

# Chapter 6

## Acting-in-Context: A Methodological and Theoretical Approach to Understanding the Actions of People Living in Poverty



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### 6.1 Introduction

Despite health promotion efforts to put forward a wide range of strategies ranging from individual skills training to public policy development, health promotion programmes are still largely focused on lifestyle and behavioural modifications related to health risk factors (e.g. smoking, physical inactivity, diet) (O'Neill et al., 2006; Potvin et al., 2005, Popay et al., 2010, Schrecker, 2013, Powell et al., 2017, Carrey et al., 2017).

However, in the mid-1980s, the Ottawa Charter offered a promising avenue by laying the groundwork for health promotion as a process that gives populations greater control over their health (Nutbeam, 1998) while also establishing social

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inequalities in health as a priority for intervention (Breslow, 1999; Kickbusch, 2003; WHO, 1986). Much emphasis has been placed on the structural causes that create contexts unfavourable to health, particularly contexts of poverty. On the one hand, it is known that individuals are not passive: they carry out their actions in contexts in which quality is influenced by a number of factors. On the other hand, it is recognized that much of the quality of the circumstances through which people act is beyond the direct control of individuals (CSDH, 2008; Raphael, 2002). The perspective of social determinants of health leads us to acknowledge that individuals are not completely determined by factors outside themselves, but neither are they entirely in control of the circumstances in which they live. Therefore, health promotion needs theoretical and methodological tools to understand the interactions between individuals and their contexts, especially those unfavourable to health.

For this purpose, there are few theoretical tools for understanding contexts and ways in which people's actions unfold, beyond health-related behaviours. Potvin et al. (2005) state that if we support the idea that health is a resource and is constructed in daily life, it is necessary to develop theoretical and methodological tools that enable a detailed understanding of this resource. Thus, there is a need for research that looks at the interactions between individuals and their contexts outside the framework of life habits but close to everyday life. Furthermore, the sociologist Anthony Giddens (1987) points out that to adequately study these interactions, it is necessary to "destroy" the empire of interpretive sociology, which is based on imperialism of the study of the individual subject, and the empire of functionalism and structuralism, which is based on imperialism of the study of the societal object. If we want to look at individuals' ability to act while also taking into account the contexts and interactions between these two elements, we need a method capable of capturing this. How can we consider individuals' actions in unfavourable contexts?

This chapter will present the key elements of a study that allowed us to answer this question by focusing on the steps involved in using an ethical posture in empirical data collection and analysis strategies, ultimately within a process of theoretical development from the data. This chapter highlights an often-invisible process of analytical writing that has the potential to lead to theorization.

## 6.2 Ethical Reflection Prior to Empirical Research

This study was part of a theoretical inquiry that was also intended to be an ethical reflection with a view to developing analytical tools that avoid labelling individuals according to attributes such as smoker, obese, drug user and diabetic. Even with the best intentions, when a research project or programme is designed to target "smokers" or "obese people", labels are applied to individuals that reduce them to an individual behaviour or characteristic while failing to consider the contexts in which the attributes have emerged (Madison, 2000). The act of labelling is not without consequence: stigmatization has a negative impact on people who have been labelled (Earnshaw & Quinn, 2012; Link & Phelan, 2006).

Indeed, Mair (2011) points out that the focus on the risk factors involved in a disease rather than on the root causes of health problems is partly because it is easier to study and devise interventions from risk factors. Risk factors can be observed at the individual level, while the root causes of illness involve individuals' surroundings and contexts. Context is a source of disorder and complexity, whereas behaviours are tangible, circumscribed and more obvious aspects to target (Mair, 2011). Nonetheless, with decades of evidence consistently demonstrating the association between low socio-economic status and poor health, ignoring poverty is no longer an option if we are serious about improving the health of these populations.

### 6.3 Background, Paradigm and Method Used in This Study

**Background** The design of this study was based on the aforementioned principle to develop a method that would provide access to individuals' actions without dissociating them from their contexts. Thus, the intention was to interview individuals in a context of poverty and vulnerability. We wanted to avoid approaching people's lives through illnesses or behaviours that were considered problematic. Thus, we chose food insecurity as a theoretically and empirically relevant pretext for exploring the subject of our study. The decision to focus on individuals who attend a community food aid organization allowed us access to people who may have been experiencing food insecurity. Food insecurity manifests in situations of vulnerability in which individuals have limited access to multiple resources and demonstrate financial insecurity (Lechaume & Savard, 2015).

**Paradigm** This study has emphasized the active roles of individuals without denying the constraining aspect of social contexts. This choice reflects an ontological position that acknowledges a recursive relationship between the actions of individuals and the society in which they live (Giddens, 1987): individuals reproduce and transform social systems through their actions, which are both constrained and enabled by the resources and rules that constitute these systems. Social systems are reproduced and transformed through human practices, which, in turn, become embedded in structures regarded as sets of rules and resources (Giddens, 1987). This study is part of an explicit attempt to account for both the constraining and enabling forces of structures, while recognizing that, even in conditions of severe constraint, individuals continue to "choose," think about and orchestrate their actions according to the outcomes they wish to bring about (Giddens, 1987). Therefore, it was relevant to interview people who voluntarily used the services of a community food aid organization. Going to such an organization demonstrates individuals' ability to respond to adversities they encounter. This manner of conceptualizing our research field provided potential access to contexts of poverty while also having access to people who were taking action in response to challenging situations.

**Method** The data collection method was chosen to highlight the interactions between the individuals' actions and their contexts. We opted for a qualitative study based on undirected individual interviews based on an ethnosociological perspective. By an ethnosociological approach, we mean a type of study that follows ethnographic traditions in terms of data collection techniques used but which constructs its objects in reference to sociological problems (Bertaux, 2016). In this study, life stories were chosen as a method of investigation to study fragments of social reality situated in time and to understand individuals' actions through their experiences.

A life story interview is an interview with varying degrees of direction in which a researcher invites an individual to tell them about their life in whole or in part (Bertaux, 2016). Like Bertaux (2016), we believe that life stories offer access to perspectives that go beyond mere subjectivity or representation of a phenomenon specific to a single individual. Stories offer access to actions over time, that is, actions embodied in social contexts that can reveal the structures and dynamics at play (Bellot, 2000; Bertaux, 2016). For this study, the starting point for the collected narratives was the circumstances that led each interviewee to use the services of a community food aid organization. Twelve people who use those services were interviewed.

Thus, the choice of life stories became a way to address some challenges of studying the interactions between individuals and their contexts. First, to study this type of interaction, it is important to overcome the pitfalls of quantitative method approaches used in structuralist sociology through which one tries to determine the way in which social structures constrain and determine individuals' behaviours (Giddens, 1987). It is equally important to avoid the limitations of interpretive sociological approaches, based mainly on qualitative methods, which focus on the subjectivity and meaning making of individuals to understand their conduct with little attention to structural constraints (Giddens, 1987). Because of the ethnosociological orientation inherent in life stories, our interviews and the analysis made of them gave us access to the uniqueness of individuals and their ability to act, while at the same time allowed us to consider the contextual elements that constrain individuals' actions without totally determining them.

#### **6.4 Qualitative Data Analysis: A Method to Focus on the Interaction Between Action and Context**

The challenge of data analysis was to focus on the interaction between action and context. Thus, an original analysis method was developed. Life stories generate a considerable amount of information, not all of which is relevant to studying the interaction between action and context. Therefore, a series of analytical steps was developed to reduce the content of the interviews and to isolate elements related to the purpose of the study. Six analytical operations were used, following an iterative process (Fig. 6.1):

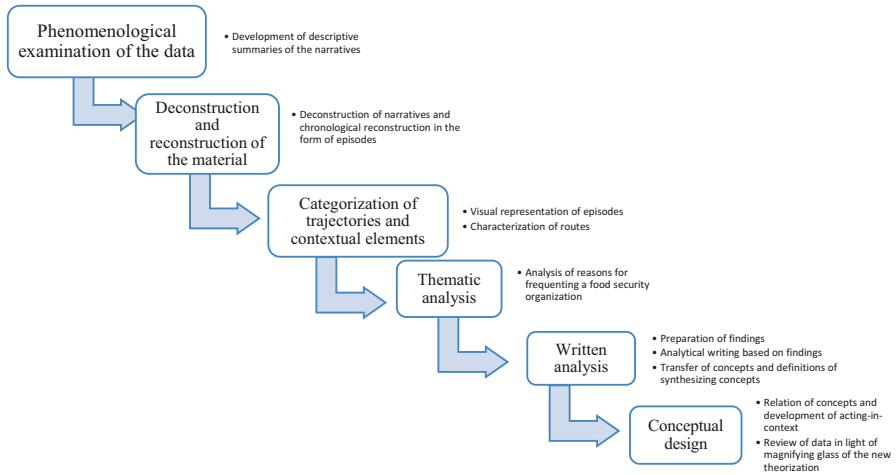


Fig. 6.1 Analytical operations used in data analysis (Adam, 2019)

### 6.4.1 Phenomenological Examination of the Data

The first step in the phenomenological examination of interviews (Paillé & Mucchielli, 2012) is an initial reading, where the reading exercise is oriented towards what the narratives have “to teach us before we are tempted to make them speak” (Paillé & Mucchielli, 2012, p. 141, author translation) rather than in relation to the research question. After each interview reading, a summary of each participant’s situation was written. The summaries were descriptive and free of analytical objectives related to the research question. The aim was to answer the general question, “who are the participants in this study?”, and to gain insight into the materials for analysis.

### 6.4.2 Deconstruction and Reconstruction of Episodic Narratives

After reviewing the data and organizing the material so that the narrative content could be appropriated, a “deconstruction” and “reconstruction” of the narratives was carried out to “isolate” the interaction between action and context. Deconstruction consists of undoing the initial structure of the narratives as they were delivered. Obviously, a life story from an interview does not produce a linear and chronological story (Bertaux, 2016). To capture the sequence of the course of action and its context in a participant’s narrative, it was necessary to extract the relevant segments (Bertaux, 2016) and reconstruct them subsequently. This involved putting the

narrative segments in a chronological order to create new summarized material that assembled meaningful data for the study.

The selected relevant segments were actions performed by individuals and the contexts in which those actions were performed. These segments were referred to as “episodes.” An episode is a period of time when the participant performed actions in a given context, specifically to deal with an event or make decisions. The episodes in each story were coded alphanumerically. Each episode was identified by a brief description and a number (e.g. “Episode 6: Carl looks for work”). A descriptive memo was then written to summarize the episode according to the contextual elements involved (e.g. financial resources running out quickly); the people involved (e.g. Carl’s family, who can help him in the event of financial difficulty) and their actions (e.g. sending out resumes for jobs in a desired field) and the consequences/results of the actions, if relevant (e.g. no calls for a job interview and change in job search strategy). The descriptive memos of the episodes were developed as they occurred, with an attempt to situate them chronologically in relation to each other as they were coded.

After the episodes were coded, a table representing the reconstruction of the narrative was developed for each participant. For each episode, the table displayed the following elements in a chronological order: number, assigned title, descriptive memo and associated verbatim.

The number of episodes varied among the participants: some had more episodes than others, and this in itself was information for analysis. It was then relevant to ask: Are there similarities among the participants who have many episodes? Is the nature of the episodes the same among those who have few episodes and those who have many?

### **6.4.3 *Categorization of Trajectories and Contextual Elements***

A further qualitative analysis exercise was carried out to develop a conceptual interpretation of the constituent contexts of the selected episodes and their temporal sequencing. The contextual elements of each trajectory were thus illustrated on a timeline for each participant, and each episode was situated on it to better understand the chronology of the episodes and their contexts. The resulting visual illustration provided the “background” to the events that were narrated, including, for example, the country in which the participants were living when they performed certain actions (“when this happened, I was living in [name of country]”), their occupation (“it was when I was working at [name of place]”) or their marital status (“at that time, I was still with my husband”). The research questions were as follows: In which contextual elements did individuals perform actions? Are there any intersecting contextual elements that appeared in all the narratives?

Characterization of the contexts resulting from the analysis described above made it possible to identify the differences between trajectories and further consider the episodes illustrated chronologically and visually. The following questions

prompted further analysis: Are there similar trajectories? Are some trajectories particularly different from others? What actions characterize these similarities and differences? Still referring to the data, a first grouping of trajectories that appeared similar was made: certain trajectories seemed much more difficult than others. Extreme cases were then compared (Miles & Huberman, 2003): the trajectory was identified that appeared to be the most difficult, in that the participant recounted episodes of constant struggle to meet basic needs. Then, it was compared to the least difficult one, where no reference to a struggle to meet the person's needs was mentioned. Our aim was to explore these questions: What is fundamentally different about the type of actions performed? What is fundamentally different about the contexts? Based on the hypotheses developed in response to these questions, the 12 trajectories were classified from the most to least difficult.

#### **6.4.4 Thematic Analysis**

Since the starting point for the interviews was to learn the reasons for using the services of a community food aid organization, a thematic analysis was carried out on this specific aspect (Paillé & Mucchielli, 2012). Episodes concerning the reasons for using a community food aid organization were extracted from each of the narratives while taking the previous and subsequent episodes into account. The analysis question at this stage was: what are the reasons why participants went to a community food aid organization? The analysis conducted was aimed at finding patterns (Miles & Huberman, 2003). This consisted of a careful reading of the material to identify recurrences that allowed episodes to be grouped together or otherwise distinguished. Following this identification, three reasons for using community food aid organizations were identified.

#### **6.4.5 Written Analysis: Development of Findings**

Through the analyses that were conducted, continuing comparisons among the narratives, episodes and trajectories led to formulating questions and then interpretations presented here under the term "Findings." A finding is expressed as "a sentence or a series of sentences that take the place of a descriptive or analytical report in relation to the understanding reached by the analyst at a given moment in their work" (Paillé & Mucchielli, 2012, p. 192, author translation). Based on these observations, written analysis took a central role in the analytical process. A written analysis represents a moment when the researcher engages in "deliberate writing and rewriting, without any other technical means, which will serve as a reformulation, explicitation, interpretation, or theorization of the material being studied" (Paillé & Mucchielli, 2012, p. 184, author translation).

**Table 6.1** Summary of the findings and concepts used (Adam, 2019)

Findings	Concepts used
<b>Finding 1:</b> The individuals perform similar actions, but the way in which they express their agency differs.	Agency
<b>Finding 2:</b> Resources and capacities are used in the ways people carry out their actions, and access to these resources and capacities varies between individuals.	Resources/ capacities
<b>Finding 3:</b> Certain participants seem to be dealing with more threatening contexts than others.	Threats
<b>Finding 4:</b> The possibilities of improving one's situation or experiencing Well-being vary among individuals.	Opportunities
<b>Finding 5:</b> The notion of opportunity must be taken into account to understand situations of vulnerability.	Vulnerability

The first finding was concerned with reasons for using the services of a community food aid organization, which led to the second finding, which in turn led to the third finding and so on. Each finding included the previous one. Thus, the last finding contained references to the previous ones, whereas the first finding contained no reference to the others. Therefore, the findings were developed in a logical order, and that order was used to present the study results. To facilitate a summarized reading, concepts (agency, resources, capacities, threats, vulnerability and opportunities) were associated with each finding. For each concept, an initial definition was developed. Each definition was then tested against the richest and most exemplary episodes for refinement (Miles & Huberman, 2003). Next, these definitions were contrasted with the episodes with counterexamples (or negative cases) (Miles & Huberman, 2003). At the end of this phase, five stabilized findings were produced and recorded in the form of long analytical memos (Table 6.1).

#### 6.4.6 *Conceptual Design*

The last phase involved connecting the findings and summarized concepts developed in the previous phases, which then led to the development of a theory (Paillé & Mucchielli, 2012) we called “acting-in-context”. This stage began with the production of a visual aid to diagram the concepts developed and the action dynamics identified. Based on the findings, the diagram combined the five concepts: agency, resources, capacities, threats and opportunities (Fig. 6.2). It was validated by reviewing the stories to ensure that the diagram accounted for all the interactions, variations, similarities and differences contained in the episodes.





Fig. 6.2 Concept of acting-in-context (Adam, 2019)

## 6.5 Development of the Theoretical Model of Acting-in-Context

The iterative process of analyzing the narratives of those who took part in the study, which were reconstructed in episodes and studied in the form of trajectories, made it possible to draw up findings through which concepts were developed (see Table 6.1). This allowed us to develop an explanation for the interaction between the individuals' actions and their contexts, then add elements of understanding to the concept of vulnerability.

First, by analyzing the motives for using the services of a community food aid organization, we observed that the individuals performed similar actions but that the ways in which they expressed their agency differed (finding 1). The fact that individuals went to a community food aid organization is evidence of their agency, which is the object of interest in this study. However, not all participants had the same motivations. For some participants, going to a food cooperative is a way of demonstrating their sense of solidarity and their commitment to responsible consumption. For others, using the services of a community food aid organization was necessary to avoid going hungry. To elucidate this difference, we have proposed two dynamics of the implementation of agency: singular and reactive. The singular dynamic refers to individuals' predisposition to perform actions according to their desires, wishes, aspirations, values and principles. The reactive dynamic refers to

individuals' predisposition to perform actions according to external elements to which they react or decide not to act.

Subsequently, we found that resources and capacities are leveraged in the implementation of people's actions (finding 2). However, access to these resources and capacities varies, and the opportunities to use or implement them are not the same for all individuals. For example, Madeleine<sup>1</sup> has resources (knowledge and skills in accounting and sewing) that enabled her to hold down a productive job in the past. However, her life was marked by a number of challenges (difficult childhood, divorce, single parenthood, financial problems). These issues seem to have seriously affected her resources and capacities, as she now experiences recurrent depressive episodes. She still has the knowledge and skills (resources), but her physical and mental issues prevent her from meeting the demands of the labour market, which in turn deprives her of financial resources. Thus, to understand how people express their agency, it is necessary to consider the resources and capacities they have at their disposal in their particular context of action implementation.

An analysis of specific episodes that occurred in the situation of poverty showed that certain participants seemed to have experienced more threatening contexts in which multiple events disturbed them (finding 3). For example, Marius, who was in a situation of homelessness for 25 years, recounts many events he has faced: the death of his friends, conflicts, physical violence, serious accidents, etc. To cope with these events, individuals attempt to use their resources and capacities. The notion of threat is therefore introduced. A threat is the potential for a disruptive event for which individuals will need to use their resources and capacities, either to avoid it or to deal with the consequences when the threat becomes a reality. For instance, for some participants, the threat of being hungry, even if it does not come to pass, leads them to take many actions: borrowing money, seeking food aid, moving, etc. The notion of threat allowed us to better identify the use of resources and capacities and to characterize precarious trajectories. However, an element was missing to properly qualify the contrast between episodes in the precarious trajectories and the more stable situations.

We then introduced the notion of opportunity. Data indicated that the possibilities of improving one's situation or quality of life also varied among the participants (finding 4). This finding led us to the notion of opportunity. An opportunity is a chance to improve one's condition or to experience well-being; when they are realized, opportunities are transformed into resources or capacities. For example, the opportunity to have a well-paid job or a decent home. Or the opportunity to travel, have fun or do a pleasant activity. Although an opportunity may exist, it does not mean that it is accessible; certain resources or capacities are necessary to access certain opportunities (e.g. a post-secondary diploma to get a job or money to travel). Therefore, resources and capacities need to be considered to understand how accessible an opportunity may be for an individual.

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<sup>1</sup>All names and other personal identifiers in this chapter have been changed to protect privacy and confidentiality.

**Table 6.2** The elements of acting-in-context (Adam, 2019)

<b>Agency</b>	The ability of humans to take action, to make choices based on what they value or the circumstances in which they find themselves.	
	<b>Singular dynamics of agency</b>	<b>Reactive dynamics of agency</b>
	The ability to have desires, wishes, aspirations, values and principles and to take action in accordance with them.	The ability to act and react to external elements, to make decisions and to take action (or decide not to take action).
<b>Resources</b>	Means that can be used to meet individuals' needs.	
<b>Capacities</b>	Personal and social characteristics of individuals that enable them to use or leverage resources that are available to them.	
<b>Threats</b>	The potential for an event to result in negative consequences for which individuals will need to use their resources and capacities to either prevent the event or deal with the consequences of it when it occurs.	
<b>Opportunities</b>	Favourable opportunities to improve one's situation or experience Well-being. When opportunities are realized, they become resources or capacities.	

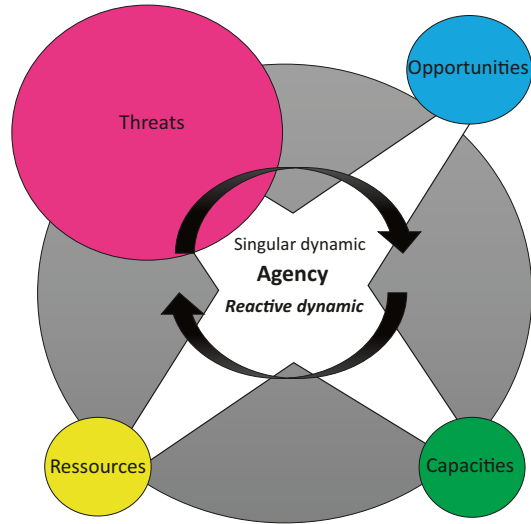
This analysis of the interaction between opportunities, threats, resources, capacities and agency enabled us to draw an empirical outline of the notion of vulnerability used in this study. Vulnerability is understood as a situation characterized by a high probability that an individual will be exposed to a threat with little or no access to the necessary resources to cope with it without suffering any adverse consequences (Chambers, 1989). However, the interrelation of these elements and this definition of vulnerability did not allow us to explain all the episodes or to explain the differences observed between the different trajectories. The notion of opportunity allowed us to understand that vulnerability is not only the probability of being exposed to threats without having the resources and ability to deal with them but also with having access to few opportunities for improving one's living conditions (finding 5).

Thus, to enable us to characterize the composition of the immediate contexts in which individuals' actions unfold and to understand the active roles of individuals in interacting with their contexts, we propose the concept of acting-in-context (see Fig. 6.2 and Table 6.2).

### 6.5.1 An Example: Acting in a Context of Vulnerability

On the basis of all the elements identified above, we looked at the participants' trajectories to see if there were any particular configurations for individuals who found themselves in a trajectory of poverty. Drawing on the contrasts between the trajectories, a type of acting-in-context was identified to describe the action dynamics that were observed: constrained acting-in-context (Fig. 6.3).

**Fig. 6.3** Constrained acting-in-context (Adam, 2019)



### 6.5.1.1 Constrained Acting-in-Context

This type of acting-in-context is characterized by a high incidence of threats and a low incidence of opportunities, accompanied by weak resources and capacities, particularly as consequences of present and past threats. Action is mainly oriented towards threats to be managed; it is essentially reactive to the context, engaged in managing threats and their consequences. There is very little room for individuals to exercise the singular dynamics of their agency when their capacities and resources are primarily directed towards managing threats, avoiding disruptive events (i.e. the actualization of threats) or dealing with them. Desires, wishes, aspirations, values and principles have little space in the actions of individuals struggling to access opportunities. The trajectory of one study participant, Madeleine, illustrates this type of acting-in-context. Madeleine is a divorced woman in her fifties. She has three children. She had her first child at the age of 16 and experienced a separation (a disruptive event) when she had two dependent children and limited opportunities to access the labour market as she had not completed her secondary education (resources/capacities). Faced with the threat of hunger, she needed to react, take several steps to protect herself from possible financial problems and provide for her family (delaying paying her rent, seeking resources, etc.). Her capacities and resources revolved around responding to this context over a long period of time. In her trajectory, there was little room to seize opportunities to improve her living conditions or even opportunities for entertainment that could have allowed her to experience well-being. Now that her children are grown, Madeleine suffers from chronic depression, which limits her access to the labour market and keeps her in a constrained acting-in-context.

**Table 6.3** Using the concept of acting-in-context

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Three uses of the acting-in-context concept

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**At the individual level:** In an individual intervention, acting-in-context can be an analytical framework for putting the actor in context (Le Bossé et al., 2009): What threats, opportunities, resources and capacities (or lack thereof) is the individual facing? What are the consequences of current or previous threats? Does the person use their agency according to the singular dynamics or is it essentially used to react to contextual aspects? What kind of intervention could reduce the threats the person is facing? These are some examples of questions that acting in context can generate to support caregivers in developing a dynamic understanding of individuals' situations and to identify the means that could be most helpful while also considering elements of acting-in-context and their interactions.

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**At the group or community level:** Acting-in-context can be used to identify elements common to a group or community that interact with the actions of individuals within that community. An analysis of the threats common to certain so-called vulnerable populations could be a relevant avenue for developing interventions that go beyond identification of risk factors and have a dynamic understanding of the interactions between individuals and their contexts.

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**In research and evaluation:** Acting-in-context can be used as a theoretical framework to develop research projects in terms of the context or situation rather than the behaviour or disease. Alternatively, it can support the integration of contextual elements surrounding the behaviour or disease being studied to understand the configuration and dynamics of action. Acting-in-context can also be a relevant tool to support programme development and evaluation. How do the programme's components fit into the configuration of the contextual elements of individuals participating in it? Does the programme provide access to resources? Does it reduce threats? Does it provide access to opportunities? These questions allow for broader analysis of a programme's action and enable the programme to be designed as an aspect of the individuals' contexts that has the potential to change the configuration of the contexts and the action dynamics.

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This study observed that individuals in constrained acting-in-contexts spend a great deal of time and energy dealing with threats and their consequences. Time spent dealing with these threats is not spent seizing opportunities, leveraging resources and developing capacities to seize opportunities; the detrimental feedback loop continues, potentially becoming a powerful downward spiral (Table 6.3).

## 6.6 How This Study Contributes to Health Promotion

Several theories have provided ways to think about the mechanisms by which poverty gets under someone's skin (Link & Phelan, 2006; Marmot, 2003; Wilkinson, 2005) and influences lifestyles (Cockerham, 2005; Frolich et al., 2003). However, the ways in which poverty influences people's actions in everyday life, beyond health-related behaviours, have been underexplored. The social determinants of the health perspective lead us to acknowledge that individuals are not completely determined by factors external to themselves, but nor are they omnipotent in the face of the circumstances in which they live. Hence, there is a need for theoretical tools to understand the interactions between individuals and their contexts, particularly contexts that are unfavourable to health. To develop this type of tool, a methodological

approach is central to study this type of interaction. Thus, this study's contribution is twofold: methodological and theoretical.

In terms of method, this chapter suggests that before choosing a research objective, it is important to engage in ethical reflection that goes beyond the study of health behaviour. Situations can be chosen that are manifestations of difficulties generated by contexts of poverty in which individuals take action. In this study, food insecurity was the chosen context. Situations relating to access to housing, education or certain health services could also be relevant to considering the actions of individuals in contexts of poverty. The methodological challenge was to be able to capture individual–context interactions. The choice of life stories proved to be a suitable method for this challenge. The ethnosociological approach inherent in life stories as conceived by Bertaux (2016) allowed the analysis to highlight the singularity of individuals and their ability to implement actions while considering elements of context that constrain but do not fully determine the individuals' actions.

At the theoretical level, acting-in-context offers a way of understanding how action unfolds beyond health behaviours. Our interpretations suggest that the limits of access induced by an unfavourable social position modify the configuration of contextual elements, thus creating situations of vulnerability. The latter are not only characterized by a higher possibility of exposure to threats without having the resources or capacities to cope with them but also by a limitation of the possibilities to seize opportunities for improving one's living conditions or to live according to one's desires, wishes, aspirations, values and principles. In this context, people's actions are geared towards managing threats and their consequences, allowing little space for people to act on their desires, wishes, aspirations, values and principles. The results suggest that focusing on behavioural change (capacity) without addressing the threats that drive individual action may not be effective. Thus, this study provides a theoretical tool for health promotion based on empirical research that overcomes the limitations associated with individualistic models and takes into account the constraining forces of structures while also acknowledging that individuals are not passive and take action in these contexts.

## References

- Adam, C. (2019). *L'agir-en-contexte: comprendre l'action des individus en situation de vulnérabilité*. Université de Montréal.
- Bertaux, D. (2016). *Le Récit de vie* (3rd ed.). Colin.
- Breslow, L. (1999). From disease prevention to health promotion. *Journal of American Medical Association*, 281(11), 1030–1033.
- Canadian Lung Association. (2005). *Chronic obstructive pulmonary disease (COPD): A national report card*. Canadian Lung Association.
- Carey, G., Malbon, E., Crammond, B., Pescud, M., & Baker, P. (2017). Can the sociology of social problems help us to understand and manage 'lifestyle drift'? *Health Promotion International*, 32(4), 755–761. <https://doi.org/10.1093/heapro/dav116>
- Chambers, R. (1989). Vulnerability, coping and policy. *IDS Bulletin*, 20(2), 1–7.

- Cockerham, W. C. (2005). Health lifestyle theory and the convergence of agency and structure. *Journal of Health and Social Behavior*, 46(1), 51–67.
- CSDH. (2008). *Closing the gap in a generation: Health equity through action on the social determinant of health*. Final Report of the commission on the social determinant of health. Suisse.
- Earnshaw, V. A., & Quinn, D. M. (2012). The impact of stigma in healthcare on people living with chronic illnesses. *Journal of Health Psychology*, 17(2), 157–168. <https://doi.org/10.1177/1359105311414952>
- Frohlich, F. L., Corin, E., & Potvin, L. (2003). A theoretical proposal for the relationship between context and disease. *Sociology of Health and Illness*, 23(6), 776–797.
- Giddens, A. (1987). *La constitution de la société*. Presses Universitaires de France.
- Kickbusch, I. (2003). The contribution of the World Health Organization to a new public health and health promotion. *American Journal of Public Health*, 93(3), 383–388.
- Laperrière, A. (2004). L'observation directe. Dans B. Gauthier (dir.), *Recherche sociale : De la problématique à la collecte de données* (p. 619). : Presse de l'Université du Québec.
- Le Bossé, Y., Bilodeau, A., Chamberland, M., & Martineau, S. (2009). Développer le pouvoir d'agir des personnes et des collectivités : quelques enjeux relatifs à l'identité professionnelle et à la formation des oraticiens du social. *Nouvelles pratiques sociales*, 21(2), 175–190.
- Link, B. G., & Phelan, J. C. (1995). Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior*, 80–94.
- Link, B. G., & Phelan, J. C. (2006). *Stigma and its public health implications* (Vol. 367). The Lancet.
- Madison, A. M. (2000). Language in defining social problems and in evaluating social programs. *New Directions for Evaluation*, 2000(86), 17–28.
- Mair, M. (2011). Deconstructing behavioural classifications: Tobacco control, 'professional vision' and the tobacco user as a site of governmental intervention. *Critical Public Health*, 21(2), 129–140. <https://doi.org/10.1080/09581596.2010.529423>
- Marmot, M. G. (2003). Understanding social inequalities in health. *Perspectives in Biology and Medicine*, 46, 9–23.
- Marmot, M., & Wilkinson, R. (2005). *Social determinants of health*. Oxford University Press.
- Miles, M. B., & Huberman, M. A. (2003). *Analyse des données qualitatives* (2nd ed.). De Boeck.
- Nutbeam, D. (1998). Health promotion glossary. *Health Promotion International*, 13(4), 349–364. <https://doi.org/10.1093/heapro/13.4.349>
- O'Neill, M., & Stirling, A. (2006). Travailler à promouvoir la santé ou travailler en promotion de la santé? Dans M. O'Neill, A. Pederson, S. Dupéré, et I. Rootman (dir.), *Promotion de la santé au Canada et au Québec, perspectives critiques* (p. 510). : Presses de l'Université Laval.
- O'Neill, M., Pederson, A., Dupéré, S., et Rootman, I. (2006). La promotion de la santé au Canada et à l'étranger: Bilan et perspectives. Dans M. O'Neill, A. Pederson, S. Dupéré, et I. Rootman (dir.), *Promotion de la santé au Canada et au Québec, perspectives critiques* (p. 510). : Presses de l'Université Laval.
- OMS. (1986). *Charte d'Ottawa pour la promotion de la santé*. Genève.
- OMS. (2009). *Comblent le fossé en une génération : Instaurer l'équité en santé en agissant sur les déterminants sociaux de la santé*. Rapport final de la Commission des Déterminants Sociaux de la Santé. Genève, Suisse.
- Paillé, P. (1996). De l'analyse qualitative en général et de l'analyse thématique en particulier. *Recherches Qualitatives*, 15, 79–194.
- Paillé, P., & Mucchielli, A. (2012). *L'analyse qualitative en sciences humaines et sociales* (3rd ed.). Armand Colin.
- Pederson, A. P., O'Neill, M., & Rootman, I. (1994). *Health promotion in Canada: Provincial, national and international perspectives*. W. B. Saunders Company.
- Phelan, J. C., & Link, B. G. (2005). Controlling disease and creating disparities: A fundamental cause perspective. *The Journals of Gerontology*, 60(2), 27–33. [https://doi.org/10.1093/geronb/60.Special\\_Issue\\_2.S27](https://doi.org/10.1093/geronb/60.Special_Issue_2.S27)
- Phelan, J. C., & Link, B. G. (2015). Is racism a fundamental cause of inequalities in health? *Annual Review of Sociology*, 41(1), 311–330. <https://doi.org/10.1146/annurev-soc-073014-112305>

- Phelan, J. C., Link, B. G., & Tehranifar, P. (2010). Social conditions as fundamental causes of health inequalities: Theory, evidence, and policy implications. *Journal of Health and Social Behavior*, 51, S28–S40.
- Popay, J., Whitehead, M., Hunter, D., & J. (2010). Injustice is killing people on a large scale – But what is to be done about it? *Journal of Public Health*, 32(2), 148–149.
- Potvin, L., Gendron, S., Bilodeau, A., & Chabot, P. (2005). Integrating social theory into public health practice. *American Journal of Public Health*, 95(4), 591–595.
- Powell, K., Thurston, M., & Bloyce, D. (2017). Theorising lifestyle drift in health promotion: Explaining community and voluntary sector engagement practices in disadvantaged areas. *Critical Public Health*, 1–12. ISSN 0958-1596.
- Raphael, D. (2002). Addressing health inequities in Canada. *Leadership in Health Services*, 15(3), 1–8.
- Schrecker, T. (2013). Beyond ‘run, knit and relax’: can health promotion in Canada advance the social determinants of health agenda? *Health Policy*, 9(Spec Issue), 48–58. PMID: 24289939; PMCID: PMC4750152.
- Watt, R. G. (2007). From victim blaming to upstream action: Tackling the social determinants of oral health inequalities. *Community Dentistry and Oral Epidemiology*, 35(1), 1–11.
- Wilkinson, R. G. (2005). *The impact of inequality*. New Press.