

PSYCHOLOGICAL CONCERNS OF NOURISHMENT WITH SPECIAL FOCUS ON TRANSGENERATIONAL TRAUMA

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Abstract

BACKGROUND: This paper presents a special segment of Hungarian nutritional habits in connection to psychological backgrounds. We aim to describe the characteristics of the types of nourishment among subjects and group them into distinctive categories. According to the basic concept that was used to create the inquiry, the changes of different types of nourishment are led by different motives. Our concept is also that there is a connection between the inheritance of transgenerational traumas of the family and the choices in the nutrition of those family members wishing to have a change from pathologic functions after the trauma.

METHODS: The data was collected from a questionnaire containing 49 items within 5 main themes. To sort the relevant parameter, the Information Values were taken into consideration using SAS Enterprise Miner software. We examined the distribution of the strong variables in each group (Vegetarians – Essentially-Vegetarians – Non-Vegetarians) and tested it by Spearman's correlation on the ordinal variables and by chi-square or exact chi-square tests on the nominal variables.

RESULTS: The results suggested creating 3 groups containing 95% of the participants – vegetarians, essentially-vegetarians, and not vegetarians. There were 5% of the participants who were not interested in nutrition and health. There are 3 types of

origins or motivations of nutritional health focus, ethical consideration, and social influences.

CONCLUSIONS: According to the results, the main aspects of nutrition are not only limited to health but can also be a solution to life-style changes alongside family traditions and contribute to the management of transgenerational issues.

KEYWORDS: **healthy nourishment, vegetarianism, nutrition, society, transgenerational trauma**

Introduction

Plain English summary

This paper presents a special segment of Hungarian nutritional habits connected to psychological backgrounds. Its aim is to describe the characteristics of the types of nourishment among subjects and group them into distinctive categories. According to the basic concept that was used to create the inquiry, the changes of different types of nourishment were led by different motives. The preliminary concept was as well that there was a connection between the inheritance of transgenerational traumas of the family members and the choices in nutrition of those members who wish to have a change from pathologic behavior after the trauma. It appears from the data that the change of life due to traumatic life events and the search for problem-solving due to transgenerational traumas is part of the treatment of pathologies in most people choosing ethical nutrition. This appears despite the need to defy family and environmental hostility.

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Background

The average human nutrition is called mixed nutrition that includes regular consumption of meat that can originate from different sources, as mammals, birds, fish or nonvertebral living beings. The form of nutrition that leans toward vegetarianism is the so-called health-conscious that includes the maximum consumption of meat 4-5 times a week (McEvoy et al. 2012). The plant-based (or vegetarian) nutrition excludes meat, fish, poultry. There are different types of this form of nutrition and there are transitory states towards mixed nutrition. The types of plant-based nutrition are:

- Vegan, that excludes all types of animal products,
- Lacto-vegetarian, that is plant-based mixed with dairy products,
- Ovo-lacto-vegetarian, that is plant-based and includes dairy and eggs.

The effects of health-conscious nutrition

Below there is a list of effect of nourishment with pros and contras concerning vegetarianism. These results based on meta-analyzes of vegetarian literature. **Iron status** is worse in vegetarians than in omnivores (Heider 2018).

Vegetarian lifestyle may contribute to **bone loss, low height, and low weight** based on existing evidence (Li et al. 2020, Iguacel et al. 2019).

Vegan or vegetarian diets were related to a **higher risk of depression and lower anxiety** scores, but no differences for other outcomes were found (Iguacel et al. 2020).

Health-conscious nourishment decreases the ratio of body fat and obesity (Mangels et al., 2003). Vegetarian diets reduces **mean body weight**, suggesting potential value for prevention and management of weight-related conditions (Neal et al. 2018, Huang et al. 2016).

Inflammation markers are lower only at long term vegetarians (Haghighatdoost et al. 2017). This study provides evidence that vegetarian-based dietary patterns are associated with lowered serum C-reactive protein, fibrinogen, and total leukocyte concentrations. Although we have to mention that insufficient

data were identified for a meta-analysis of intervention studies (Craddock et al. 2019).

Risk for **type 2 diabetes** is decreased in groups of vegetarians by an international meta-analysis (Lee & Park 2017). Consumption of vegetarian diets is associated with improved glycemic control in type 2 diabetes (Yokoyama et al. 2017). Vegetarian dietary patterns improve glycemic control, LDL-C, non-HDL-C, and body weight/adiposity in individuals with diabetes (Viguiliouk 2019). According to the network meta-analysis the Mediterranean diet is the most effective and efficacious dietary approach to improve **glycaemic control in type 2 diabetes** patients. (Schwingshackl et al. 2018)

In most countries a vegan diet is associated with a more favourable **cardio– metabolic profile** compared to an omnivorous diet (Benatar & Stewart 2018).

A comprehensive meta-analysis reports a significant protective effect of a vegetarian diet versus the incidence and/or mortality from **ischemic heart disease** (–25%) and incidence from **total cancer** (–8%). Vegan diet conferred a significant reduced risk (–15%) of incidence from total cancer (Dinu et al. 2017). Results suggest that vegetarians have a significantly lower **ischemic heart disease mortality** (29%) and **overall cancer incidence** (18%) than nonvegetarians (Huang et al. 2012).

None of the analyses showed a significant association of vegetarian diet and a lower risk of either **breast, colorectal, and prostate cancer** compared to a non-vegetarian diet. By contrast, a lower risk of colorectal cancer was associated with a semi-vegetarian diet (–14%) and a pesco-vegetarian diet (–33%) compared to a non-vegetarian diet (Godos et al. 2017).

A systematic review provides evidence that vegetarian diets effectively lower blood concentrations of **total cholesterol**, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, and non–high-density lipoprotein cholesterol (Wang et al. 2015). Yokoyama et al. (2017) adds that plant-based diets are associated with decreased total cholesterol, low-density lipoprotein cholesterol, and high-density lipoprotein cholesterol, but not with decreased triglycerides.

In meta-analyses, the vegetarian diet was associated with a higher risk for **dental erosion** and a lower decayed, missing and filled teeth (Smits et al. 2019).

Nourishment and personality

The last decades showed an objective shift towards the identification of personality traits connected to diet and nourishment. Booth (1994) summarized the influencing factors of food choice that can be material and symbolic features. Within material features, he recognized characteristics of foods (like the smell, temperature, and taste) and bodily signals (like the level of blood sugar). Among symbolic features there are concepts of food, concepts of body, and cultural roles. All these features and parts behind the scene are responsible for the connection of the personality and its choices of values, health, and lifestyle including dietary habits.

Möttus et al. (2012) linked the five factors of the NEO questionnaire (Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness) to the healthy or traditional diet. According to their results, higher scores on the health aware diet factor were associated with lower Neuroticism, and higher Extraversion, Openness, and Conscientiousness. Moreover, higher scores on the traditional diet factor were related to lower levels of Openness.

Tiainen et al. (2013) created their approach with the same tool and examined food preference in a more detailed way than Möttus and his research group. According to them the openness in men was associated with higher vegetable and lower confectionery and chocolate intakes. In women, neuroticism was associated with lower fish and vegetables and higher soft drink intakes. Extraversion, in women, associated with higher meat and vegetable intakes, and openness with higher vegetable and fruit intakes. Agreeableness was associated with a lower soft drink and conscientiousness with a higher fruit intake in women. Comparing resilient and non-resilient subjects, resilience in women is associated with higher intakes of vegetables, fruits, fish, and dietary fibre. The base of these recently published connections originates from Kikuchi & Watanabe (2000).

Transgenerational patterns

The intergenerational transmission of trauma is defined as the unconscious passing of a trauma onto the next generation (Bradfield, 2013).

Adverse experiences in early life are risk factors for the development of behavioral and physiological symptoms that can lead to psychiatric and cognitive disorders later in life. Some of these symptoms can be transmitted to the offspring, in some cases by non-genomic mechanisms involving germ cells (Gapp et al. 2016).

The individual seems to be the „product“ of his/her environment. The basic self is created in the nuclear family and the situation dependent pseudo-self is created during later life. The latter connects to certain traumatic events and can cause a less differentiated state of the personality because of anxiety. The response to the traumatic situation can be seen as functional – concerning the lack of coping potential or lack of energy of the traumatized person. At the same time, the transgenerational behavior as a rigid pattern can dominate the behavior, values, and rules of the family members. The will for changing all these patterns of the family can create the opposition and even anger of the other members of the family (Boszormenyi-Nagy, Spark 2013). The physiological „inheritance“ of the symptoms of the transgenerational patterns is obvious when you follow the decreased number of the neural receptors in the case of addictions. These inheritances are not guided genetically but behaviourally between members of the generations (Máthé 2003).

Most research suggest that parents' symptoms of posttraumatic stress disorder (PTSD) are associated with children's psychological difficulties. More specifically, parents' PTSD symptoms positively correlate with children's anxiety (Leen-Feldner et al., 2011). The paternal stress exposure impacts future generations which manifest in behavioral changes and molecular adaptations (Manners et al., 2019). Neither PTSD nor maternal traumatic experiences were directly associated with symptoms of anxiety, depression, or antisocial and aggressive behaviour in the children (Roth, Neuner, & Elbert, 2014).

Large-group (ethnic, national, religious) identity is defined as the subjective experience of thousands or millions of people who are linked by a persistent sense of sameness while also sharing numerous characteristics with others in foreign groups (Kállay, 2011). The main task that members of a large group share is to maintain, protect, and repair their group identity. A 'chosen trauma' is one component of this

identity. The term 'chosen trauma' refers to the shared mental representation of a massive trauma that the group's ancestors suffered at the hand of an enemy. When a large group regresses, its chosen trauma is reactivated in order to support the group's threatened identity. This reactivation may have dramatic and destructive consequences (Volkan, 2001).

The recognition that the violence and suffering experienced by one generation can have effects on subsequent generations provides an important insight into the origins of mental health problems. However, the kinds of adversity faced by each generation differ, and the construct of trauma does not capture many of the important elements that are rooted in structural problems, including poverty and discrimination. Understanding the ways in which trauma impacts mental health requires a broader view of identity, community, adaptation and resistance as forms of resilience. The trauma is not a natural kind or category but rather a specific way to punctuate both the temporal stream and spatial distribution of events with political, moral, and practical implications (Kirmayer, Gone & Moses, 2014).

Hypotheses

The hypotheses of the current study were as follows: According to the basic concept that was used to create the inquiry, (1) the different types of diets are based on different motives (Kökény, 2005, Arora et al., 2017). (2) We supposed that motives can be grouped in three categories such as health driven, socially determined, and ethically driven. (3) The third hypothesis was that there is a connection of food choices and traumatic events in the personal life and/or the family.

Material and methods

The data is extracted from the questionnaire that was created and recorded in May-June 2017. It was filled in by 249 people on the Internet, contains 49 items and its main themes are the following:

- Demography,
- Consumption habits related to different food stuffs,
- Lifestyle,

- The orientation of the family members towards nourishment,
- Habits and values.

Among those who took part in this study 77 (31%) were men, and 172 (69%) were women. The ratios of distribution according to age and place are shown by Figure 1 and Figure 2. Age is distributed in 5 years groups (except the 18-25 group) since it seemed to be a more precise approach than grouping by decades. It was also a possibility to join the age groups to the possible crises terms where changes may occur, but the 5 years grouping included the crises option. (Especially within 31-40 group it would distort the data if decade grouping would have been applied.) Urban distribution seemed to be necessary based on the urban-rural consumption and lifestyle differences.

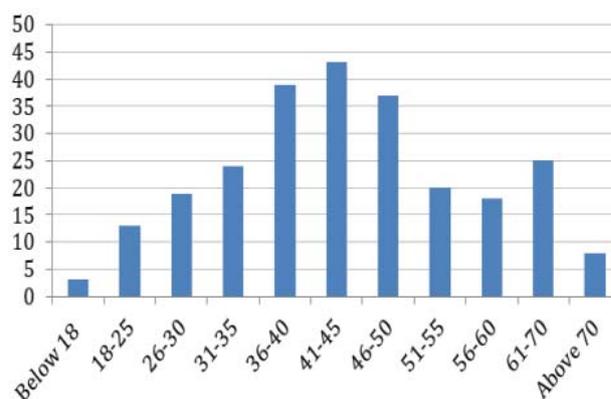


Figure 1. Age groups of the sample

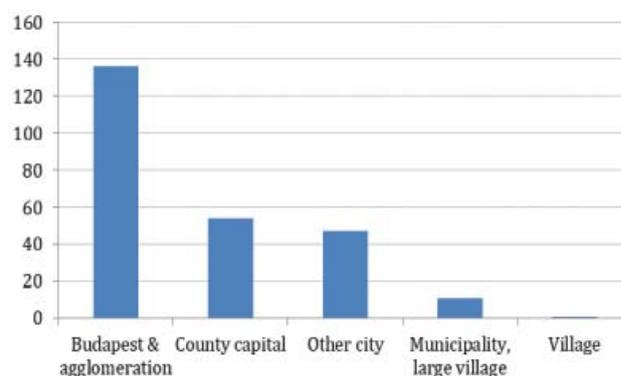


Figure 2. Place of living of the participants

Data processing

To sort out the relevant parameters, the Information Values were taken into consideration using SAS Enterprise Miner software. Examining the distribution of the strong variables in each group (Veg – Essentially Veg – Non-Veg) and tested it by Spearman's correlation on the ordinal variables and by chi-square or exact chi-square tests on the nominal variables if they statistically were significant at the 5% level. There was a statistically significant difference for each of the variables highlighted in the study.

About SAS Enterprise Miner statistical procedures. Interactive grouping node computes the weight of evidence for each attribute for every characteristic: the weight of evidence measures the relative risk of an attribute or group level. The value depends on the value of the binary target variable, which is either „non-event“ (target = 0) or „event“ (target = 1).

Information Value. The predictive power of a characteristic (that is, its ability to separate the vegetarian group from non-veg or essentially-veg groups) is assessed by its Information Value. The Information Value is a weighted sum of the weight of evidence of the characteristic's attributes. The weight is the difference between the conditional probability of an attribute given an event and the conditional probability of an attribute given a non-event.

Results

The first step in the process of interpreting the raw data was to group subjects. According to the answers given to the questions „How often do you consume the following foods? [Meats, processed meat products, lard, chitterlings]“ and „How do you evaluate the next types of nourishment? [vegetarian, lacto vegetarian, ovo-lacto vegetarian]“ the participants were placed into three groups. Most of the participants were motivated by health consciousness, only 5% said that health was not important for them. Among vegetarians, a major part (48%, Confidence Interval – CI: 0.35-0.61), are long term vegetarian (more than 20 years) who are motivated by healthy nourishment. The same value is 13% (CI: 0.08-0.18) among omnivores (non-vegetarians) and 27% (CI: 0.09-0.46) among essentially-vegetarians. These findings fit the summary works on vegetarian nutrition of Sabaté (2001).

The results were structured based on the above-mentioned hypothesis (3 types of motivations and transgenerational trauma connected to choices of nourishment) on these lines: motivations, social background and changes connected to the life periods, and the role of transgenerational patterns.

Motivations

The motivations are revealed by the answers given to the question „Have you changed your nourishment noticeably to your environment or influenced them, and if yes, based on what consideration?“. According to our expectations, there are many more people who did not change among non-vegetarians compared to vegetarians since the multigenerational vegetarian families are relatively rare.

Among those who changed their nourishment, the motivation connected to the ethics-religion-environment protection group was the strongest in the groups of vegetarians and essentially-vegetarians (67% (CI: 0.54-0.79) and 70% (CI: 0.5-0.9)) (Rejinders, 2001). The most frequent reasons for the change among people with mixed nourishment are preventive healthcare (59% CI: 0.5-0.69), losing weight (44% CI: 0.34-0.53), illness (28% CI: 0.19-0.36), and in a smaller ratio (10% CI: 0.1-0.32) the nicer appearance or the enhancement of the efficiency. Beyond the aspect of ethics-religion-environment protection (shortly: ethics) a similar ratio among vegetarians and essentially-vegetarians, the motivation was preventive healthcare (35% CI: 0.14-0.56 and 33% CI: 0.20-0.46) but reasons such as increased beauty, higher efficiency, and reduction in illness are more present in the group of essentially-vegetarians. (We can suppose that those who have a spiritual path, ethics, the protection of the environment, and the preventive healthcare is present and all the other motives are not. Among essentially-vegetarians, the variability of the reasons is higher since more appear from secular existence). The change based on illness is 30% (CI: 0.12-0.54) among essentially-vegetarians while only 9% (CI: 0.02-0.17) among vegetarians (Mangels et al., 2003, Pomerleau et al., 2002, Sabaté, 2003).

The question „How important are the following aspects of eating/nourishment to you? [ethical, environmental aspects]“ shows that the ethical and

environmental aspects of nourishment are the most important for vegetarians and it is averagely important to essentially-vegetarians (Sabaté, 2001). It is totally or quite important for 81% (CI: 0.71-0.91) of vegetarians, 68% (CI: 0.49-0.88) of essentially-vegetarians and 45% (CI: 0.37-0.52) of mixed diets – see Figure 3.

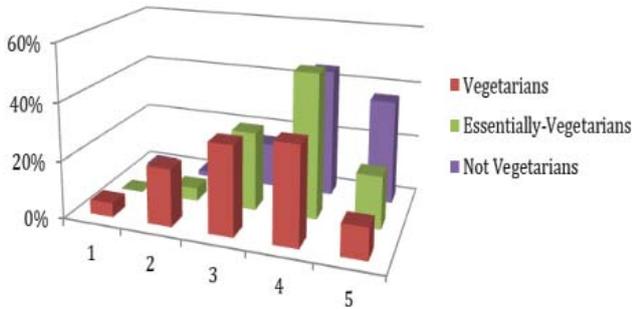


Figure 3. Importance of ethical and environmental aspects of nourishments

The question „What are the reasons for following the above-mentioned diet? What is the weight of the following considerations when choosing your choice? [Body shaping]“ gave the result that on a five-degree scale this was the least important to vegetarians, slightly more important for essentially-vegetarians, and more important for those with mixed eating (not vegetarians). In the mixed eating group, 10% have this motivation „totally“ and only 31% (CI: 0.22-0.36) answered that it is „not at all important“. In the vegetarian group, this was 0% and 52% (CI: 0.39-0.65) and in the essentially-vegetarian group, this was 0% and 45% (CI: 0.25-0.66) – see Figure 4.

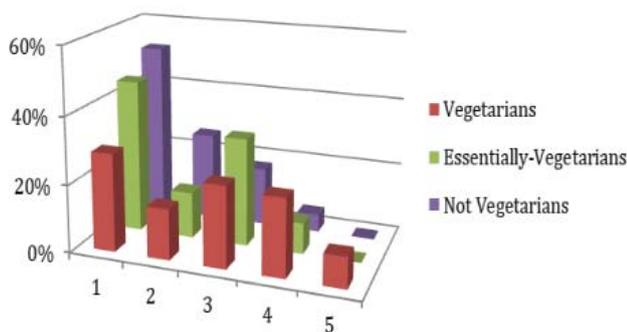


Figure 4. Motivations – body shaping

The question „How important are the following aspects of eating/nutrition to you? [Health considerations]“ showed that in the „totally“ answer category, there was a significant difference between

vegetarians, essentially-vegetarians, and the mixed diet group: 43% (CI: 0.30-0.56), 41% (CI: 0.20-0.61), and 27% (CI: 0.20-0.34) respectively (Mangels et al., 2003, Pomerleau et al., 2002, Sabaté, 2001).

Interestingly, as with the ethical-environmental aspect, the image is a bit different here when asked about the importance of the nutritional aspect, or if we ask, „What are the reasons for following the above-mentioned diet? What is the weight of the following considerations when choosing your choice?“ From the health point of view, the difference between vegetarians and participants of mixed diet decreases when asked as to the reason for the choice of nutrition. (The „Totally important“ results: mixed nourishment, essentially-vegetarian, and vegetarian: 23% (CI: 0.05-0.40), 34% (CI: 0.27-0.41) and 34% (CI: 0.22-0.44) respectively.)

We found exactly the opposite of the ethical-environmental response, so we can assume that health is an important aspect, but many other trends could be chosen from this point of view. On certain spiritual paths, only the vegetarian diet can be fitting to the follower of a given spiritual path, health is an „extra“ for many of the ethical-environmental aspect rules.

Eventually we can state that the different types of diets are based on different motives and health and ethical considerations were separated apparently (part of hypothesis 1.) (Kökény, 2005, Arora et al., 2017)

Social background

The answers to the question „What are the reasons for following the above-mentioned diet? What is the weight of the following considerations when choosing? [Family tradition]“ shows that as expected, the importance of family tradition for vegetarians in nutrition is low. A practical reason for this may be the lack of a multigenerational plant-based family, so cutting out meat alone will not allow you to fully follow the family tradition.

However, there may be a kind of subconscious or conscious urge to keep a distance from the family tradition, in which case vegetarianism is only a form, and deviation from family tradition is not a practical consequence. Figure 5 shows the distributions of family tradition among the three groups.

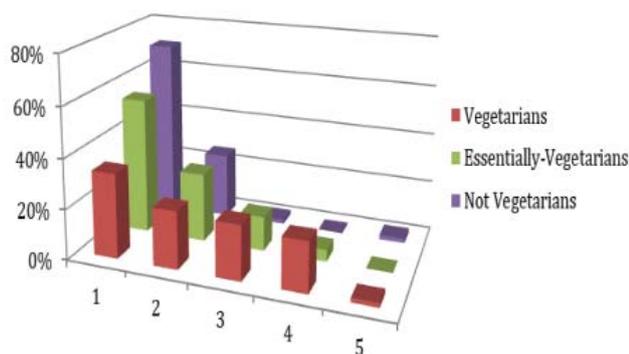


Figure 5. The role of family tradition in the nourishment

The item „How often do you rely on the following resources for cooking in your current family or your current life? [Family tradition]“ is less typical of vegetarians, but it is probably a consequence of the lack of multiple generations of vegetarians, so it is difficult to follow, although flavours can also be copied without meat. There is the result of the vegetarian group 34% (CI: 0.22-0.44), of the essentially-vegetarian 32% (CI: 0.12-0.51), and the non-vegetarian 33% (CI: 0.26-0.40) when we merged the responses „often or always“.

There are the questions: „Is there anyone in the family who has deliberately changed their diet before you?“ and „If there is or was anyone who consciously changed their diet, why did they do so?“. The responses show that the proportion of family members who changed diet is about the same: 31% and 34%. Among the three groups, there is a significant difference in weight loss and ethical-religious-environmental aspects for those who changed. At the vegetarian and essentially-vegetarian group, it is 32% (CI: 0.17-0.46) and 27% (CI: 0.07-0.55) of the ratio in the family who switched to ethical-religious-environmental considerations before the subject who answered our questions. In the case of mixed diets, this is 14% (CI: 0.07-0.20). This group is largely the relatives of vegetarians (children, spouses) who have not become vegetarians.

In the family of our subjects, the ratio of changes due to weight loss is the lowest in the case of vegetarians: 16% (CI: 0.04-0.27). At essentially-vegetarians it is 20% (CI: 0.04-0.48), and in the mixed diet group, it is 36% (CI: 0.27-0.45) (Sabaté & Blix, 2001).

There are the questions: „What are the reasons for following the above-mentioned diet? What is the weight of the following considerations when making your choice? [Belonging to the Community]“ There is a big difference between the three groups in the answers. The essentially-vegetarian group is a kind of transition. Here, it is also evident that spiritual behavior is an important aspect of committed vegetarianism and that of belonging to the community. Essentially-vegetarians differ significantly from vegetarians in this. For vegetarians, the categories ‘quite important’ or ‘completely important’ are 40% (CI: 0.27-0.52) of the answers although the essentially-vegetarians response rate is only 9% (CI: 0.01-0.3) and the mixed diet group is only 4% (CI: 0.00-0.06). The ‘not at all important’ answer at the question of belonging to the community is 35% in the vegetarian group, 54% in the essentially-vegetarian group, and 76% in the mixed diet group – see below Figure 6.

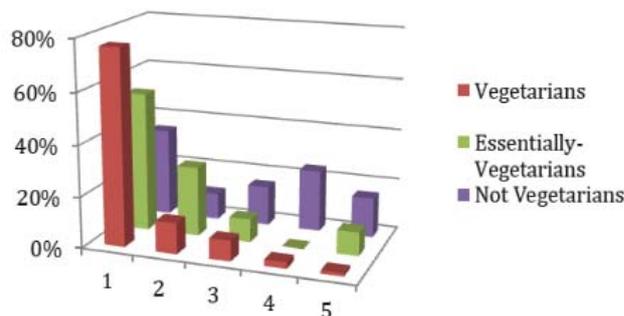


Figure 6. The role of belonging to the community in the nourishment

There was a question „How did the environment you live in respond to your change in nutrition?“ Within the group who changed their nutrition, more people with mixed nutrition have found that everyone has supported them or that the environment is at least neutral. The essentially-vegetarians had more, and vegetarians even more hostile reactions. Based on these responses, we can refer to transgenerational traumatic patterns. The rigid and repetitive way of the solution of the old trauma becomes a tradition in the family, and family members seeking to resolve this will become renitent in the eyes of those who represent the family system, which is manifested in hostility (Manners et al., 2019).

Summary of the hypotheses

The above mentioned results prove the third hypothesis that there is a connection of food choices and traumatic events in the personal life and/or the family.

Eventually we can state that the different types of diets are based on different motives since health and ethical considerations were separated apparently (part of hypothesis No. 1.)

About the different permanency of motives we could see that ethical-environmental aspects are more durable while health considerations also can be lasting at least till the end of symptoms. The more fragile decision and motive is body shaping since it is following an outer trend and it seems not to be incorporated into the value system of the person (hypothesis No. 2.).

Changes in life stages (Erikson's psychosocial crises)

Question: „Is the importance of healthy eating linked to a life event or a life cycle?“ The responses show that the highest proportion of people with mixed diets is „not linked to any stage or event of life“ (28% CI: 0.21-0.35). For vegetarians and essentially-vegetarians, this is 3% (CI: 0.00-0.08) and 23% (CI: 0.08-0.45).

The next part that is important for healthy eating and can be linked to some stage of life and the event of life. The mixed diet group is fairly balanced, most often their reason is their own or family member's disease (31% CI: 0.22-0.39), or some new stage of life (adolescence, adulthood, retirement), 37% (CI: 0.28-0.46), or for the birth of children (18% CI: 0.12-0.26), new, important relationships, jobs (16% CI: 0.09-0.23), belonging to a community (7% CI: 0.03-0.12), and 7% (CI: 0.02-0.11) from childhood. More than half of the essentially-vegetarians cite their own or a family member's illness for turning to healthy eating (53% CI: 0.29-0.77), the next most important impact is belonging to a community (41% CI: 0.18-0.67). Among vegetarians, the change in the health caused by disease is much lower 23% (CI: 0.12-0.34) much less than in the previous groups, and the motivation of

belonging to the community (55% CI: 0.42-0.68) is higher. In the vegetarian group, the relationship and workplace play a role similar to that of mixed diets. Vegetarians and essentially-vegetarians are similar in that approx. 12% (CI: 0.01-0.36) of them bring these motivations from childhood, and 23% (CI: 0.12-0.34) are tied to a new phase of life (too).

It confirms the aforementioned statement that some of the essentially-vegetarians, although the spiritual path and the belonging to the community are an inspiration as much as for vegetarians, but are not 100% committed. The other group who does not interact with vegetarian inspirational motivations through a community start with the motives of health, environmental protection, childhood patterns, performance enhancement, or weight loss (Erikson, 1980).

Transgenerational patterns and distresses

There was the question „Have you experienced chronic physical or psychological/mental illness in your youth or childhood (under 25 years of age) among you and your brothers and sisters?“ In the vegetarian group, the highest rate of chronic illness in childhood was 19% (CI: 0.08-0.29) (4.5% (CI: 0.00-0.23) and 3% (CI: 0.00-0.06) in the group of essentially-vegetarians and mixed nourishment).

There was the question „Which of the following occurred in the family back to your great grandparents, to the best of your knowledge?“ The multiple-choice answers were converted into binary (whether trauma or not), and according to this result, the vegetarians had the highest rate (60% CI: 0.47-0.73), where trauma was present (55% (CI: 0.34-0.75) and 39% (CI: 0.31-0.46) among essentially-vegetarians and mixed nourishment).

Our interpretation tends to see these facts as the family load from previous generations produce stresses from specific life events that appear in the life of the following generation. Handling those inherited stresses can have different ways, including destructive and constructive components (Kállay, 2007, Culda et al., 2018). Choosing such a way as changing

lifestyle that includes nourishment can be a „brave“ move although it can confront the family’s helplessness or inertia for security needs.

In such cases, the resistance of the other family members is understandable however they might be hostile (Boszormenyi-Nagy, 1985).

Discussion

The topics discussed in this paper overrun the basic biological function of diet. Among the motivations of nourishment, there is weight loss with a biological and social background (body forming) and the ethics-religion-environment protection that is more sophisticated and broader than only a biological aspect. While preventive health care and disease are biological, the former is more conscious and targeted, while the latter is a compelling force. The results show that prettiness and performance enhancement i.e. in sports, fit to social expectations (Mangels et al. 2003).

It appears from the data that the change of life due to traumatic life events and the search for problem-solving due to transgenerational traumas are part of the trials treating the pathologies in most ethical type of nutrition changes (Rejinders, 2001, Boszormenyi-Nagy, 1985). This exists despite the need to defy family and environmental hostility. This data makes it possible to find a link between the two points of our hypothesis, i.e. the intention of change (on the transgenerational traumatic pattern that was passed on) and the nutritional mode. However, further studies are needed to clarify the hypothesis that could be collected, for example, through deep interviews. There is a further need to clarify the accuracy of the answers in the questionnaire since subjectivity and reliability could not be controlled.

The research aimed to collect and process data on nourishment. We could distinguish three groups among the subjects, namely vegetarians, essentially-vegetarians, and omnivores. We were interested in their motivations, social background, changes in different life periods, and the role of transgenerational patterns. Among those who changed their nourishment, the motivation connected to the

ethics-religion-environment protection group was the strongest in the groups of vegetarians and essentially-vegetarians (67% (CI: 0.54-0.79) and 70% (CI: 0.50-0.90)). The most frequent reasons for the change among people with mixed nourishment were preventive healthcare (59% (CI: 0.50-0.69)), losing weight (44% (CI: 0.34-0.53)), illness (28% (CI: 0.19-0.36)), and in a smaller ratio (10%(CI: 0.00-0.23)) the nicer appearance or the enhancement of the efficiency.

Among the three groups, there was a significant difference in weight loss and the ethical-religious-environmental aspects for those who changed. At the vegetarian and essentially-vegetarian group it was 32% (CI: 0.17-0.46) and 27% (CI: 0.07-0.55) the ratio in the family who changed based on ethical-religious-environmental considerations. In the case of mixed diets, this was 14% and in this group largely the relatives of vegetarians (children, spouses) were presented who did not become vegetarians.

In the family of vegetarians, the ratio of changes due to weight loss is the lowest: 16%. At essentially-vegetarians it is 20%, and in the mixed diet group, it is 36% (CI: 0.27-0.45).

Some of the essentially-vegetarians, although the spiritual path and the belonging to the community were inspirational similar to vegetarians, they were not 100% committed. The other part, who did not interact with vegetarian inspirational motivations through a community, started with the motives of health, environmental protection, childhood pattern, performance enhancement, or weight loss.

Concerning the transgenerational field, vegetarians had the highest rate (60% CI: 0.46-0.73) where family trauma occurred. (55% (CI: 0.34-0.75) and 39% (CI: 0.31-0.46) among essentially-vegetarians and mixed nourishment.)

These results reflected the above-mentioned status of vegetarians where a higher level of repressed aggression was present. These facts were interpreted as the family load from the previous generation stresses from specific life events inherited into the lives of next generations. Handling those inherited stresses can have different ways including destructive and constructive components.

Limitations and strength

The data makes it possible to find a link between the two points of our hypothesis, i.e. the intention of change (on the transgenerational traumatic pattern that was passed on) and the nutritional mode. However, further studies are needed to clarify the hypothesis that could be collected, for example, through deep interviews. There is a further need to clarify the accuracy of the answers in the questionnaire since subjectivity and reliability could not be controlled.

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