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Personal niches – how we promote our health and well-being by places and relationships

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Background: Recent cultural and technological changes provide new health related opportunities but also new challenges for the individuals along their life course. Experiences of an ageing society, forms of new IT based technologies and internet based information systems, changing role expectancies in healthcare increase the importance of individual agency in health related issues and the role of the individual as an author of their health life course. At the same time, health related individual agency is context dependent – it is embedded in concrete socioecological realities. Niche construction theory may provide a theoretical frame to understand the complex relationships between individuals and their socioecological context.

Aim: We provide a theoretical overview and framework of the Personal Niche Construction Model and its application to health related strivings and behaviour. Personal niche refers to an integrated set of life conditions that provide specific environment for the growth and life of an individual, organized in space and time. Niche construction may involve several interrelated and interacting domains:

- ecological aspects – biological environment of landscapes, plants and animals;
- technological aspects – the construction of artefacts, tools, buildings, technological systems;
- social aspects – relationships, communities, institutions;
- symbolic aspects – construction of symbolic spaces and information systems including language, meaning systems, practices of knowledge sharing, learning and information transmission.

Method and results: We present relevant research approaches with a joint emphasis on a) the transactional processes between individuals and their personal niches and b) the relevance of these processes to health outcomes. Two lines of research are presented. Relationships with close others provide a proximal context for health and well-being. The study of personal projects in the context of committed partnerships shows that relationship patterns of giving and receiving support as well as patterns of asking and providing dyadic coping efforts are in relation with health related outcomes. Moreover, homes and home environments are among the most universal examples of personal niches that are deeply connected to healthy functioning. We exemplify our approach using excerpts from a qualitative study on home related self-regulation processes of people living with chronic illness and their family members.

Conclusions: The focus on niche construction processes provides an ecologically valid approach to the understanding of health related agency of individuals. Potential directions for further research are discussed with an emphasis on new technologies and healthcare settings.