Everyone has a food story. As you were growing up, it might be a memory of a special food, cooking in the kitchen with your grandmother, or family patterns and rituals that drew you around the table. Your food story may be simple, emotional or complicated. Likely, your food story in some way shaped your relationship with food today. What is the role of food in your life today – be that eating, cooking or growing food? Is your relationship with food positive, a struggle or something you are still working through? What do you want your food story to be in the future? What are your goals? What is important to you related to eating, cooking or growing food? Your food story has no ending and is always changing.

Activity:

Participants are invited to recall memories and experiences, positive and negative, that influenced or informed their relationship with food. Who we are, what we do and how we relate to food from growing or purchasing it, to preparation, to eating can be profoundly determined by our past and can guide behaviors and choices we make today and might choose to make in the future. Sharing food stories within a group builds trust and a level of intimacy that allows for deeper and more personal explorations of beliefs, behaviors and challenges.

If you work with patients or clients in any kind of health care setting (as a nutritionist, nurse, physician, pharmacist or health coach), this activity can be adapted to be used as a way to understand how the person you are caring for is dealing with a health or nutrition challenge. Food literally, IS medicine, and we really cannot treat someone unless we have a basic understanding of their food story.
Format: Pair Share/Listening Activity

Have students divide into pairs, ideally with someone they don’t know. They can do this where they are sitting, or move to a more comfortable or quieter location. Facilitator will explain the activity and then keep time.

1. One person will speak for approximately 5 minutes while the other listens. The role of the listener is to ask clarifying questions only, and listen carefully, because you will be introducing your partner later. After five minutes, you will switch roles, and the speaker becomes the listener, and vice versa. Again, be sure to listen carefully as you will be introducing your partner. (facilitator will keep time, and call out when it is time to switch)

2. When everyone has finished, the group will gather back together and each person will be asked to introduce their partner by saying who they are and also sharing 2 or 3 comments or reflections that stood out to them. They are not asked to analyze or discuss this in any way, simply to share something they heard that resonated with them in some way.

3. When the entire group has shared, facilitated discussion follow. Depending on the amount of time, and the specific subject being taught, the discussion can be a general ‘community building’ opportunity, or an introduction to the idea that everyone has a food story, and why that matters.

4. **FOR HEALTH CARE STUDENTS OR PRACTITIONERS:** After this experience, many people discover some of their own deeply held beliefs or behaviors in relationship to food. Sometimes this can be surprising, or disturbing, leading people to recognize the complexity of a person’s relationship to food, eating, and health. It also helps to capture the fact that this topic is rarely addressed in medical/health care education and therefore practitioners often don’t feel equipped to discuss or respond to questions or concerns pertaining to the role of food and diet in health and wellbeing. There is not one answer, or an exact formula for how to approach this, or what answers/advice to give, however this experience creates an opportunity to connect with someone in a personal, and meaningful way, that is directly connected to their health and wellbeing. From there, practitioners may be more able to engage about the role of food and cooking in someone’s long term health.