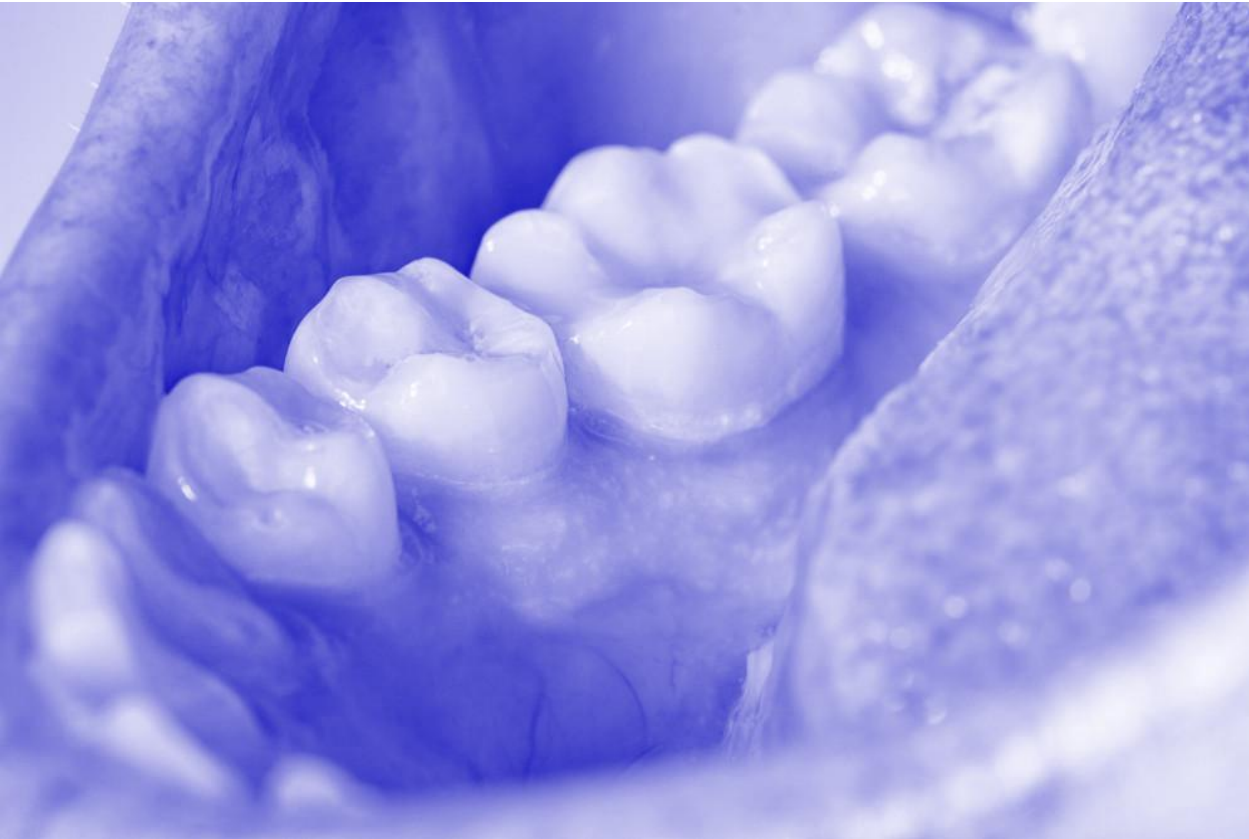


# Self-regulation in health-related behaviour

Why is it difficult to change our everyday behaviours based on goals and (medical) recommendations and how to promote change

Mgr. Tatiana Malatincová, PhD.

aZLZP051p/c Medical Psychology and Psychosomatic in Dentistry – lecture/practice



# CAUSES OF INSUFFICIENT PREVENTIVE BEHAVIOUR

1. Oral hygiene
2. Checkups / advanced care appointments

# Why people do not follow recommendations regarding oral hygiene

- **Used to doing it differently**; guided to do it differently in childhood
- **Resignation** – accepting norms represented by parents and/or other members of the reference group (“It is **normal to have bad teeth** from a certain age.”)
- **Unconvinced** about effectiveness: “Does this really work?”; no awareness of progress in knowledge and technologies
- Lack of awareness of how the prevention works to reduce risks; **misconceptions** and unreliable sources of information; understanding the principles of joint causality and probability...
- **“Product overload”** – confused about tools and procedures; choice paralysis
- Unfavourable **associations and stereotypes** – “Just another scheme to strip people of more money”; association with beauty products rather than health; associations with the “upper-class” lifestyle (“People like me don’t do this”); boomerang effect
- **Lack of information** on how to use tools correctly
- Difficult to make it an integral part of one’s **daily routine**
- **Discomfort** and other negative experiences while learning to use the tools

# Why people skip regular dental checkups

A dentist wearing a white lab coat, a white surgical mask, and safety glasses is examining a male patient's teeth. The patient is reclined in a dental chair. The background shows a typical dental office setting with various pieces of equipment.

- Doesn't come to mind – never a priority until there is a pressing problem
- Time and other logistic reasons
- Availability of “good” and affordable specialists
- Concerns about financial costs
- Belief that they do not need a dentist (yet)
- Unpleasant experiences – one's own or shared by friends and relatives, leading to distrust (“It will just make things worse!”)
- Childhood habits – “One only sees a dentist when it starts to hurt”
- Fear of procedures; anxiety about “what's going to happen”
- Shame, guilt and fear of being reprimanded and looked down on for poor hygiene or putting off the appointment
- Discomfort at the dentist's office (conditioned fear responses, phobias)

# Challenges of promoting preventive behaviour



# Why is it harder to motivate people towards prevention as opposed to intervention...?

**No information on progress** – the measure of effectiveness of preventive behaviour is the ABSENCE of consequences! How do I know that the bad thing did not happen thanks to prevention? Or that my poor health is the result of poor prevention?

**How to make recommendations regarding preventive behaviour more effective?**





**Why is it good to  
build healthy habits  
from early  
childhood?**

**And how to do it  
best?**

## Guiding children towards healthy behaviours from early on (“Clean your teeth like a big girl”):

- Behaviour becomes “normal” and habitual (“automatic”)
- Feeling uncomfortable when the behaviour is omitted
- Knowing how without doubting one’s skill and ability
- More likely to believe that it works (cognitive biases work in my favour)

*In the eyes of a little child, her parents represent how the entire world operates.*





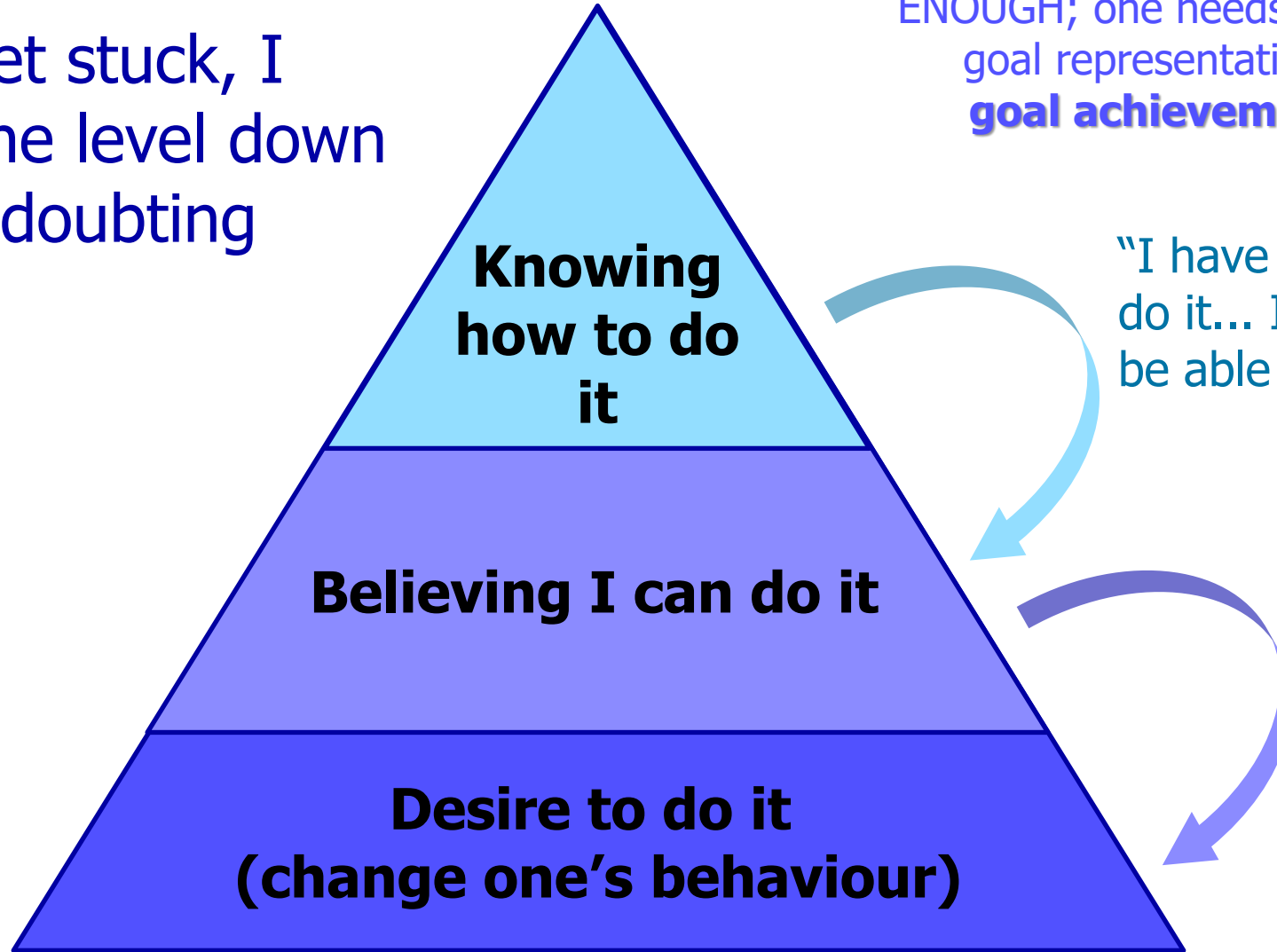
# WANT TO DO ≠ CAN DO



According to Schwarzer's **HAPA model** (Health Action Process Approach), being motivated (e.g., as a result of persuasion) is NOT ENOUGH; one needs to be able to translate the goal representation into action! **Long-term goal achievement is a proactive rather than reactive process.**

# WANT TO DO ≠ CAN DO

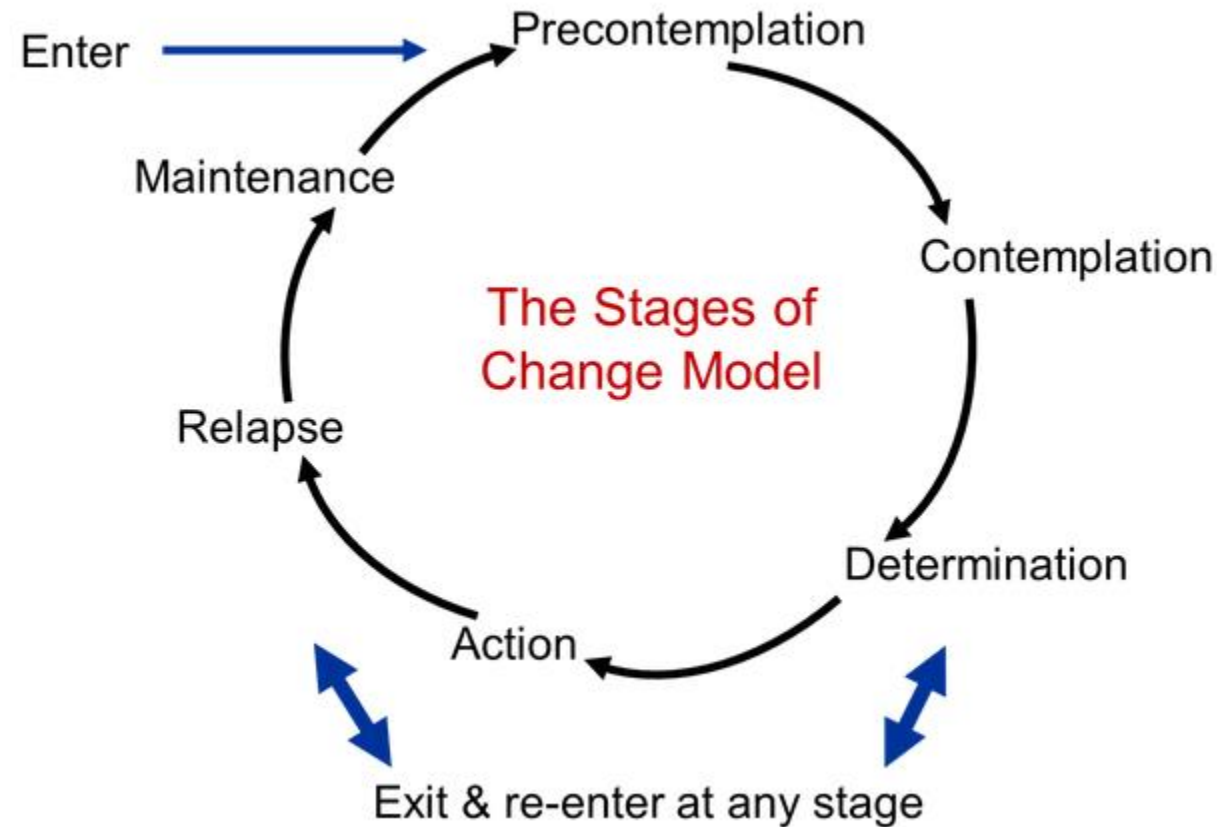
When I get stuck, I can fall one level down and start doubting myself...



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"I have no idea how to do it... I don't think I'll be able to do it..."

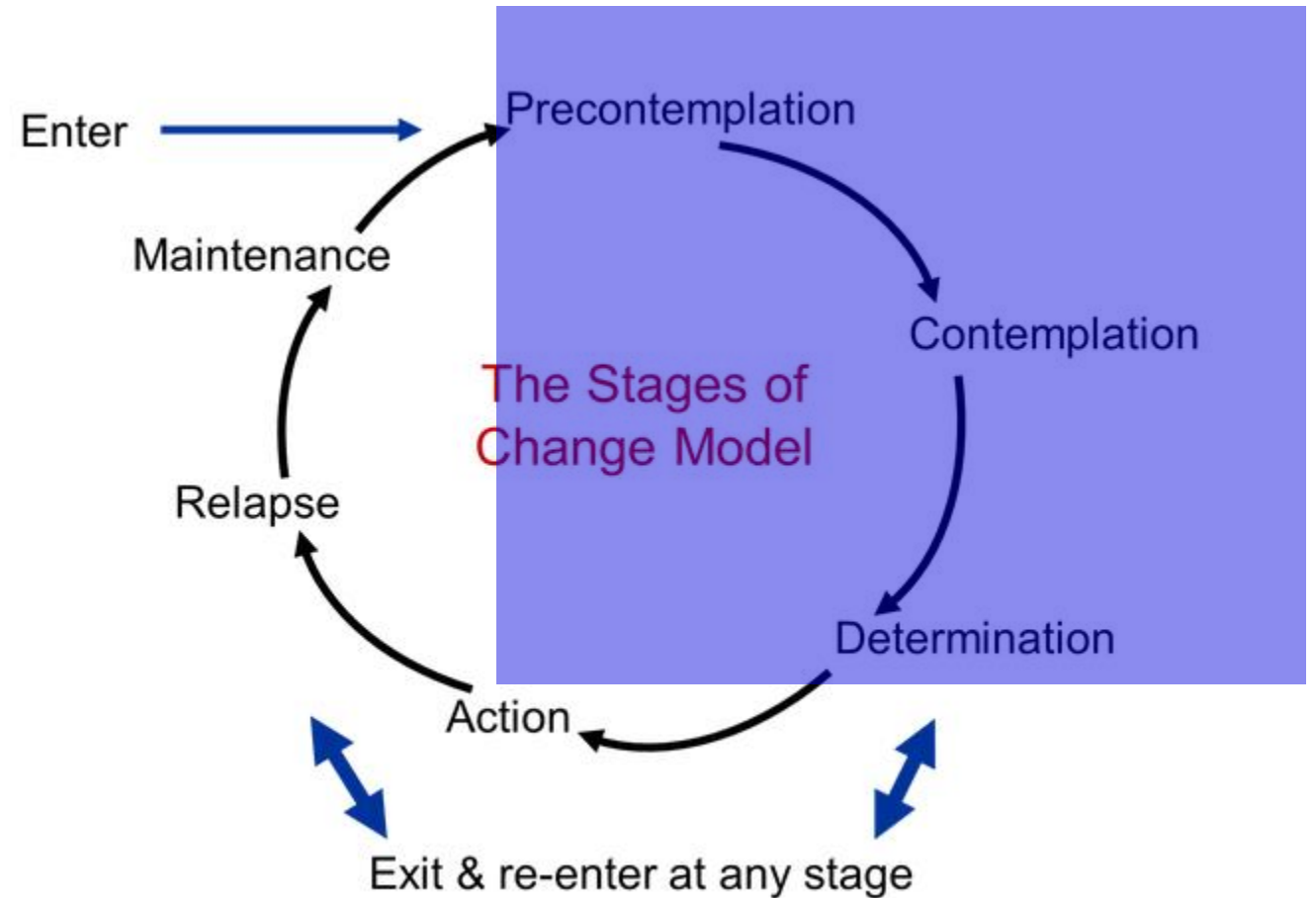
# The Transtheoretical Model of Change



# Transtheoretical model of change

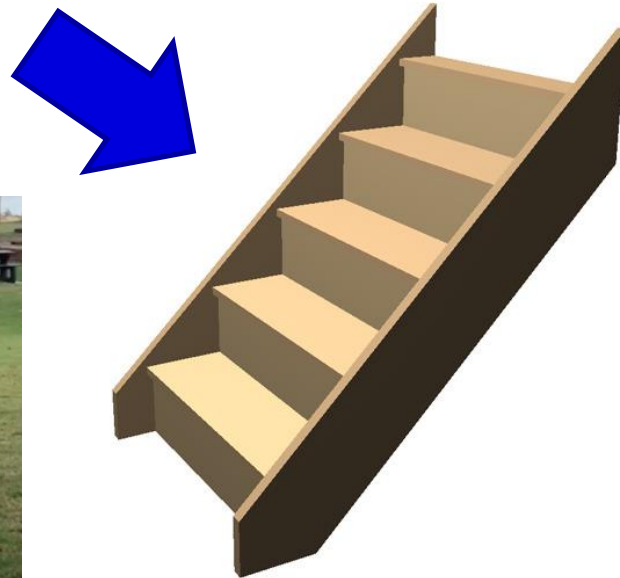
Which is better: focusing on the downsides of the present state or focusing on the benefits of the positive change?

Is stronger motivation always more beneficial (more “activating”)?




# Coming up with an effective plan

1. **Evaluating possibilities** – how much can I do? When and how exactly can I do? Which activities can I replace? How can I fit different activities together?
2. **Mental contrasting** – What do I want to achieve, and which steps need to be done to do it? **SMART approach** (“step by step” goal achievement).




# Does it help to induce emotions in patients?

IT'S YOUR CHOICE.



WHICH WILL IT BE?



**SMOKING CAUSES  
TOOTH DECAY**

Smokers are three to six times more likely to develop gum disease or periodontal disease. Even smokeless tobacco can irritate gum tissue, causing gums to loosen around teeth, making it easier for bacteria to settle in and develop decay.

**NIMCO, Inc.**  
NIMCO, Inc. logo



# Elements of promoting change

- **Consciousness Raising** - Increasing awareness about the healthy behavior.
- **Dramatic Relief** - Emotional arousal about the health behavior, whether positive or negative arousal.
- **Self-Reevaluation** - Self reappraisal to realize the healthy behavior is part of who they want to be.
- **Environmental Reevaluation** - Social reappraisal to realize how their unhealthy behavior affects others.
- **Social Liberation** - Environmental opportunities that exist to show society is supportive of the healthy behavior.
- **Self-Liberation** - Commitment to change behavior based on the belief that achievement of the healthy behavior is possible.
- **Helping Relationships** - Finding supportive relationships that encourage the desired change.
- **Counter-Conditioning** - Substituting healthy behaviors and thoughts for unhealthy behaviors and thoughts.
- **Reinforcement Management** - Rewarding the positive behavior and reducing the rewards that come from negative behavior.
- **Stimulus Control** - Re-engineering the environment to have reminders and cues that support and encourage the healthy behavior and remove those that encourage the unhealthy behavior.

# Why people do not adhere to lifestyle recommendations

- Perceived (and possibly legitimate) physical, economic, organizational etc. obstacles
- Different kinds of old **habits**, usually acquired in childhood
- **Giving up**, accepting the old ways (“it is **normal** to have these kinds of health issues at this age”)
- **Doubts** about effectiveness: “Does it really work?”; unaware of new advancements
- Lack of information about the effects of prevention; **false beliefs** and unreliable sources of information; lack of understanding of probability and multicausality
- **Being overwhelmed** by the variety of unfamiliar, sometimes commercially competing products, services, and related information
- Association with upper-class lifestyle or with particular groups – does not **self-identify** with it; seen as unusual
- **Lack of skill and knowledge** regarding how to use implement the recommendations properly
- Can't fit into **daily schedule** – other priorities
- **Discomfort** (pain, clumsiness, bad initial choices...)
- **Unhealthy behaviours as an avoidant coping strategy** – lack of more effective strategies



# WANT TO DO ≠ CAN DO

When I get stuck, I can fall one level down and start doubting myself...



According to Schwarzer's **HAPA model** (Health Action Process Approach), being motivated (e.g., as a result of persuasion) is NOT ENOUGH; one needs to be able to translate the goal representation into action! **Long-term goal achievement is a proactive rather than reactive process.**

"I have no idea how to do it... I don't think I'll be able to do it..."

"Since I'm unable to do it, why should I torture myself? I'll just leave it be..."

Possible goal devaluation through various consequences of **cognitive dissonance**

# When ego (self-esteem) goes first: Psychological defence mechanisms

- Denial
- Rationalization
- Intellectualization
- Suppression
- Repression
- Projection
- Displacement
- Acting out
- Aim inhibition
- Avoidance
- Altruism
- Passive aggression
- Compensation
- Undoing
- Dissociation
- Fantasy
- Humour
- Reaction formation
- Sublimation
- Regression

# Elements of promoting change

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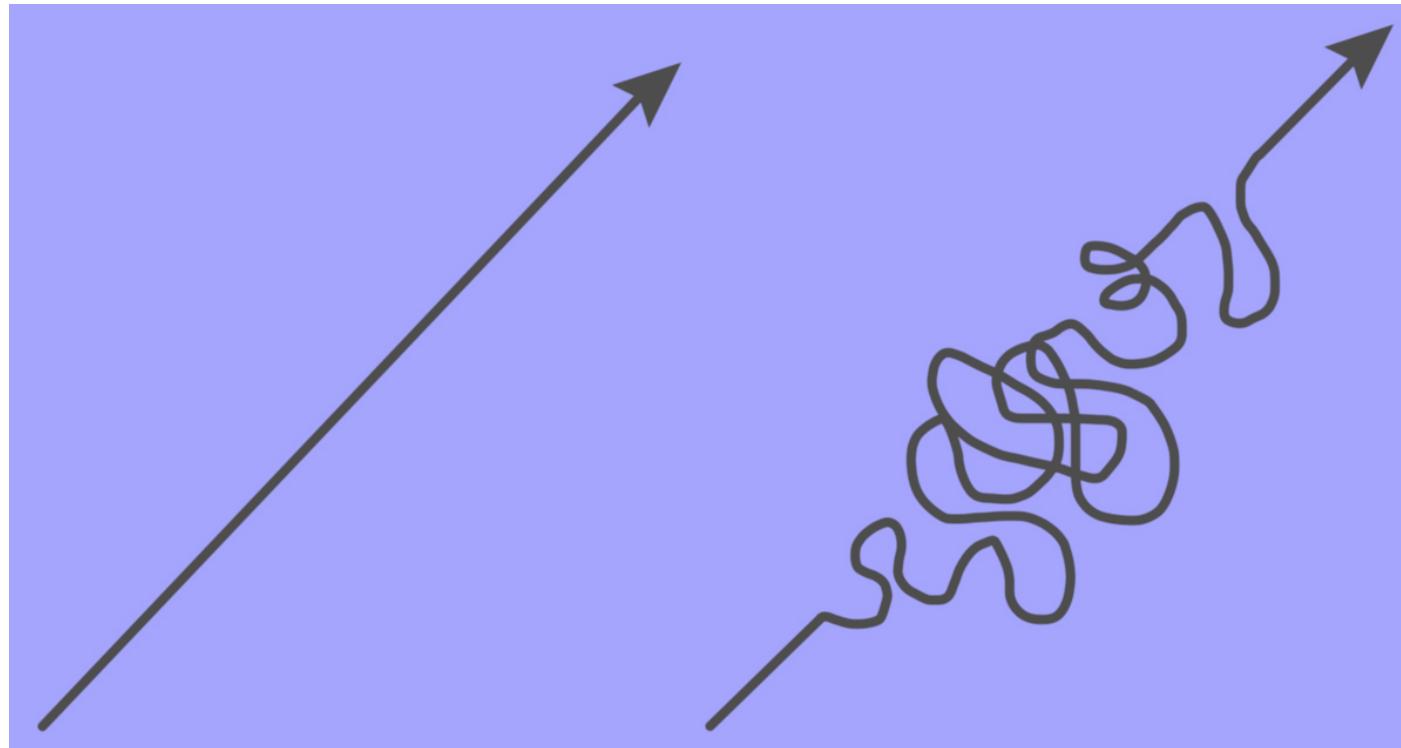
**RATHER THAN  
ABILITY OR SHEER  
REFLECTION OF  
“MORAL  
STRENGTH”, SELF-  
REGULATION IS A  
SKILL.**



# A CONSTRUCTIVE APPROACH: PROGRESS IS NOT LINEAR!

The main predictor of a successful long-term behavioural change is **persistence in the face of setbacks and failures and ability to learn from mistakes.**

A self-deprecating and judgmental attitude is not helping.



# How to build healthy habits

# Human motivation system is reactive in nature...

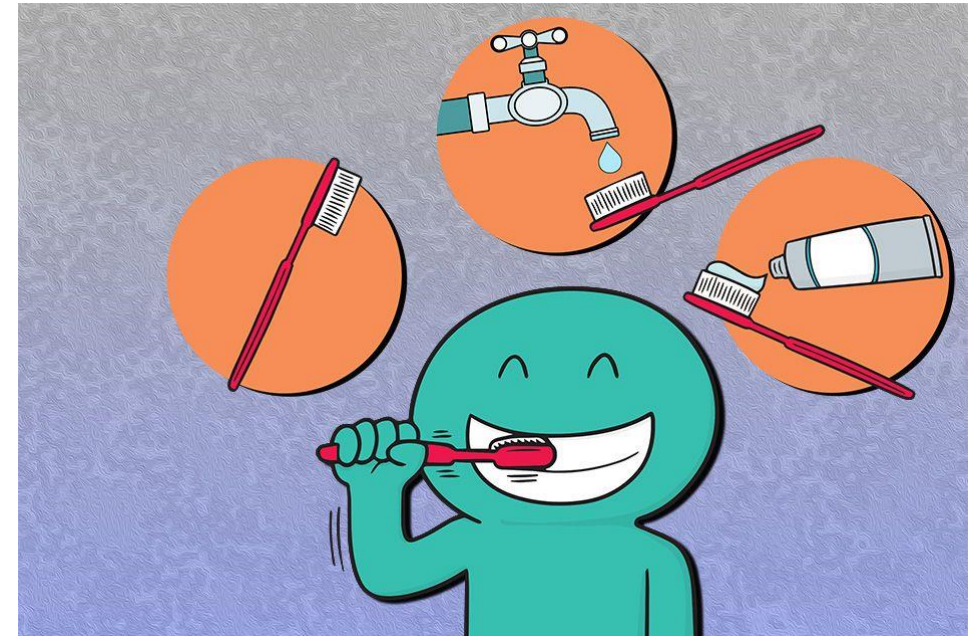
## Principal, “automatic” motivators:

- Rewarding feeling
- Security
- Safety
- Familiarity and predictability
- Avoiding pain and uncertainty



# The arguably greatest shaper of our behaviour

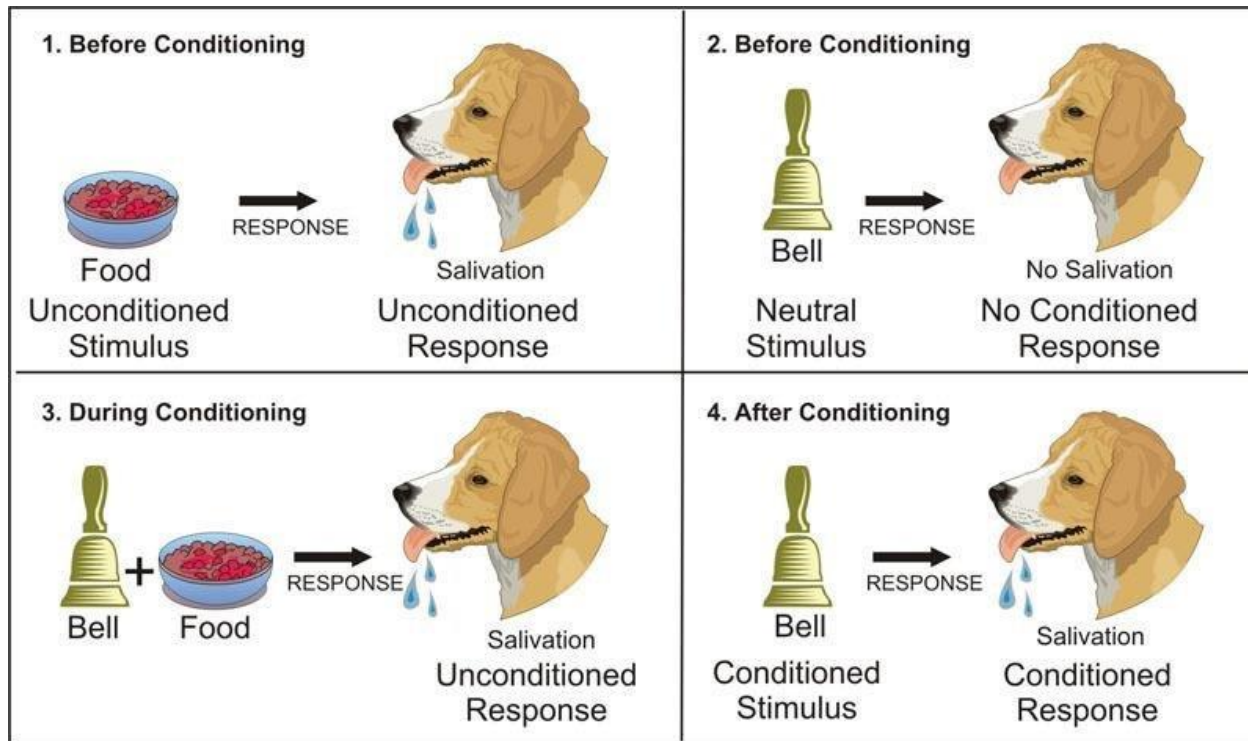
- **HABITS** – HABITUAL (“AUTOMATED”) BEHAVIOUR REQUIRES MINIMUM ENERGY AND IS LINKED TO THE SENSE OF SAFETY, PREDICTABILITY AND CERTAINTY OF BEHAVIOURAL OUTCOMES/ CONSEQUENCES (E.G., REWARDING FEELING)





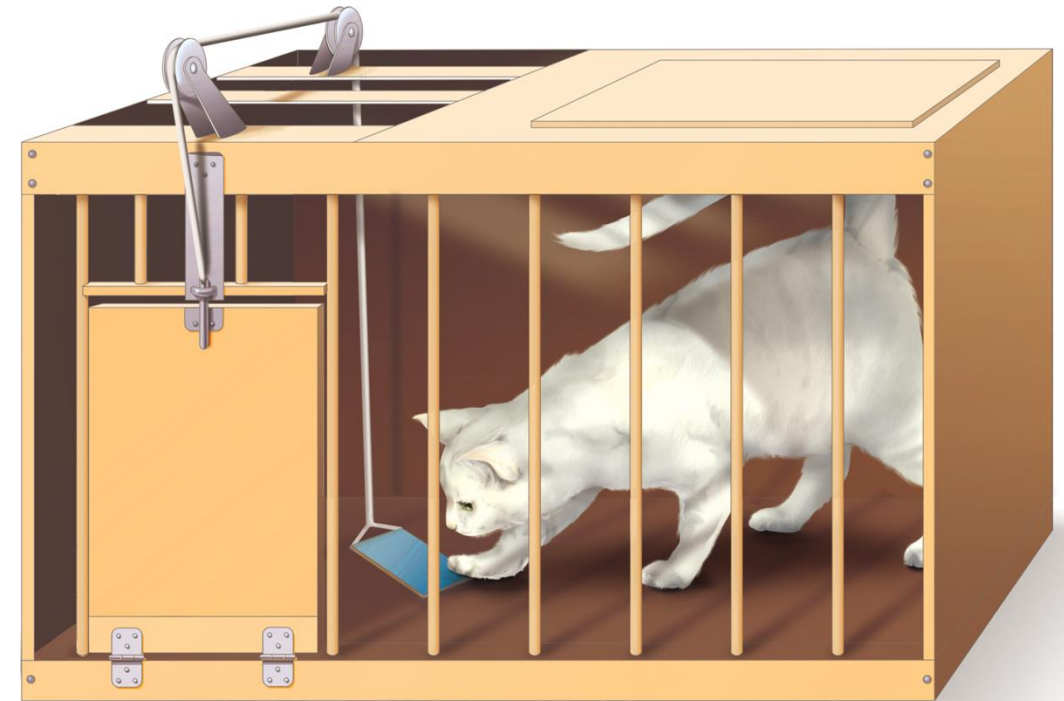
# How are habits formed?

**Classical conditioning** –  
learning of physiological responses



**Classical Conditioning**

**Operant conditioning** –  
learning of specific behaviours



# Human motivation system is reactive in nature...

## Principal, “automatic” motivators:

- Rewarding feeling
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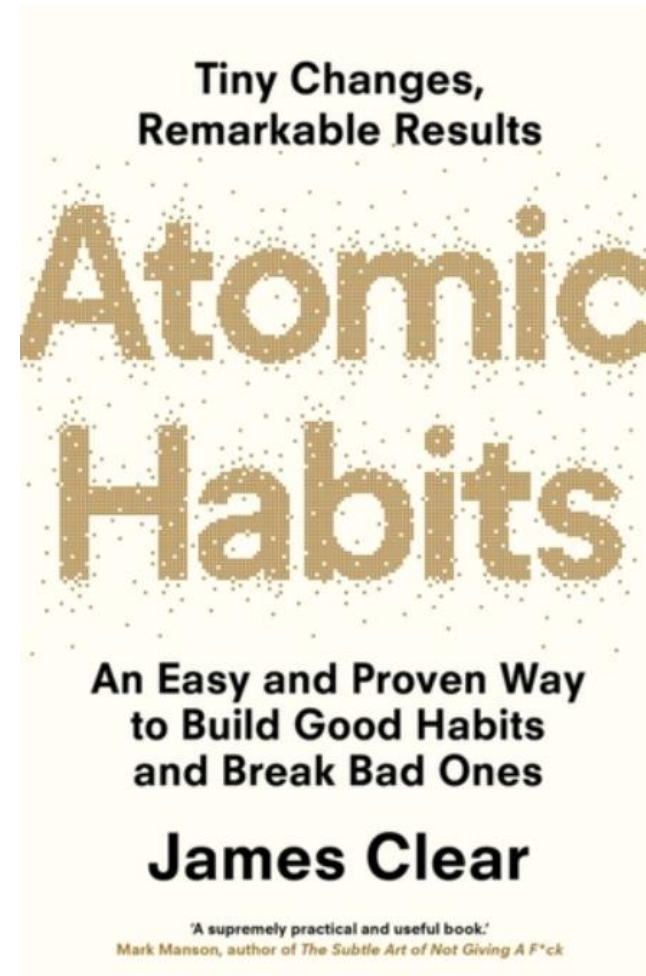


Motivational and emotional processes triggered by **long-term goals** do NOT by themselves lead to goal attainment! **Self-regulation** is needed – the ability to plan a complex **action sequence** directed towards the goal, and to motivate oneself to complete each step, one by one.

# Building new intentional habits

(J. Clear: *Atomic Habits*)

- Cue: *“Make it obvious.”*
- Craving: *“Make it attractive.”*
- Response: *“Make it easy.”*
- Reward: *“Make it satisfying.”*



# HOW TO BUILD A NEW HABIT

- **Regularity** – determine time intervals you want to maintain
- Determine the **lead behaviour** that will start the sequence (clear and simple, easy to do) – this is your “core habitual behaviour”
- Find an effective key **habit trigger** to match the time intervals you decided on – unambiguously connected to other activities (“When do I start?”; setting **implementation intentions**)
- Making implementation easier – **minimize disruption of daily routine**
- Making remembering easy – “**nudges**” and accessibility – triggers and tools are easy to see and reach
- **Rewarding feeling** (self-praise; rewarding sense of achievement, control and pride); maybe occasional (healthy) external reward
- **Do NOT give up** if you fail from time to time! (“Do not miss twice” rule)
- Exposure to positive **role models** (inspiration and conformity)



**AVERSIVE  
CONDITIONING IS  
ESPECIALLY  
POTENT...**

**Why is it important  
to keep that in  
mind?**



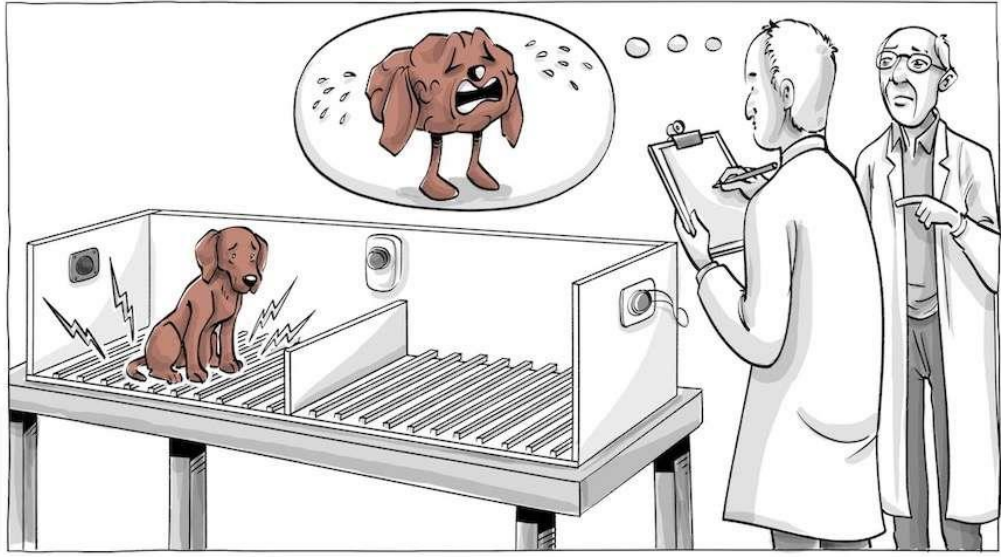
**AVERSIVE  
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**What if I do not see any contingency between my behaviour and the consequences (reward / punishment)?**

# What if I do not see any contingency between my behaviour and the consequences (reward / punishment)?



## LEARNED HELPLESSNESS

- Developed when behaviour does not affect the (emotionally significant) situation
- Eliminates motivation
- Inhibits learning
- Impairs cognitive performance
- Can result in depression
- Hard to “unlearn”

IN HUMANS: Can be overrun by other types of learning

- stable beliefs moderate the effect of experience on sense of control (**learned optimism**)







# How to break a bad habit?

# Breaking an undesirable habit

- Change environment and **avoid triggers**
- **Deliberate practicing of a new behaviour** in response to the trigger or when dealing with situations that lead me to the trigger – should be similar but healthier (desirable) – the new behaviour should be motivating enough to shift our focus to perfecting that new behaviour rather than simply doing it to remove the unwanted behaviour (the “Pink Elephant Effect”)
- Punishing the unwanted behaviour can help but often causes distress and might be hard to arrange (either depends on our willpower, or is out of our control)
- Deliberate **planning and structuring** of behaviour; practicing **mindfulness** in everyday situations (= noticing what is happening inside and outside)
- Developing **new, more effective emotion regulation strategies**
- Revise and supplement my set of **coping strategies** in general (bad habits are often developed as short-term, inefficient coping mechanisms and are also triggered in situations of increased stress)

# FUNCTIONAL ANALYSIS OF BEHAVIOUR

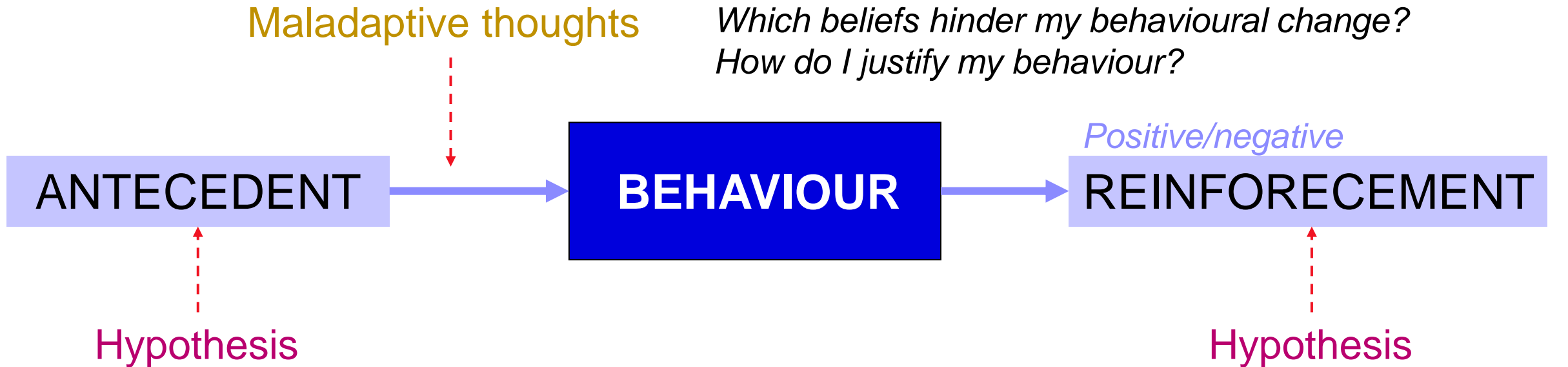


*When and where is the behaviour triggered? In which circumstances exactly is it NOT triggered?*

*What does the behaviour look like? How does it proceed? Is it a single action of a chain of actions? What exactly do I want to change?*

*What is the outcome of the behaviour? What makes it pleasurable? Which need is satisfied through the behaviour and how?*

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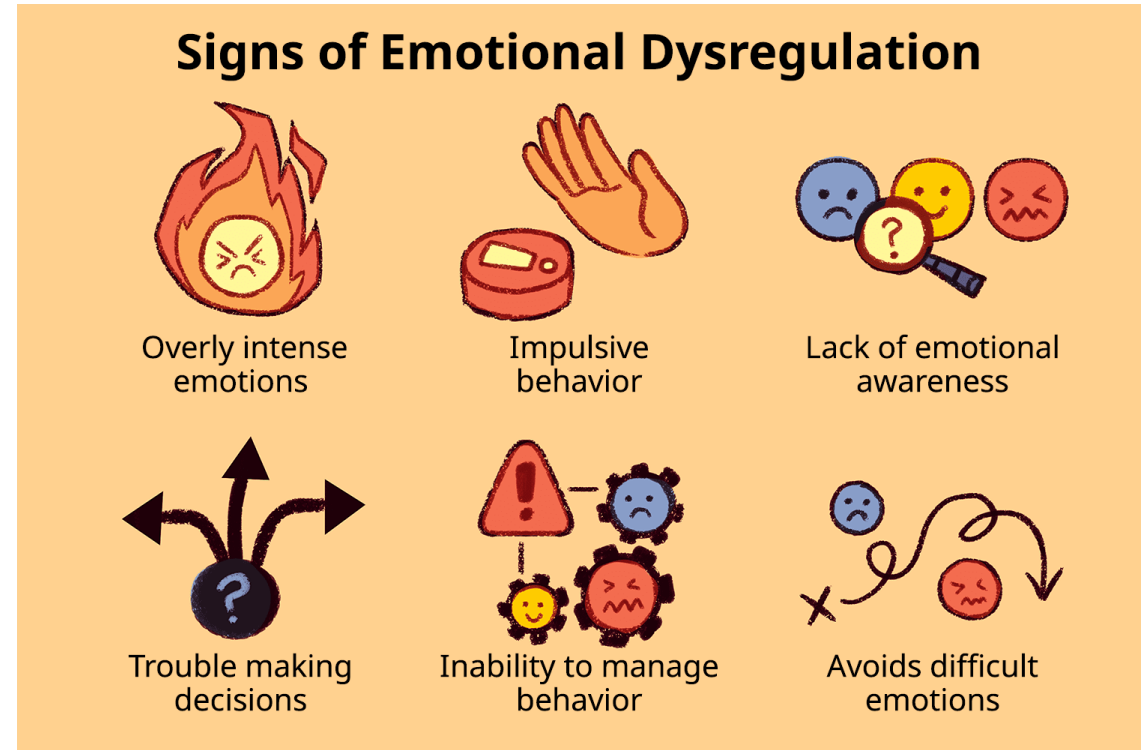
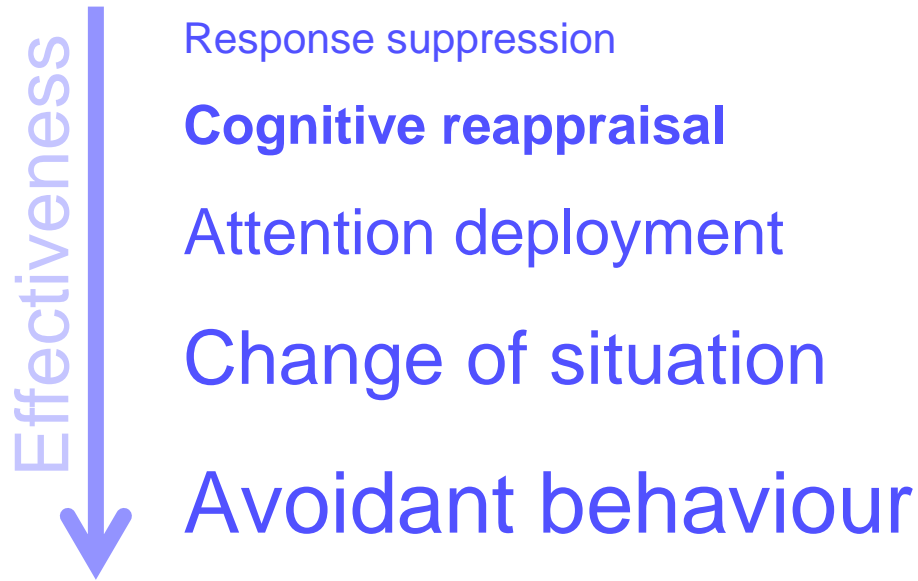


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# Emotion regulation



How effective and feasible each strategy is depends on circumstances. However, people often employ coping strategies that are most easily **available** to them rather than those that are most adequate for that particular purpose.

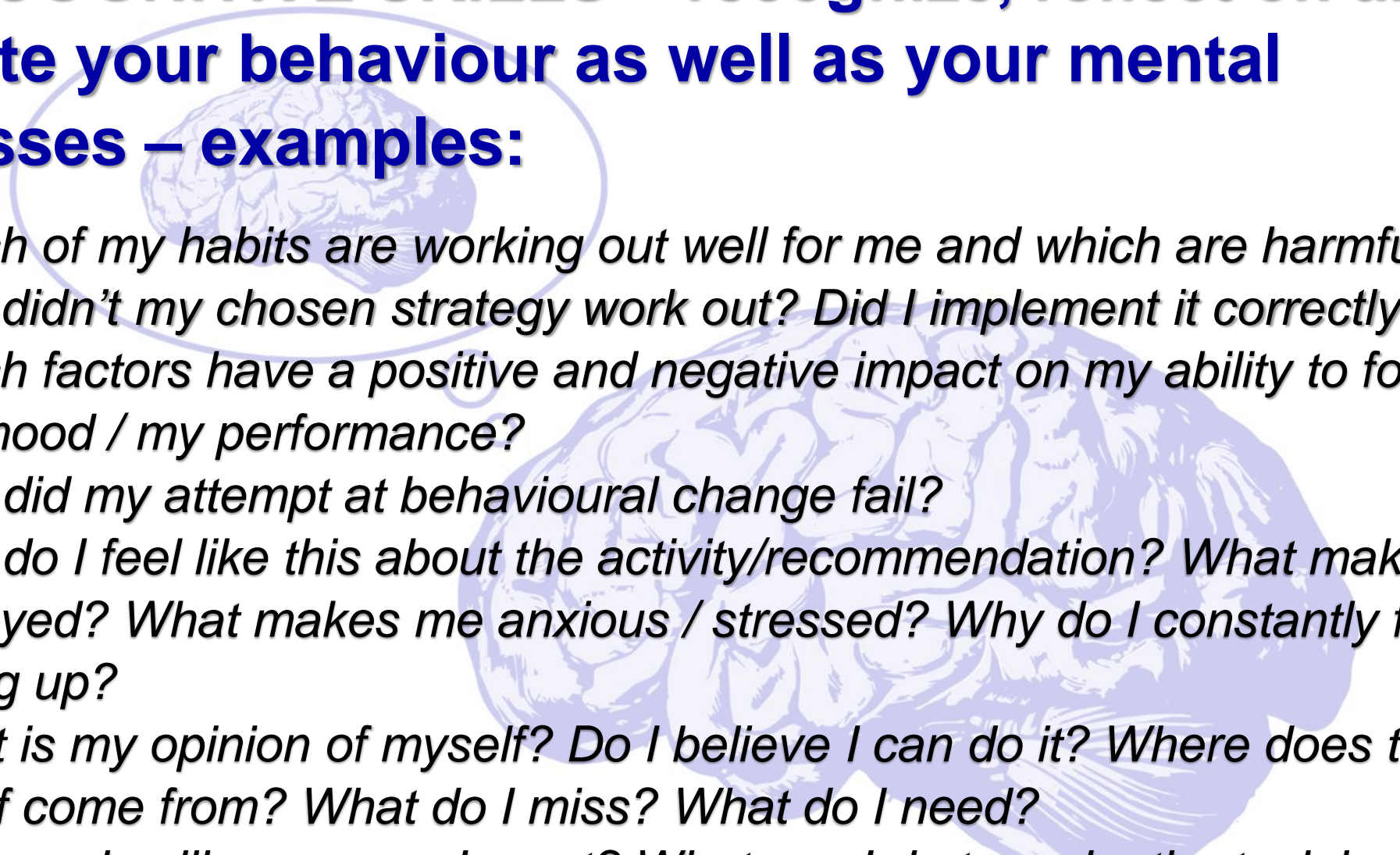
AVAILABILITY = what I am used to; what I know. People will not do something they have not learned (= have never encountered; are prejudiced about...)

Emotion regulation skills – at different levels of specificity – can be trained.

# Coming up with an effective plan

1. **Evaluating possibilities** – how much can I do? When and how exactly can I do? Which activities can I replace? How can I fit different activities together?
2. **Mental contrasting** – What do I want to achieve, and which steps need to be done to do it? **SMART approach** (“step by step” goal achievement).
3. **Self-motivation and adjusting environment** – What might help increase my interest, joy and engagement? How can I make it easier to start/continue and resist the urge to postpone/give up? („nudging“) Which obstacles and distractions are better removed? → **habit**
4. **Timing** – time schedule with specific points in time marking when to start with the activity („implementation intention“) → **habit**
5. **Progress monitoring and positive feedback** – what has worked and what has not; acknowledgement of “hidden” progress (learning from setbacks)
6. **Constructive emotion regulation** – e.g. cognitive reappraisal – viewing difficulties as challenge, learning opportunities, path to progress; developing self-regulation as a new set of skills...

# **METACOGNITIVE SKILLS = recognize, reflect on and regulate your behaviour as well as your mental processes – examples:**



- *Which of my habits are working out well for me and which are harmful?*
- *Why didn't my chosen strategy work out? Did I implement it correctly?*
- *Which factors have a positive and negative impact on my ability to focus / my mood / my performance?*
- *Why did my attempt at behavioural change fail?*
- *Why do I feel like this about the activity/recommendation? What makes me annoyed? What makes me anxious / stressed? Why do I constantly feel like giving up?*
- *What is my opinion of myself? Do I believe I can do it? Where does the belief come from? What do I miss? What do I need?*
- *How much willpower can I exert? What can I do to make the task less dependent on willpower (more enjoyable, more habitual...)?*

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**Thank you!**