

# [The promotion of healthy lifestyles psychology essay](https://assignbuster.com/the-promotion-of-healthy-lifestyles-psychology-essay/)

The promotion of healthy lifestyles has been at the forefront for public health officers in recent times with mortality and contraction of serious medical conditions continually increasing worldwide. For over 20 years studies have indicated that a healthy lifestyle can increase lifelong health, increase the quality of life and be a preventive measure from such threatening illnesses. The associations of an unhealthy lifestyle to chronic conditions are forever increasing with obesity, hypertension and psychosocial health implications to name but a few.

Health promoting lifestyles are defined as activities that concentrate on enhancing a level of wellbeing. This is a multi-dimensional structure which has been found to compromise of physical, social, mental, intellectual or spiritual health. In light of this, Chen, Wang, Yang and Liou (2003) identified 6 behaviours in order to improve health behaviours. These are (1) social support, (2) life appreciation, (3) health responsibility, (4) stress management, (5) nutrition, (6) exercise behaviours (Figure 1). Exercise behaviour describes an individual’s engagement with physical activity and their healthy exercise habits. Although there are 6 aspects to a healthy lifestyle, exercise behaviours will be the face of this discovery into the university career of first year students.

Figure 1. Health Promoting Behaviours

Previous research has shown that physical activity levels dramatically decrease from adolescence to adulthood. Particular reductions in engagement are seen in late adolescence with the university years showing a critical period of increases in precarious health behaviours which can include irregular meal and sleep patterns as well health endangering actions such as illicit drug, alcohol and tobacco use.

Exercise behaviours have been shown to have a critical role within promoting a healthy lifestyle due to its strong relationships with other health promoting behaviours. This association would indicate that an enhancement of other health promoting behaviours could be encouraged with the inclusion of a regular physical activity regime.

It is clear universities are aware of the issues surrounding healthy and unhealthy behaviours, with many appointing policies to help ensure students can overcome and prevent in particular negative, unhealthy habits such as alcohol and drug abuse. This information is easily accessible to students and external members of the community however in the knowledge exercise has the power to develop and increase healthy behaviours in a positive way; there are only a limited number of universities with an active policy to promote student health and wellbeing through physical activity. From the beginning of a university career the first experience students will encounter is a new transition therefore capabilities to manage this process in theory should set up students for a healthy university experience.

Transition from further education (such as A-Levels) to University and higher education is a significant period in a young adult’s lifetime. There is a change to lifestyle that will need to accommodate a newly found autonomy, timetable and activities that are inclusive at university. Transition should be viewed as a process rather than an event. It is unique to the student and has previously been defined as a change, indefiniteness and adaptation to a number of new experiences in the university. This era will find a change in daily habits, routines, interactions (with course colleagues, staff and friends) and environment. Routines and habits that were set in the stable home or education facility will be broken down. It is a testing time where students will need to find and exercise their self-control in order to manage and succeed in their new realms.

Recent research has recognized that a lapse in self-regulation is an important psychological regulator for numerous health-related behaviours including exercise. Self-regulation or self-control as it is more commonly known is defined as the capacity of an individual to exert control over their self. The ability to abstain from the gratification of urgent desires is extremely adaptive and enables people to engage in goal directed behaviour to bring about long term attractive outcomes. In summary those that are able to apply self-control to a task are more likely to be successful in completing that action. Considering the contrary to this failure to exert self-control can result in an inability to adhere to particular behaviours. Self regulatory failures are related to many common personal problems such as financial debt, substance abuse, obesity and unprotected sexual activity. Exercise adherence is a prime example of self-regulatory health behaviours that require self-control whereby failure to comply will result in exercise attrition and dismissal of physical activity. Therefore physical inactivity may result from failure in self-regulatory behaviours. For these reasons it is an important to understand the mechanisms that underpin the psychological processes that lead to successful actions of self-control and also those that advance to failures of self-regulatory behaviour. A model that defines self regulation is all important for the design of an effective exercise intervention in order to promote physical activity successfully.

## Potential Mechanisms of Action

The benefits of physical activity on improving general health are well documented. Many refer to the reductions in the risk of contracting an acute disease, such as Type 2 Diabetes, cardiovascular disease and high cholesterol. With the inclusion of even low intensity aerobic exercise into a daily routine health benefits are evident. An important aspect of student wellbeing regards mental health. Research has consistently shown evidence that physical activity can reduce anxiety and various stressors among adults as well as improve self-esteem. There is plenty of evidence to support that exercise can improve mental wellbeing by reducing the levels of anxiety, depression and negative mood as well as improve positive feelings and a variety of indices of cognitive function. Research has also demonstrated that physical activity in adolescence may positively influence health status in adult life. Maintaining a healthy wellbeing is all important for university students especially when there are common illnesses that are often incurred during the transition period. These can include upper respiratory illness (for example the common cold), anxiety and insomnia.

For students engaged with the transition process that are perceived as insufficiently active there is evidence to suggest that visits to the doctors can be as high as twice the amount of those who are participating in physical activity. Studies investigating the transition from college to university have identified this period as a chronic stressor that is associated with decrements of physical and psychological wellbeing. These findings are consistent with other research that has investigated a broader spectrum of life stressors with regard to illness and wellbeing. By incorporating an exercise regime into the transition period, studies have noted a correlation between student levels of exercise engagement and the amount of times they are unwell. Consistent with other research of exercise and wellbeing it is well supported that active students have fewer illnesses that in consequence has enlisted the assistance of professional medical staff.

Upper respiratory illnesses (URI) are incredibly common among university students with many students suffering from a URI on average 3 times over the course of the transition period. Physical activity has been shown to have no effect on how many times a person can contract a URI however those that are physically active have been shown to have much less severe symptoms than those who are inactive. One possible explanation for this could be explained by the immunology of both active and inactive people. Those that are recreationally active along with the national guidelines have been reported to have a 29% reduction in the risk of sustaining a URI compared with the sedentary lifestyle. Physiological studies have identified differences in secretory immunoglobulins from active and inactive participants with those who are active showing an increased level compared to their sedentary counterparts. This could further add to the causes of URI’s being less severe in active individuals.

In examining the psychological needs of students studies have discussed that inactive participants are more frequently visiting the doctors in the transition period with regard to psychological health issues such as insomnia and its associated symptoms of feeling ‘ run down’ and headaches. This association to exercise has been discussed under the concept of improvement of psychological wellbeing and exercise. The concept of transition as a life stressor is evident among many investigating authors however due consideration must be taken from an individual perspective. One student may find the transition period a greater stressor than another who may find self-regulation a more significant pressure.

The strength-energy model has recently been developed by authors and has derived from concepts of self-control. In summary of the model, self-control is conceptualised as a global but limited resource. Participating in tasks that necessitate self-control is found to deplete these resources, therefore advancing to self-regulatory failure. Depleted resources of self-control can be revived through rest and frequent training of self control.

Previous suggestions to self-regulation within an exercise context have used social cognitive models as the forefront for this research. These theories imply that people’s behaviour is controlled by volitional beliefs, motive, intentions and expectations with regard to that behaviour. In application, the attitudes derived from these theories infer that healthy behaviours such as exercise require preparation and careful consideration prior to the initiation of the action. In support of this, social learning and skill based concepts indicate that learning behavioural contingencies and developing beliefs from experiences lead to effective self regulation. Therefore it is viewed that individuals that develop self-regulatory skills should have the necessary capabilities to engage with these behaviours thus manage the contingencies that might impede the behaviour. An alternative approach is to self-regulation is considered in the strength-energy model of self-control.

In this model the concept of self control is presented as a limited resource that is expended when an individual engages in self-regulatory behaviour. Therefore self-control can be deemed as constrained that may become diminished after a period whereby self-control is implemented and can only be replenished after a recovery phase. The metaphor of a muscle has been commonly used to help describe self-control depletion and repletion. Just as a muscle loses its strength and becomes fatigued after exertion, self control follows this same pattern when engaged in actions that require self-regulation. Similarly, just as muscles require a period of recuperation before further effort can be applied; future applications of self control can only be attained after a period of rest.

In contrast to the traditional social cognitive theories, the strength-energy model proposes self-regulation is a universal strength or energy resource that enables an individual to engage in tasks and actions that require self-control. As explained this resource is a limited supply therefore the depletion of self control may result in self-regulatory failure. As such it may not be possible to successfully apply efforts to resist temptations, impulses and well learned habits. The failure to self-regulate due to depletions of self-control has been termed under the strength-energy model as ego depletion.

A crucial element of the strength-energy model is that self-control is a global resource. Therefore it is considered that when self-control depletes after one action requiring this concept it will lead to self-regulatory failure in other tasks. Ego depletion can therefore be deemed domain general.

Various features have been identified to affect ego depletion. Three have been identified as most relevant to exercise behaviours which include, individual differences, motivation and implementation interventions.

Although self control is viewed as an inclusive resource it is apparent that there may be individual differences in this facility. These are identified as trait-level conceptualisations of self control which suggests that there are differences in how much self control can be applied dependent on the individual. Trait in self control can be measured by a psychometric scale developed by Tangey et al (2004) in which the results from this have been shown to associate trait self control with maladaptive behaviours. Further research has supported this in light of dual task experiments, whereby individual differences in ego depletion were observed in performance on behavioural self control tasks. The concept of individual differences is important to exercise behaviours as it has the capacity to recognize those that are susceptible to lapses in self-regulation. This may in turn affect how an individual may engage with physical activity as well as other life demands such as work or studies with exercise participation decreasing at the expense of other preceding tasks.

Improving motivational habits has also been shown to be effective in reducing the detrimental effects of ego depletion. Increasing the importance of the outcomes in self-regulatory tasks for the two-task paradigm has been shown to be effective among numerous strategies in order to increase performance on these tasks. As well as this, implementing self-determination motivational strategies via autonomy-supportive methods as a preferred technique as it has the ability to promote a sense of personal ownership over demanding actions rather than using extrinsic rewards to complete these tasks. Ryan and Deci (2008) explained in their theories of self-determination that if people engage in a behaviour because it is harmonizing with their requirement for autonomy, they are then more likely to succeed in self-regulation as the reasons for performing these tasks are self-referenced.

With regard to physical activity this notion is important as evidence has already been published supporting self-determination with exercise adherence and participation. Therefore autonomy supportive practices may aid the reduction in lapses of self-regulation. However, in lines with the strength-energy model, motivation may only have a limited effect on this perception as self-control resources are termed as predetermined source. So far this hypothesis has only been theorised with the boundaries of this condition yet to be fully determined.

Implementation intentions are the last of the 3 key parameters to be discussed with reference to exercise and self-regulation. This refers to idea that planning for activities will increase the probability of following through with intended actions. They are often termed as ‘ if then’ plans. Therefore in terms of the sporting and exercise industries it is suggested that implementation intentions are supervised prior to exercise engagement in order to improve adherence to a regime and reduce the risks of lapses in self-regulatory failure. Implementation intentions are most efficient when the prompts are specific rather than vague, general plans. For example, “ I plan to pick up my gym bag and walk to the gym at 7am before work” is more effective than “ I plan to go to the gym today”. It is also recommended that these intentions are promoted by themselves, are written and involve significant others. Also combining implementation intentions with autonomy supportive strategies has been shown effective but the full dynamics of this are yet to be determined.