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An individual's healthy lifestyle: dietary behavior, mood, and emotions

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Leila CHIBANI[1] , Megdouda AIT ALDJET[2]

[1] *University of Bejaia, Algeria,* ***Email****:* Leila.chibani@univ-bejaia.dz
https://orcid.org/0009-0009-3796-1466

[1] *University of Bejaia, Algeria,*
Email*:* megdouda.aitaldjet@univ-bejaia.dz

Abstract:

Maintaining health requires following a healthy lifestyle that includes practicing continuous healthy behaviors, including food behavior, which remains an essential element in human life. Many scientists and researchers have sought to propose models for achieving an integrated diet that helps maintain mental and physical health. This scientific paper will highlight the most important models that explain food choice from a psychological perspective.

Keywords: Healthy behavior, dietary behavior, healthy lifestyle.

Corresponding Author: CHIBANI Leila, **Email:** leila.chibani@univ-bejaia.dz

1. Itroduction

Many researchers have been interested in the subject of the mood of individuals, and this is due to a number of factors, but the subject of food is a new subject and has an impact on the psychological state of the individual, and therefore eating behaviors have psychological and health affects.

Every human being has taken one dietary path that begins with one food, which is milk, and extends to a variety of foods, preparations, attitudes, and rituals related to food, as food evolves from being a source of gratification and sensual pleasure, and these transformations are directed primarily through the traditions of the individual's culture within the family and the nature of his learning and adoption for those dietary behaviors.

2. Research Concepts

2.1. Healthy Behavior

Healthy behavior is the set of actions and choices an individual makes that aim to maintain or improve health and prevent disease. This includes healthy eating habits, physical activity, sufficient sleep, maintaining personal hygiene, and affectively managing stress (Ahmed, 2018, p. 45)

2.2. Health Psychology

Health psychology is a branch of psychology that studies how psychological and behavioral factors affect physical health, and how psychological and mental behaviors can contribute to disease prevention or improve the quality of treatment. This field focuses on the study of psychological stress, psychological adjustment, and the motivation for healthy behaviors (Jones, 2020, p. 12)

2.3. Eating Behavior

Eating behavior is defined as the sum of habits and actions related to food selection, consumption, quantity, timing, and preparation methods. These habits are influenced by psychological, social, cultural, economic, and environmental factors, and have direct effects on an individual's physical and mental health (Abdul Rahman, 2018, p. 45).

It also refers to the dietary consumption patterns acquired from childhood, which may be healthy or unhealthy, and contribute to the prevention or development of diseases such as obesity and malnutrition(WHO, 2020).

2.4. Healthy Lifestyle

A healthy lifestyle is defined as a set of positive daily behaviors practiced consciously and regularly. These include a balanced diet, physical activity, sufficient sleep, avoiding harmful behaviors, and managing stress, thereby achieving a balance between physical, mental, and social health (Al Quraishi, 2019, p. 62).

A healthy lifestyle is a comprehensive framework for promoting quality of life and preventing chronic diseases, emphasizing the individual's active role in maintaining their health through their behavioral choices (WHO, 2019).

- **Research Design**

Descriptive Analysis of Dietary Behavior and Its Psychological Correlates : This study adopts a descriptive methodology, as it is the most appropriate approach for addressing the nature of the research topic, which examines an individual's healthy lifestyle, particularly dietary behavior and its relationship with mood and emotions. The descriptive approach allows for a systematic and accurate portrayal of existing patterns, behaviors, and psychological states without attempting to manipulate variables or establish causal relationships. It is especially suitable for identifying how individuals perceive and practice healthy eating habits, as well as how these habits are associated with variations in mood and emotional experiences in everyday life. Furthermore, this method facilitates the collection of detailed data through tools such as questionnaires or surveys, enabling the researcher to analyze trends, correlations, and differences among individuals. By focusing on observation and description, the study aims to provide a comprehensive understanding of the interplay between dietary behavior, emotional states, and overall lifestyle, thereby offering a solid foundation for future analytical or experimental research.

3. Nutritional behaviors and psychological implications As Paul Rozin (2017) points out, food has psychological connotations, the most important of which are:

First: Aspects of human relationships with food. Although food relationships constitute a large part of human life, nutrition and psychologists have ignored them.

Second: Biological, psychological and cultural adaptations have become a model for food problems mainly through prior adaptation processes in evolution, such that nutritional adaptations become generalized to other systems.

This progress constitutes one of the great transformations in human cultural history, and represents the connection of a basic biological motivational system with aesthetic and social aspects.

Third: Nutritional relationships between humans and the quality of food they eat provide special advantages for studying the general processes that help them achieve physical and psychological health(Paul Rozin, 2017).

Food in human life was and still is an important process, as many scientists and researchers have intervened to propose models for achieving a complete diet, and throughout human history there have been studies that suggest that obtaining adequate or enjoyable food represents a major force in determining daily events and events of importance.

Today, spending on food constitutes the largest single category for the entire world, and food accounts for about (21%) of total expenditures in developed western countries, but more than (50%) in many of the most populous third world countries, both economically and socially, food is more important in the life of the beautiful world.

Food also plays a central role in development, as weaning is a key feature of early life. There is nothing more important in early life than learning about what is edible and what is inedible. Food is also the center of parent-child interaction and these interactions are not always positive; One of the most common complaints that parents make to pediatricians is that their young children only accept a very specific group of foods, which means that each body has a specific response to a particular food (Paul Rozin, 2017).

Despite these facts about the centrality of food in human life, the foods that humans eat, the choice of those foods, and their role in daily life and thought have previously escaped the attention of psychology researchers, and magazines and books pay almost no attention to what we eat, and the only issue of food that receives attention is serious is how much people eat, and some of the major journals in psychology that have a heavy focus on human affairs and that might be expected to pay some attention to human food choice include the journal of developmental psychology.

3.1. Why does an individual choose certain foods over others?

Thinking about why an individual chooses high or low calorie restaurant foods is of great importance to public health, which makes us ask: “Why does an individual choose certain foods and not others?”

In response to public health initiatives to promote healthy foods, many restaurants now highlight their healthy options in the “Healthy Options” section of the menu, and in fact the number of healthy menu items offered at restaurants has increased in recent years (Food Genius, 2014), although highlighting healthy options on the menu may seem like a good idea, but a growing psychological literature suggests that emphasizing health may have predictable effects, as health focused food labels can influence people's expectations and sensory experiences(Wansink, Park & Morganosky, 2000. p. 85).

Foods that are perceived as healthier also taste worse, are less enjoyable, and make individuals hungrier compared to the same foods that are not portrayed as healthy. Moreover, perceived health directly suppresses physiological satiety and metabolism, as evidenced by less rapid post meal decreases in the hunger hormone ghrelin, which is produced in the gut when the stomach is empty and then circulates through the blood. To the hypothalamus in the brain, the feeling of hunger begins and appetite increases, which prompts the person to eat more calories. These results indicate a prevailing mentality that healthy food is not delicious or satisfying a thinking that can operate outside conscious awareness (Crum & Salovey, Brownell, 2011).

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Although restaurants may have good intentions in making their healthy ingredients more visible, highlighting the healthy ingredients of these foods may make thinking about healthy eating reinforce the mentality that "healthy foods are not delicious." This possibility is intriguing, yet no one has explored it. To date, only one study has systematically investigated restaurants' use of healthy food labels (Mann & Tomiyama, 2015).

On the cultural level, changing the way healthy foods are described may also help change the misconceptions that healthy food is not delicious, as one must rely on typical menus that use attractive descriptions with healthy labels, which helps increase the intention to choose healthy food and direct thinking towards healthy options. Much more can be done to make healthier choices more attractive, and future work is needed to understand how changing attractive labels can have cascading effects on food choice, metabolism, satisfaction and broader mindsets about healthy eating, which calls for a focus on the grand scheme of potential changes in public health. To combat obesity and diabetes, which works to improve descriptions of healthy foods in a relatively cost and time affective way to improve nutritional health (Turnwald, Jurafsky, Conner & Crum, 2017, p. 5).

All individuals adopt an eating behavior every day, where they eat a wide range of different types of foods, at different prices, with different sensory experiences, and with a diverse composition in terms of food components. Despite the proportion of income that is spent on food, food remains a large part of the average person's spending, and the different parts represent hhe food industry, including production, manufacturing, retail and restaurants, is a very important part of the overall economy, and if we are interested in the nutrition of people who live freely, we must understand not only the factors that influence an individual's choice of foods and how consumers make decisions regarding the amounts of food eaten, But also the choice between different alternatives. Likewise, if we are interested in improving the nutritional status of individuals or populations, we need to understand what influences choice and how we can influence these choices. Since nutritional intake is the result of

a complex set of behaviors, the behavioral sciences, including The psyche has a lot to offer in terms of enhancing our understanding in this area.

One difficulty in this area is that because human food choice is influenced by so many potential factors, there is often a tendency to consider the influence of these factors rather than trying to reach some general understanding of the interplay between different types of influences, as dietary behavior includes the choice of foods and beverages. And their consumption, taking into account what, how, when, where, and with whom individuals eat, in addition to other aspects of their food and eating behaviors. Here, food choices play an important role in the symbolic, economic, and social aspects of life by expressing preferences, identities, and cultural meanings. Food choices are important because they create demand for consumers.

From the suppliers in the food system who produce, process and distribute food, these food choices also determine which nutrients and other substances enter the body and thus affect health (Sobal, 1998).

4. However, the main question is whether this model will generalize to health behaviors?

Prochaska et al (1994) found commonalities with stages of change and deterministic balance across groups for a range of different health behaviors including: smoking cessation, cocaine cessation, weight management, high fat diets, safe sex, sunscreen use, and exercise and mammography, and in all cases the negatives were overcome upon preparation; That is, for the stages before preparation, the disadvantages outweigh the advantages, but for the later stages, the positives outweigh the negatives (Vicky, Miles, 2006, p. 347) quoted from (Prochaska, Velicer and others, 1994).

4.1. Mood, emotions and food choice

Mood is usually characterized as a psychological state that lasts for at least several minutes and is usually longer, with dimensions related to energy, tension, and pleasure. Moods are distinguished from feelings, as feelings can be defined as short term emotional responses to evaluate specific stimuli, situations, or events that have reinforcing potential. While mood may appear and persist in the absence of

obvious stimuli and may be more covert (Matthews and Derry, 1998; Rolls, 1999). However, this distinction was more theoretical than empirical.

Both moods and emotions are being researched in relation to food because there is evidence that both types of influences intervene. The term “affect” here is intended to refer to mood or emotion. Food may alter or stimulate emotions through rapid sensory stimulation or hunger relief, or as a result. To cognitively assess or anticipate change in internal state, but mood can also be altered by slow changes in brain chemistry.

Gibson (2006), citing Thayer (1989), suggested that there are two main dimensions of mood: active arousal and tense. The circadian rhythm of sleep and wakefulness is considered a prime example of the active wake dimension, with this wake cycle typically peaking in the late morning. Tense as representing changes in mood in response to perceived threats, in concert with “fight or flight” responses or behavioral inhibition as appropriate where the dimensions do not occur in isolation but can interact; For example, moderate stress can be energizing, while high stress can reduce energy. Other mood concepts can be described in terms of these dimensions, for example positive affect and good mood are associated with decreased stress and increased energy, while negative affect and unpleasant mood are associated with depression, anxiety, high tension, and low energy.

However, in a review of the affects of carbohydrates on arousal, dess and edelheit argued that modern theories of mood and emotion suggest that mood changes do not necessarily result from changes in neurophysiological arousal, and instead the emotional significance of a given level of arousal will depend on the person's state. Subjective and motivational present. The interplay of physiology, arousal, and emotion can also be controlled by personality factors, which have been shown to influence the affects of stress and thus taste perception (Dess & Edelheit, 1998: 103).

In particular, the key personality traits of extraversion and neuroticism are known to moderate mood changes (Matthews &

Deary, 1998) as well as interact with mood and responses to emotional stimuli (Canli et al., 2004). Thus, personal and cognitive factors can largely modify any affect of food induced physiological change.

The idea that some individuals intentionally choose and eat foods to regulate mood has a long history, as several biological pathways have been proposed, most notably serotonin in the brain and endogenous opioids, and in fact there may be many mechanisms that explain the relationship between emotional state and food (Rogers and Smit, 2000). Some also reflect the fact that foods that are eaten frequently, such as chocolate, are very enjoyable to eat and rewarding in nature. The idea of emotional eating was examined by (Macht & Simons, 2000) and they found that the motivation to eat is higher during negative emotions, and in this case, participants tend to eat Food to provide pleasure, relaxation and feeling better.

To expand this idea, it has been hypothesized that some individuals eat a particular food and crave it for reasons of reinforcement; That is consumption reduces aversive mood states such as boredom and depression. To explore this idea in self identified chocolate “addicts” and a group of women who prefer to eat chocolate but are not addicted, an examination of seven chocolate eating diaries and mood ratings was conducted (Macdiarmid & Hetherington, 1995) before eating chocolate, it was found that addicts had higher degrees of intensity of desire, guilt, and depression. It was noted that consuming chocolate reduces the disturbed emotional state. Any relief from the negative emotional state may only occur during eating or be so fleeting that it cannot be detected (Macdiarmid & Hetherington , 1995: 129-138).

It is also possible that the improvement of the emotional state depends on the severity of the negative emotional state in the first place and the behavior that follows the food craving, as the intense desire to eat and its relationship to binge eating in women with bulimia nervosa was investigated (Waters et al., 2001) and it was found that the intense desire to Food cravings that lead to bingeing are associated with higher stress and lower emotional well being compared to cravings that do not lead to bingeing. In addition, when craving is followed by binging there is a significant deterioration in

the emotional state after the craving. In contrast, mood improves when there is no subsequent binging. Interestingly, hunger is less when cravings lead to overeating and is less regardless of the occurrence of binging. Or not, in the context of an eating disorder the desire to eat and subsequent behavior appear to be driven by emotion rather than directed towards hunger. Also this finding is consistent with the widely accepted view of overeating as an emotional regulation behavior that often occurs in the context of negative affect and has a stress-reducing function (Andrew J. Hill, 2007: 6-7).

5. Promoting healthy eating in the community

Providing the community and its citizens with appropriate health information is not an impossible process, as practical structures can be put in place that encourage community members to adopt and access healthy diets, know what to eat and how to eat it, encourage healthy eating through key sectors and service providers, and engage in opportunities and encourage the consumption of healthy foods in common assembly points.

Current evidence suggests that human environment interactions play an important role in the food and other health choices that individuals make (Emmons, 2000: 254). Although they may be more complex to design and implement, diet change interventions that represent multiple levels of impact are more likely to lead to long term changes in individuals' dietary behaviors. Therefore, a social ecological approach to nutritional interventions is appropriate, which is known as a social ecological model for planning public health interventions that includes approaches at the individual, interpersonal, institutional, and community levels, as this model provides a useful basis for building diet change interventions (Deborah and Hilliard, 2006, p. 359).

Second, this analysis has provided insight into potential underlying mechanisms, and the observation that attempted food restriction or deprivation increases the desire for restricted food intake suggests a variety of cognitive, adaptive, and affective processes, and the overlap of cognitive processes and reactivity to conditioned cues and dysphoric mood is prominent in this regard.

Perhaps the feature that distinguishes food cravings from hunger is the contradiction that appears in the direction of the object of desire. In a review of a study (Rogers & Smit, 2000). He showed how this tension occurs between the pleasure and reward value of foods such as chocolate and the feeling of guilt after (excessive) consumption, which explains some of the results. Anomalies that have been reported, and understanding the real dilemma faced by individuals trying to restrict their intake in the circumstances of available highly flavored foods also helps in realizing why this common term is used in everyday life, and the desire to eat is often an attribution to account for the reason for eating, It is a socially and personally acceptable reason to eat considering why individuals smoke cigarettes and drink alcohol and yet food is not addictive (Rogers and Smit, 2000, p. 3).

This means that food cravings are another example of self attribution bias and the ways in which individuals understand their behavior. For events with negative outcomes, the cause is often seen as external or situational (food) and not due to internal psychological traits. One's thinking is the key to food cravings and is not just a magical property of the food we crave.

5.1. Individual interventions

Supporting dietary change requires that individuals have a basic understanding of what makes a healthy diet, how to obtain healthy ingredients and foods, and how to prepare or modify them to consume meals that promote health. Knowledge of healthy eating not only needs to be at an expert level but needs to be this building of knowledge and skills is available to all people as they need it and where they may need to apply it to make choices or prepare foods. If personal food preferences and tastes lead individuals to choose unhealthy foods, then specific strategies should be provided and supported to help them follow only these tastes. It has been demonstrated that various individual intervention strategies such as nutritional counseling and support groups led to significant changes in dietary fat consumption among participants. These results indicate that individual interventions are a successful way to make significant changes among individuals (Deborah & Hilliard, 2006, p. 360) citing

the results of studies (White and all, 1992; Bowen and all, 1994; Boyd and all, 1997; Gorder and all, 1997; Coates and all, 1999).

5.2. Group interventions

Due to group dynamics, some individuals may respond differently to group interventions than to those targeting the individual. This may also be due to the fact that group interventions tend to include more aspects of the social ecological model than individual interventions, which the structure of group interventions may better allow them to address. The role of personal, institutional and societal influences on dietary behaviours, and which aspect of the social ecological model has the strongest influence on food choices and may vary from person to person. Therefore, the aspect that may require the most intervention in order to bring about lasting dietary change may also vary. However, group interventions appear to be equally successful as individual interventions. Perhaps the most powerful dietary interventions are those that involve both individual and group intervention, and the evidence of the resulting dietary change is group interventions are robust, as group intervention sessions have been associated with increased consumption of fish, fruits, and vegetables in people at risk for cardiovascular disease (Siero and all, 2000) and positive changes in low fat eating behaviors in participants in the expanded food and nutrition education program (Hartman et al., 1997). where group targeted interventions have been proven to be equally effective as those targeting individuals in a study of weight loss intervention materials. Beneficiaries of the special supplemental nutrition program for women, infants, and children(WIC) who participated in a study that included both an individual and group intervention component reported increased consumption of fruits and vegetables after a one year intervention(Havas and all, 1998).

5.3. Motivational interviewing

Not everyone is ready to develop healthy eating plans and patterns at any moment. Motivational interviewing is a client centered directive technique for inciting behavior change and helping individuals(Miller and Rollnick, 2002). Examining and resolving

contradiction is the central purpose of this technique, which is intentional guidance in following up. Objective motivational interviewing can be a useful approach to bring about dietary change in specific individuals. This strategy was originally developed to meet the needs of those with addictive behaviors and has recently been used as a tool in public health interventions, especially for those whose eating behaviors are linked to some forms of addiction. Motivational interviewing has been proven to be a successful method for inducing dietary changes. However, additional studies must be conducted to verify the power of this approach. It has been shown to work well on its own and also as a complementary strategy to other types of intervention activities. In the eat for life trial, participants showed Those who received motivational interviewing phone calls in addition to self help materials reported greater change in fruit and vegetable consumption compared to self-help materials alone (Resnicowand all, 2001). In the women's health initiative, health specialists and trainers presented a nutritional intervention program based on motivational interviewing that proved effective in reducing dietary fat intake (Bowen et al, 2002), quoted in (Deborah and Hilliard, 2006, p. 362).

- **General Analysis of Healthy Lifestyle: Diet, Mood, and Emotions**

A healthy lifestyle is an integrated system where dietary behaviors intertwine with mood and emotional state in a dynamic, reciprocal relationship. Food is not merely a means of satisfying biological needs; it extends beyond that to directly influence psychological and cognitive functions. Numerous studies have shown that the quality of a diet, in terms of its balance and richness in essential nutrients, plays a significant role in regulating mood and alleviating emotional disturbances such as anxiety and depression. Foods rich in vitamins, minerals, and essential fatty acids contribute to supporting brain function and improving emotional stability, while unhealthy dietary patterns, such as excessive sugar and saturated fat intake, may be linked to mood disorders and noticeable emotional fluctuations.

Furthermore, the relationship is not unidirectional. Psychological and emotional states also influence eating behavior. Individuals

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experiencing stress or sadness tend to adopt unhealthy eating patterns, such as emotional eating or overeating, as a way to cope with psychological pressures. Conversely, a positive mood can promote healthy food choices, reflecting a greater awareness of the body and its needs. This interactive relationship highlights the importance of adopting a holistic approach to understanding a healthy lifestyle, one that considers the psychological dimension alongside the physical one.

Therefore, studying a healthy lifestyle by linking dietary behavior to mood and emotional state allows for a deeper understanding of the mechanisms that govern an individual's daily behavior. It also contributes to guiding preventive and therapeutic interventions toward promoting both psychological and physical well-being. Promoting nutritional awareness, along with supporting mental health, are two essential pillars for building a healthy and sustainable lifestyle.

6. Conclusion

Although food occupies a central place in human life, psychology has given little attention to what people eat, how they select their food, and how it shapes everyday thought and behavior. Likewise, books and magazines have largely neglected these issues, tending to focus mainly on how much people consume. Even leading psychology journals concerned with human behavior have seldom addressed food choice, despite its clear importance.

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