approved the National Policy for the Promotion of Workers' Health of the SUS in 2011 aiming at the valorization and promotion of workers' health. The initiative to support health professionals so that they can cope with their difficulties seems to be a positive strategy for strengthening relationships at work, health promotion, and a new posture in the care of self and the other.⁵

Considering the subjective issues that are related to eating behavior, the choice of adequate language in the approach to the individual in a nutritional intervention is an important factor for the effectiveness of adherence to the proposed changes.⁶

This study was based on the results of the intervention in a food re-education group, aimed at stimulating the change of habits and promoting health, developed with health professionals in a hospital in Belo Horizonte.

The classification of participants' nutritional status in BMI (Body Mass Index)

showed a percentage of weight inadequacy (overweight and obesity) of 78%. This data justifies the need for intervention in nutritional education to minimize harm and promote worker health. Based on this diagnosis, the question is the strategies used by the research subjects to overcome the difficulty of changing their eating habits and adhering to a healthy diet.

It is believed that the knowledge of the aspects that determined the change in eating habits, made explicit through oral language, constituting successful experiences for the subjects who experienced them, allowing the identification of elements involved in the construction of a new, healthier habit.

OBJECTIVS

- To analyze the strategies and resources used in the processes of construction of the change of eating habits of health professionals.

METHOD

This study was extracted from the dissertation of the Master's degree in Social Management, Education and Local Development of UNA University Center, Belo Horizonte (MG) << Food reeducation: a study with emphasis on the subjective aspects related to the change of habit >>.

This is a descriptive study with a qualitative approach.⁷ The object of the study is related to subjective aspects and emotional impact, in a dynamic relationship between the real world and the subject, no numerical approach and statistical data treatment were necessary.⁸

The intention was to apprehend the meanings of individual experiences to understand how they build their relationship with the act of feeding themselves and how they make their choices and transform their habits.⁹ The scenario for conducting this research was a public hospital in Belo Horizonte (MG), Brazil. The inclusion criteria were: employees who participated in the group of food re-education carried out at the workplace during the period from 2009 to 2012 and who spontaneously arranged to participate in the study.

The participants in the study were 12 individuals who answered a semi-structured interview script composed of 13 guiding questions of the subject and the number of interviewees was determined by the

saturation criterion of the reported data. Thus, “data collection is interrupted when it is found that New elements to subsidize the desired theorization (or possible in those circumstances) are no longer deprecated from the field of observation.”^{10:389}

Qualitative research allows for an approximation of reality because it considers subjective aspects as values, beliefs, desires, motivations, meanings and attitudes that correspond to a deeper and more complex universe of relationships, processes, and social phenomena.⁸

The interviews lasted an average of thirty to forty minutes, carried out in a place reserved for the presence of the researcher and the participant. The statements obtained in the interviews were recorded and transcribed and submitted to the technique of Content Analysis in the Thematic Analysis modality.¹¹ After exhaustive reading, they were decoded, the recording units were aggregated and their aggregation for the representation of content and categorization, consisted in the classification of constituent elements of a set, due to its convergences. From this process, two thematic categories emerged: 1. Relation of the individual to the food and 2. The process of alimentary re-education and thematic subcategories: 1. Emotional relation and feelings; 2. Cultural aspects related to the environment; 3. Information

and awareness; 4. Elements that interfere with the change process and strategies.

The ethical principle of confidentiality was obeyed to preserve the identity of the respondent and the fidelity of the results. Each subject was identified with the letter E of the interview and the ordinal number according to their sequential occurrence.

It should be noted that the study complied with the determinations recommended by Resolution N° 466/2012 of the National Health Council (CNS), regulating research involving human subjects and it was approved by the Ethics Committee of the Hospital Foundation of the State of Minas Gerais (FHEMIG), CAAE N° 27248814.0.0000.5119.

RESULTS

The analysis of the statements allowed the identification of nuclei of meaning that converged to two categories denominated: individual relationship with food, and food re-education process. Of these two categories, thematic subcategories appeared respectively: emotional relation and feelings and cultural aspects related to the environment; Information and awareness and elements that interfere in the process of change and strategies. The categories and subcategories identified from the narration of interviewees are presented in Figure 1.

Categories	Relationship of the Individual with the Food	Food Reeducation Process
Subcategory 1	Emotional relationship and feelings	Information and awareness
Subcategory 2	Cultural aspects related to the environment	Elements that interfere in the process of change and strategies

Figure 1. Table with categories and subcategories identified from the narration of the interviewees. Belo Horizonte (MG), Brazil, 2012.

The feelings experienced during the process of change, when the individual needs to overcome his difficulties and appropriate new eating habits, are

presented in Figure 2, describing the expressions used by the participants as negative feelings, positive feelings, and feelings of autonomy.

Negative Feelings	Positive Feelings	Autonomy Feelings
- Before Suffering I scared. - Frustration/dilemma. - Willingness to resign. - Very difficult/effort. - Fear/fragility. Fear of suffering, of changing. - Pressed/passed a test. - Fight that has no end. - Adapt without it. - Illusion that it was going to be difficult.	- Today tranquility. Surprise. - Result of satisfaction. - Encouragement. - Giving strength. - Relief. - Courage. - Worth it. - Balance. - It was not so hard.	- I adapted it super well. - Accountability. - Commitment. - Consciousness/rationality. - My self-esteem has lifted. I'm studying in college. College is not for the rich, it is for those who want, just like health. - Everyone should do it. - "Why have not I done this before?" - "We do not have to do it; we have

- I can not explain/I feel ignorant.
Does not fit me.
I do not feel like eating.

to do things with pleasure.
- We'll become somebody else.

Figure 2. Comparison of positive, negative and autonomy feelings regarding the process of change. Belo Horizonte (MG), Brazil, 2012.

The analysis and discussion of each category and subcategory are presented in the following session.

DISCUSSION

The analysis of the results contributes to the reflection of how the individual experiences influence the construction of the relation with the act of feeding and how the choices and transformation of the alimentary habits are done.

♦ Category 1 - Relation of the individual to the food

The aim of this category analysis was to identify the subject's understanding of their relationship with food and to seek to highlight points that could indicate what the determining aspects in the eating behavior of these individuals that hinder to change eating habits are.

The statements make clear the recurrence of affective meanings related to the act of eating, which led to the definition of the subcategories mentioned previously and analyzed below.

♦ Subcategory 1 - Emotional relationship and feelings

The experiences of the apprehension of eating habits from childhood can define the subjective aspects that influence the eating behavior of the individual. The affective memory can interfere with the response to social stimuli for consumption or meet a pre-established beauty pattern, for example. Often, food is as a refuge, a pleasurable escape from the pressures that the individual faces in the day-to-day. This feeling refers to the memories in which the food was felt like an object that meant the satisfaction of a desire not only physiological but as an extremely affective load, filling an important space in the relations of the subject with the external environment.^{12,15} The following registry units confirm these words:

Today I use food, I feed myself in a more rational way, depending on my emotional state I used it as an escape valve [...] [E9]; We compensate the food for its fragility. It is the pressure that we suffer from our daily lives; we end up discounting [...]. [E5]

The subjects' speeches reveal feelings of anxiety and sadness as inducers of "eating more to satisfy themselves," but when one becomes aware of the need for change, one can use food more rationally, as follow:

In my case, my relationship with food is this anxiety issue. [...] it helped me a lot to know that I do not need to eat a box of candy to be satisfied [...] I learned to taste the food [...]. [E1]

There is a strong reference to the strength of will and persistence needed to reach an objective, according to the interviewees' reports. There is an explicit need to wait for the right time, to mature the idea and to be aware that this force can arise naturally, as an awakening, and the importance of initiative and attitude from the person himself and not be imposed by third parties, not Thus, external control or restriction of its autonomy, as described in the statements below.

[...] everything we do has to do with will, I will do it because I want to, because I need it, and not because so-and-so said, somebody said that I need [...] [E1]. Willpower, it has to have a lot, a lot of willpower [...], it has to come from inside. It's no use talking to you [...], it's a persistence one has to have, it's an inner strength. [E2]

"Come from within." Speech, by itself, does not change a habit, is empty and does not materialize in action. It is imperative that "your inner, your desire, your motivation, your will" speak louder. And then, you listen or listen to the voice inside and outside. You are now open to learn and change from the re-signification of eating practices based on the symbolic and emotional processes. The statement of [E10] illustrates reflection.

I think it depends only on the person [...], it is a question of the person making the decision and acting for it to happen. [E10]

The habitus embodied by the individual implies the idea of social relations, of social interactions, especially of symbolic interactions, in a given space, loaded with unequal meanings and relations between subjects who have different symbolic

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capitals.¹³ It is important to help the individual to Recognize the aspects that interfere with their behavior or make changes in their eating practices difficult. From the awareness and acceptance, the individual mobilizes to act and transform their reality. Therefore, understanding the particularities of each contributes to a more assertive approach, not dissociating the subject from the historically constructed social environment in which he is inserted.¹⁴

Despite access to available information and dissemination of knowledge about the importance of healthy living habits, the individual still presents justifications for not adopting a more balanced diet. With this, the person can postpone the decision to change habits and expresses in some way the denial of their problems, their resistance in facing the difficulties and dealing with the feelings involved in the process of building new routines and a new alimentary behavior. These aspects can be observed in the E2 and E10 speech.

[Silence]. I do not even know what to tell you about my relationship to food. No, in fact, she is a problem for me [...], it's an obligation, that's right, it's a must. I have to eat. That's it [E10]; My relationship with food is problematic [laughs], I love to eat! [...] my whole life I had a problem with food, because I eat a lot of "junk food" and I do not like healthy food, I hated it, [...] then it was just "junk food" [...]. [E2]

The difficulty of adapting life to achieve a healthier diet, even knowing its importance, the relationship of love and hate with food and resistance to stop eating "junk food" and introduce new, healthier foods appeared in the text as contradictions of the participants.

They have (sic) days that I like "junk food" yes, I do not live without, of course, but I avoid eating [...] [E2]. It's just a matter of not being able to adapt my life to that. [...] food for me is a very secondary thing. [...] everything to me is a little more important than the food. [...] sleep for me is more important than food. [...] because "the understanding that I would have changed, I have right? Knowing that would change my life completely for the better because I have a lot of problem for lack of food,

but I could not change. And I cannot tell you exactly why" (emphasis added). [E10]

The contradiction unveiled in the E2 record unit emerges on the objectionable idea of not being able to live without eating "junk food" and the logic of "junk food" being essential to life. Similarly, in unit E10, the contradiction is heralded in the assertion that eating is a secondary thing in life and after that at a time when there is the recognition of being aware of the many problems caused by the lack of a healthy diet.

The discourse of denial is reinforced with affirmative phrases in which one perceives a message that this situation is unique, definitive as if it were not possible to find an alternative, that is, a case without a solution. The person closes for the change and all the suggestions presented are always collided with justifications that, from the person, are difficult to overcome. When they are not frustrated or abandoned, small changes require a great deal of effort and are fraught with suffering and negative feelings that characterize their difficulty in changing habit.

In the initial phase of change appear negative feelings. When the individual becomes aware and begins to feel the benefits of new eating habits, he reports more positive and motivating feelings. The achievement of autonomy about the difficulties of habit change can be observed in the statements in which the individual believes in his capacity to act; he is convinced to continue and values his well-being and the investment of his effort in this process of change.

In this sense, the effort is to overcome the barriers that have been inherited from their social environment and often maintained as absolute truths and automatically followed. Using Bourdieu:

The strength of the pre-constructed is that being inscribed at the same time in things and in brains, it presented with the appearances of evidence, which goes unnoticed because it is perfectly natural. The rupture is a conversion of the look [...]. It is about producing, if not "a new man" at least "a new look, a sociological look." This is not possible without a true conversion, [...], a mental revolution, a change of the whole social worldview.^{15:2010}

It was observed that positive feelings and autonomy demonstrate how the individual starts to direct a "new look" for their relationship with the act of feeding after the change of habit.

Autonomy is expressed in the appreciation of the educational process, in the ability to recognize mistakes, overcome obstacles and change "the look." The importance of being good with oneself gains priority in the new way of life adopted. Positive feelings and autonomy demonstrate how the individual began to define himself from the recognition of the benefits achieved with the changes.

[...] After you pass that phase, you look at it with another look, it's amazing, you do not feel like it, it's super interesting. After you create the food habit, I went through this phase so today it's easier for me to talk. (Emphasis added) [E5]; [...] the way is the same, they are not radical diets, [...] you have to value the educational process, this re-education will make a difference [E9].

The feelings experienced during the process of change, as presented above in Table 2, shows the division of the before and after as a transposition of stages in which the person leaves a situation of suffering for a state of tranquility and as the feelings of autonomy referring to the accountability of care and personal initiative, based on awareness and commitment to change. Autonomy comes with the detachment of social bonds and the recognition of their identity.

The health professional must recognize the degree of understanding of each patient about their process of change and adherence to treatment, considering the complexity and uniqueness of each subject and, above all, respect the time to change each one.

♦ Subcategory 2 - Cultural Aspects Related to the Environment

It is known that besides complex, the behavior of food contains external and internal determinants of the subject and food practices are defined by the socioeconomic, affective and cultural power of the individual. The construction of the eating habit is determined by the conduct of the family or the environment in which the child was created. Behavioral inheritance, often charged with affective value, will

influence the individual's choices throughout his adult life. This affective memory is a determining factor in a person's ability to achieve change with greater or lesser ease.¹⁶ In this sense, the following record units are echoed:

I faced difficulty because it is a culture, in fact, we are brought up [...] I am an only child, I ate what I wanted, if I did not want a vegetable already banished forever, I was not encouraged [E6]; [...] because that was not the education I had. [...] In my house, I always cherished a lot for food, a lot of fruit, vegetables and when you live away from your parents, sometimes you relax, forget what you learned back there. [E9]

The difficulty of perceiving inappropriate eating habits, of changing and maintaining habits changes, is often reinforced by the social environment. It determines patterns of behavior, beauty, food consumption habits and even values related to social identity according to lifestyle and access to certain services that gain the symbolic meaning of ascension and social stratification.¹⁷

Uai, it's because I learned, it's a habit, I learned to eat because you see everyone eating, [...] everyone eats you eat too. You gather in the family home [...] everyone is eating you end up eating, others surround you, it is the same habit, the environment that you are [E11]; [...] the Brazilian people has the culture of drinking coffee, giving a cookie to the visitor. [...] this is the difficulty, you speak the first not to a thing you like. And the fattening food is cheaper; you find pizza and soda with sugar everywhere. [E6]

The journey toward changing habits is made through willpower, wanting a lot, and giving up. It is also done through thoughts and words, actions and interventions, all materialized by affective and understanding sharing, and significant presence of family members. The family environment adheres to the process of change to strengthen decision-making, and as such, everyone enters the living circle of becoming healthy. The recording unit described below gives these words:

I think it's important first of all to want, the willpower and support of

the people who love you [...], your family also support you, then it's something that has changed at home... For everyone. [E8]

Nutritional orientation becomes richer when, together with the interventionist aspects, it is possible to make a cultural analysis of the food behavior, interpreting the symbolic meanings of the actions and social phenomena that determine the formation of the individual's eating habits.

Reports related to body perception mainly show the annoyance caused by overweight and the difficulty of adjusting to clothing, possibly by socially established beauty and fashion patterns. This often leads the individual to follow collective behaviors to suit the environment in which he lives. Social representations are responsible for producing collective ways of seeing and living the body by propagating models of behavior regarding aesthetic and bodily health aspects.¹⁸ The following accounts confirm these statements:

Everyone was criticizing me, wondering why. I was feeling bad; my clothes no longer fit me. I was feeling like a monster; I was ugly, fat! [E4]

Marchesini points out that:

The human being is not alone. It always exists about its peers and the environment. Every change corresponds to a social reaction and a response emitted by behavior. This time, the person who loses weight increases his sense of self-worth, if he is more appropriately dressed, feels more adequate, is perceived as an object of desire. It tends to think the world, to feel life and to emit differentiated behaviors.^{19:2010}

Clothing is an aspect that frequently appears in the interviewees' complaints. Clothing standardizes bodies, equals similar ones, expresses social ascension, status and excludes the different ones. The symbolic power that the clothing assumes in the individual's imagination creates its identity and the sense of belonging to the group in which it is inserted, at the same time as it is excluded, discriminated or hindered its insertion in different groups. There is a whole movement, from the logic of the capitalist economy, to produce, commercialize and consume the clothes and accessories destined to the lean bodies, and in this, the media plays an important role in the formation of opinion.²⁰ The person to be

able to consume needs a great investment of time, money and disposition. This makes the market always warm because it is impossible to reach the ideal body. This becomes a strategy so that the products and services that promise this benefit will never cease to be consumed.²¹ Those who do not fit into this pattern feel excluded, disadvantaged and even disadvantaged, whether in social relations or the labor market, extremely competitive and values, in a marked way, the appearance of the individual.

Bourdieu's concept of symbolic power¹⁵ helps in understanding the influence that the external environment exerts on people's behaviors and behavior pattern and, consequently, on the difficulty of changing habits. Symbolic power transforms different kinds of capital into symbolic capital, into euphemistic dissimulation, which ignores the violence contained in them. The rupture of socially constructed bonds and the recognition of their identity allow the subject to become protagonists of their history, translating this experience into a feeling of satisfaction for being a liberating and transforming experience.

I like to see myself. [...] today I know that I am unique, I am me, it does not matter that there is another person more beautiful, that I have my beauty, you understood? [E3]

Like other aspects of the capitalist economy, physical activity has also become a product to be consumed. There is a model for practicing physical activity, and it should be followed. The academies are everywhere and have been configured in the urban and modern way of performing exercises. Physical education in schools has long been, in contradiction, devalued and discouraged. The educational system did not incorporate the need to maintain this practice in a natural and pleasurable way. This distortion does not allow individuals to create the habit and leads it into adulthood automatically. It is only when they realize the limitations and consequences caused to health by the non-practice of physical activity that people feel pressured to exercise and thus pay for the service.²²

[...] I have an exhaustive 12-hour workout routine, so I did not have the energy to do things, to do some physical activity. [E9]

It is the assignment of all health professionals to stimulate the practice of physical exercises both to improve one's health and to achieve well-being and to change this culture that discourages physical activity in a pleasurable way, stimulating a new perspective of practicing the physical exercise in a natural and routine way, without being an obligation and without sacrifices. The sooner children and young people learn that conception, the healthier we will be promoting for the future.

♦ Category 2 - Process of Food Reeducation

This category highlights education as an important strategy for changing eating habits and emphasizes information as a fundamental element that contributes to the awareness of the need to adopt healthier eating and living habits. Education develops critical awareness and provides more assertiveness in choices related to eating, valuing mainly quality rather than quantity.

♦ Subcategory 1 - Information and awareness

When it appropriates, the information received and finds meaning in its attitudes, the subject moves towards the achievement of his autonomy in the decision-making process. Freire²³ contributes with the reflection that the critical conscience provides the engagement of the subject in the actions that will generate effective transformations.

It is possible to observe the awakening of the conscience of the subject expressed with serenity in reporting the changes achieved and the conviction provided by the access to knowledge and the posture of responsibility in the face of the challenge of health care.

[...] when talking about food re-education for me was simply to stop eating, and it is not that. You can continue eating, but in the proper way and I've been trying to fit myself [E3]; [...] I learned, mainly, that it is possible to have education, it is possible to lose weight without medicine [...]. And it is possible to eat sweet, which I like, and yet lose weight [...]. [E6]

Nutritional intervention should produce information that will assist the individual in understanding the health-disease process

and promote critical awareness of their reality. In this process, it is necessary to respect the autonomy of the subject and to emphasize their accountability with the self-care in health. The following statements support this statement.

Today I know it's for my whole life, that I have to have choices, but it does not have to be so radical not to eat forever, but if it's to eat, to eat little [E2]; [...] I have already incorporated food into my routine, I have to make that commitment to myself to stop and feed myself [E9]. I have taken more responsibility for what I am ingesting [...], and today I can balance better. [E5]

The process of food re-education allowed people to organize their meals better, valuing mainly the quality and introduction of healthy foods that were not part of the previous food routine.

I ate too much! Now I'm learning to dosage [E8]; Many things I have learned to prove, at least to try to do a varied thing, to know more the flavor [...] [E1]; Today I try to plan my breakfast at night, [...] I have to go out with a little lunch box from home. [...]. [E9]

Information about food care is widely publicized by the media and access to information is a reality that is increasingly advancing with globalization, especially in large urban centers. However, the importance of dialogue as a central element in the education process that addresses changes in people's eating behavior is emphasized. However, developed a technology may be, without diminishing its relevance as a tool for transmitting knowledge, it cannot replace education through dialogue that facilitates and provides meaning to educational actions and promotes effective changes in the subjects' eating practices.

The reports of discourse confirm and value dialogical communication, horizontalized and charged with meaning for those who live and share it:

[...] it's no useful getting a paper, you go to the doctor to take a paper - "eat that" [...]. In the group I learned that you could change one thing for another [...] [E1]; Ué, motivated me to be a group, one gives strength to another, we taught prescriptions, [...]

encouraging and you see that it's not just you, there are other people that need help and someone interested in our problem. [E6]

Autonomy becomes an experience of freedom when the professional can help the individual achieve this stage, valuing their potential and respecting the time to act and change each one.

When they begin the process of raising awareness from the reflection of their limitations, individuals feel mobilized for change and give rise to several possible and viable paths that reinforce their conviction and the desire to succeed. The effort, in this sense, is to overcome the barriers that have been inherited from their social environment and often maintained as absolute truths and automatically followed. The following testimonies subtly reveal this statement:

[...] it is a personal experience and is not as difficult as apparently seems to be [...]. It has to be a well-disciplined thing because otherwise, you do not realize why the temptation is there [...] [E5]; As the thing I no longer need, something I imagined, at first, that I was not going to live without it. I live in a good and good, which is the most important. [E8]

The individual's awareness prepares him for facing difficulties, leading to transformative actions. He begins to act in his reality by transforming himself and others and writes a new trajectory as the subject of his history.

I feel like they should do what I did [laughs]. Because when I see someone eating too much, I bother. My God, I've been through it, and it will not do any good (laughs) [E11].

Feelings of frustration and sadness give tranquility and serenity of talking about the experience. The new eating behavior, the "new look," is felt as an individual victory and comes loaded with the satisfaction of having overcome obstacles through self-effort. There are more engagement and commitment to the proposals for change and accountability for self-care.

♦ Subcategory 2 - Elements that interfere in the process of change and strategies

The individual feels motivated to change their habits from positive stimuli to feel healthy and have well-being or negatives when diseases related to food already

impose some limitation or restriction that have repercussions mainly on their social life and their quality of life.²⁴

The main difficulties reported by the participants in this process of change are the lack of time to prepare food; Full working hours; Lack of access to healthy food at work; Adjustment of meal times and fractionation and stop eating the food of your choice, not always healthy.

Inside my job, stopping here to eat is a very complicated thing for me, even because I do not have lunch time [E10]. My difficulty was to [...] police myself to eat every three hours. [E9]

Vieira, Cordeiro, Magdaleno Júnior and Turato²⁴ understand that during nutritional intervention care must be taken not to label patients simply as those resistant to changes or those who adhere to the prescriptions. This does not help in the subject's process of change. The coexistence of the diseases and dietary restrictions imposed by the diseases are complex and, one must respect the individuality and avoid inadequate generalizations when advising changes in feeding practices. Welcoming the subject and listening to his needs makes him feel more comfortable expressing his difficulties and from there it is possible to propose and negotiate the possible changes to be made at that moment.

It is important to analyze the phrase:

The situation in my life in which I found it more difficult to maintain the changes was the death of my mother, [cry] do you understand? [...] but the worst difficulty of my life was this, adapt it without her. [E8]

There is a statement, in the unsaid, relating the difficulty of keeping the changes reached to the feeling of pain regarding the loss of a loved one to their difficulty of dealing with the "lack." "Pain is not the pain of losing, but the pain of the constant presence of the lost object and the representation of its absence."^{25:2773} "Adapting without," says much about the process of building strategies for dealing with the lack and the search for resources that can sustain new attitudes that aim at the change of behavior. The emotional aspect of the individual, at that moment, has a strong influence on the success or failure of these attempts and are manifested as scars of affective experiences

Lamas I, Cadete MMM.

From desire to action: factors interfering...

that were structured in the cultural and social history of this individual.

From this perspective, it is possible to propose an intervention strategy that respects the time of each person in this process of change. The bet on the individual's ability to find resources to deal with their difficulties seems to be a motivating aspect for the change and conquest of the autonomy of the subject in the process of responsibility for the care of his health.

The recovery and maintenance of health represent the great guiding and motivational axis of coping with the difficulties of changing habits. The annoyance caused by limitations imposed by illnesses due to inadequate eating habits or by social pressure to conform to predetermined aesthetic standards and strongly publicized by the media is the stimulus that drives and mobilizes the change of attitude towards the routines established in the daily life of each one.

[...] I was 40 years old now, so I'm afraid to develop some diabetes, some other problem, high blood pressure, something like [...]. [E1]

Feeding planning has proved effective in improving adherence to diet among the strategies used to introduce new eating habits. Another important aspect was the initiative of proving new foods and unusual preparations in the food routine of the interviewees. The fact that the diet is not too restrictive also stimulated adherence because the person is not forbidden to eat what he or she likes and is free to conduct his/her choices with the awareness of eating the right amounts.

[...] the menu you made for me was possible, and I learned a lot. [E6]

The transition process in which the subject manages to decrease the quantities progressively allowed the people themselves to realize that they did not have to eat in large quantities to satisfy themselves, the food so desired was not that necessary. The following answers demonstrate this statement.

[...] when I can eat other things I eat without guilt [E12]; [...] As I was reducing, it seems funny that people's bodies adapt. My day-to-day life has been disciplining me [...]. [E5]

The maintenance of the changes, over time, has given rise to a new and healthier

food habit, which has come to be experienced in a natural way and without sacrifices.

France, Biaginni, Mudesto and Alves^{26:343} emphasize that "the performance of physical activity was the predominant strategy used by the subjects of their study on change in eating behavior." Thus, also the interviewees' speech expresses the awareness of the importance of physical activity for health and how the regular practice of physical exercises helped each one in this process of change of habit.

From the moment I started to lose weight, I started to do more exercise. [...] With the greatest weight I did not walk, my life was sedentary [...]. [E3]

Another factor that subtly interferes with the individual's process of change is the biomedical intervention model that emphasizes the evolution of the disease with a focus on excessive restrictions and prescriptions and invests very little in knowing the history that led the patient to the disease. The nutritional approach can reinforce this model when it does not consider the re-signification of dietary practices by the subject from their socio-historical conditions and the symbolic and emotional processes that cross both disease and dietary treatment.²⁷⁻⁸

People are not limited to expressions of the diseases of which they are carriers. Some problems, such as low adherence to treatments, resistance, denial of disease, among others, highlight the complexity of the subjects and the limits of clinical practice focused on the disease. These aspects are characteristic of the human being, who are shown both in the user and in the health worker, who becomes patient when it comes to caring for oneself.²⁶ It is fundamental to contribute to the process of change of the subject and achievement of its autonomy and Make it a multiplier of healthy eating practices.

CONCLUSION

The construction of the social identity of the man and the characterization of his eating practices are strongly influenced by the external environment and the cultural elements of the reality in which the individual is inserted. It is understood that these processes are more complex than the mere satisfaction of a physiological need. The symbolic capital formed in the

imaginary of the subject, from this perspective, creates a representation of the individual and collective identity, forcing the individual to adapt to the environment.

It is a challenge for the health professional to promote health in a scenario in which a profound change in the dietary pattern has taken place, mainly characterized by increased consumption of industrialized, nutritionally unbalanced foods and low intake of natural foods, culinary traditions transferred between the generations. This reality has affected the commonality about the time destined for food, its degree of importance in the life of the subject, its quality, the environment in which it is carried out, the company and the sharing of food. These aspects related to the subjective dimensions of the act of eating.

The results of this study corroborate the literature in identifying the benefits from nutritional intervention based on a dialogical approach that takes into account not only the adequacy of individual organic needs but the subject's expectations and the subjective and symbolic aspects that foods represent for each.

The stimuli and motivation that motivated the participants to change their habits also find resonance in other studies that demonstrated the value of family support and group work during the process of transition from eating practices. The meaning of autonomy in conducting changes in their diet and the understanding of the need to change and the recognition of their ability to overcome obstacles.

The dialogical educational process allows the individual to find meaning in the new alimentary practices, to re-signify their relationship with food, to restore the pleasure of eating and to promote more effective changes in their eating behavior. The nutritional approach must respect the individuality and complexity of coexistence with dietary disorders and restrictions.

From this perspective, it is possible to propose an intervention strategy that considers the time of each person in this process of change, which is unique. It is also important to invest in the capacity and initiative of the individual to find resources to deal with their difficulties from the awareness and commitment to change. Autonomy will be achieved through the

detachment of social bonds and the recognition of their identity.

It is worth emphasizing the importance of creating a relationship of help between the professional and the patient to establish a bond that allows for dialogue, the problematization of eating habits and the reflection about the factors that interfere in the alimentary behavior. Above all, one must be attentive to interpret what is not explicitly said, that is, the message that is implied in speech and also in the expressions of the body. In this way, it is possible to negotiate strategies for coping with problems and stimulating the critical spirit of the individual so that he can transform his reality. Identifying effective pedagogical aspects is key to increasing motivation and adherence to change-oriented programs.

The humanizing actions in the workplace constitute a means of promoting health and valorization of the worker, besides providing a favorable environment that strengthens interpersonal relationships and a new posture in the care of self and the other; Also, it is the attribution of health professionals to stimulate the individual to practice physical exercises; Awareness to provide changes in the culture that discourage physical activity and to create a new perspective of practices carried out with pleasure and in a natural and routine way, without being an obligation and without sacrifices.

The analyses of the statements are related to the health professionals of the institution studied and expressed their reality, their historical and temporal moment. These data are not generalizable to the whole population, mainly because they are subjective aspects of human behavior. Relevant analyses are needed to take advantage of these results in other populations.

The study sought to analyze the individual experiences of how to build the relationship with the act of feeding and how the choices and transformation of eating habits are realized. Therefore, it is expected to contribute with reflections that help in the conduction of an adequate nutritional approach and stimulate discussion and other research on the subject, above all, promoting the interdisciplinary dialogue for the production of knowledge in nutritional education, as

well as teaching and training of health professionals.

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