

III. Sharma’s Seven-Stages Cycle of Self-Health care behaviour Transformation–

The **Theory of Self-Health Care Behavior (SHCB)** integrates insights from neurobiology, behavioral science, and human motivation to provide a comprehensive biopsychosocial framework for sustainable well-being. Within this theory, the regulation of health behavior is not a matter of chance but follows a structured progression shaped by the dynamic interplay of **Health Regulation Pressure (HRP)**, **zone transitions**, and the opposing internal forces of the **Hard Core** and **Soft Core**. This progression begins when an individual crosses the **Awareness Threshold**, becoming consciously attuned to their current health state. That realization activates the capacity for change and initiates **Sharma’s Seven-Stages Cycle of Self-Health care behaviour Transformation**. This cycle, a central component of the SHCB Theory, illustrates how individuals confront internal resistance, engage in self-regulation, and ultimately sustain a state of self-directed health and well-being.

Box- Sharma’s Seven-Stages Cycle of Self-Health care behaviour Transformation

Phase	Stages
I-Awareness Phase	<ol style="list-style-type: none"> 1. Introspection- Reflective thinking; self-assessment of physical, mental, emotional state. (Linked to Roy's Adaptation Model) 2. Realization- Recognizing the need for change and personal responsibility for health.
II-Activation Phase	<ol style="list-style-type: none"> 3. Self-Determination- Commitment to act towards better health 4. Self-Motivation- Internal drive influenced by dopamine (goal setting, rewards). 5. Self-Action- Implementing changes—diet, exercise, emotional expression
III-Integration Phase	<ol style="list-style-type: none"> 6. Self-Regulation- Consistency, building habits, resisting setbacks 7. Self-Actualization- A state of optimal health, clarity, and fulfillment

I-Awareness Phase

The **Awareness Phase** marks the entry point into *Sharma’s Seven-Stages Cycle of Self-Health care behaviour Transformation*. It begins when individuals cross the **Awareness Threshold**, moving from unconscious patterns of living to a conscious recognition of their health state. This phase emphasizes reflective observation and acknowledgment of personal responsibility for well-being. Rooted in concepts from **Roy’s Adaptation Model**, it highlights how people appraise their physical, emotional, and mental conditions in relation to internal and external stressors. Through the twin stages of **Introspection** and **Realization**, individuals cultivate self-awareness, recognize the gap between their current and desired health status, and awaken the intrinsic capacity for change. By fostering this mindful recognition, the Awareness Phase lays the foundation for the motivational and behavioral processes that follow.

1. Introspection

During the **Introspection stage**, individuals begin reflective thinking and self-assessment of their physical, mental, and emotional state. This is the point where they start to truly listen to their body and mind, identifying subtle signals such as fatigue, discomfort, guilt, or emotional fluctuations. Here, **Consciousness** is the dominant C, anchoring self-awareness and enabling recognition of patterns, habits, and areas requiring attention. Introspection permeates all subsequent stages, guiding transitions, reinforcing self-awareness, and ensuring the authenticity of progress. At this point, **SHCB emerges as a reflective process**, as individuals observe their behaviors, bodily cues, and emotional responses without yet taking deliberate action.

In the Theory of Self-Health Care Behavior (SHCB), the transition from introspection to realization occurs when an individual crosses the *awareness threshold*—a cognitive tipping point where passive reflection shifts into active recognition of one’s health status and behavior patterns. This realization may be prompted internally (e.g., pain, dissatisfaction, bodily fatigue) or externally (e.g., medical advice, feedback from others).

During the Introspection stage, justifying beliefs are most prominent. At this point, individuals begin reflecting on their health but often interpret bodily and emotional signals through the lens of rationalization. For example, a person may think, “*I don’t need extra exercise; my work keeps me active,*” or reassure themselves with statements like, “*I eat homemade food, so I’m already healthy.*” Such rationalizations represent the Soft Core at work, protecting the comfort zone by creating a false sense of adequacy. This mechanism delays movement toward realization by convincing the individual that no further effort is necessary, even when subtle warning signs are present. In SHCB, these justifying beliefs function as barriers to the Awareness Threshold—the decisive cognitive point at which passive reflection evolves into active recognition of health risks and personal responsibility.

Signs of crossing this threshold include the ability to clearly identify unhealthy habits, experiencing emotional discomfort or urgency to change, and beginning small preparatory actions such as self-monitoring or seeking information. Health concerns, once background noise, now take priority in conscious thought. At this stage, the individual becomes more attuned to the tension between Hard Core (discipline-driven) and Soft Core (comfort-driven) impulses and starts to assume greater personal responsibility.

Thus, the awareness threshold represents the decisive boundary where self-observation evolves into self-recognition, setting the foundation for intentional self-health care actions and preparing the way for commitment and transformation.

Upon achieving this threshold, individuals begin to consider adjustments, often setting the stage for progression across zones (Unhealthy → Transient → Healthy) through intentional efforts. This transition is reinforced by the **Behavioral Feedback Loop**, where the outcomes of behaviors — such as changes in energy levels, mood stability, or physical symptoms — serve as feedback that either encourages or discourages future actions. Positive feedback loops promote continued movement toward the Healthy Zone, whereas negative loops may reinforce entrenchment in the Unhealthy Zone.

At this stage, the Health Regulation Pressure (HRP) may feel intense or burdensome—not because the energy is absent, but because it is misdirected or resisted due to emotional inertia,

lack of clarity, or fear of discomfort. When the Soft Core (associated with avoidance, denial, and short-term comfort) dominates, HRP is experienced as internal resistance, making behavior change feel overwhelming. Conversely, as the Hard Core (representing discipline, purpose, and growth) begins to emerge, HRP starts to align with constructive action.

HRP thus functions as a regulator of behavioral momentum, acting either as a barrier or a driver depending on two interrelated factors: its strength and its direction.

- **Strength** refers to the perceived resistance an individual must overcome to engage in health-promoting behaviors. When HRP is more, individuals must exert greater effort to overcome internal pull toward the Soft Core, manifesting as procrastination, avoidance, or self-doubt. In contrast, when HRP is less, resistance is minimal and behavior change feels natural, as seen in the Healthy Zone where health-promoting habits are well integrated.
- **Direction** indicates whether HRP aligns with the Hard Core or the Soft Core. When it flows toward the Hard Core, individuals are more likely to engage in disciplined, intentional behaviors. When it flows toward the Soft Core, comfort-seeking or emotional avoidance tends to prevail, leading to disengagement from health routines.

When HRP is low, health-promoting behaviors occur naturally and feel effortless. In this state, habits are well-established, and health maintenance becomes almost automatic. In contrast, when HRP is high, individuals must invest greater compensatory effort to stay on track due to inconsistent health-seeking behaviors. They may encounter recurrent challenges such as illness, pain, headaches, mood disturbances, hormonal imbalances, sleep deprivation, or family-related stress, making health maintenance more demanding and costly both physically and emotionally.

This principle can be illustrated through car maintenance: a regularly serviced car performs smoothly, requires minimal upkeep, and retains better efficiency. Conversely, neglecting routine care results in higher repair costs, frequent breakdowns, and sometimes even major part replacements—similar to an individual requiring invasive treatments after neglecting early signs of health deterioration.

Key Points Summarized

- **Low HRP** → automatic, smooth health maintenance → minimal effort required (like a regularly serviced car).
- **High HRP** → greater compensatory effort, higher resistance → frequent “breakdowns” (like an unmaintained car).

This introspection stage parallels the Roy Adaptation Model, wherein the person acts as an adaptive system responding to internal and external stimuli, evaluating coping mechanisms, and adjusting behaviors accordingly (Roy, 2009). In SHCB, introspection functions as the self-assessment mechanism through which individuals decide whether to activate or resist change based on perceived well-being.

Self-Health Care Behavior Transformation Facilitators (SHCB-TFs) play a vital role in this phase, helping individuals confront internal conflicts, fostering honest self-exploration, and reducing HRP resistance through guided reflection. Utilizing therapeutic communication, motivational interviewing, and reflective questioning (e.g., “Am I living in alignment with my

health values?”), Self-Health Care Behavior Transformation Facilitators (SHCB-TFs) support individuals in recognizing maladaptive patterns, achieving their Awareness Threshold, and initiating positive health behavior change.

2. Self-Realization-

Following Introspection, the individual enters the **Realization stage**, marked by a pivotal cognitive and emotional shift. This phase is characterized by a moment of clarity or awakening, in which the person becomes consciously aware of the gap between their current health status and their desired state of well-being. Here, **Clarity** is the dominant C, enabling precise identification of health priorities, goals, and areas needing change. **SHCB now manifests as active recognition and early planning**, where awareness begins to transform into a sense of personal responsibility.

This realization may be triggered internally—through reflective insight, bodily signals, or dissatisfaction—or externally, such as a healthcare encounter or life event that highlights the consequences of prior health choices. Unlike passive self-awareness, realization marks the transition to **active concern**: the individual begins emotionally engaging with the need for change and recognizing that maintaining or improving health is a personal responsibility, not solely dependent on healthcare systems. This aligns with Bandura’s concept of (1997), where belief in one’s ability to effect change becomes a key motivator for behavioral transformation.

Yet, this transition is often obstructed by justifying beliefs—self-created rationalizations that protect the comfort zone. At this point, individuals may acknowledge their problems but interpret them through external factors or cultural norms, such as, “I’d sleep better if my job was less stressful,” or, “Everyone in my family eats late at night—it’s normal.” These beliefs generate a false sense of adequacy, delaying realization by blocking the acceptance of personal responsibility. Unless reframed, the individual remains suspended between introspection and realization, unable to cross the awareness threshold.

During this phase, the Health Regulation Pressure (HRP) begins to stabilize and soften. While it may still manifest as resistance—due to emotional discomfort, fear of failure, or uncertainty—growing self-awareness weakens the influence of the Soft Core, which drives avoidance and passive coping. The individual starts to experience a sense of internal urgency, often described as a “wake-up call,” which prompts reflection and primes readiness for action.

This emerging sense of personal agency signifies a critical transition: from passive contemplation to intentional ownership of health. It serves as a psychological catalyst for engaging the Hard Core—the disciplined, goal-oriented internal force—while simultaneously diminishing the dominance of the Soft Core, which thrives on denial, inertia, and the lure of short-term comfort. The balance between these internal forces, modulated by HRP, determines whether the person progresses toward behavior change or retreats into familiar, unhealthy patterns.

Self-Health Care Behavior Transformation Facilitators (SHCB-TFs) play a critical role in strengthening this awakening. By validating the individual’s insight, exploring consequences of inaction, and introducing goal-oriented thinking, they help transform self-awareness into a sense of purpose. Through readiness assessment, motivational counselling, and health education, Self-Health Care Behavior Transformation Facilitators (SHCB-TFs) bridge this

awareness into a growing commitment—helping individuals translate clarity into intention, and preparing them to enter the next phase of self-determined action.

II-Activation Phase

The **Activation Phase** represents the transition from recognition to purposeful engagement. Once individuals have acknowledged their health needs during the Awareness Phase, they begin to harness **intentional energy** toward change. This phase emphasizes the mobilization of willpower, motivational forces, and neurobiological drivers—particularly dopamine-linked reward pathways—that sustain goal-directed behavior.

Through the stages of **Self-Determination**, **Self-Motivation**, and **Self-Action**, individuals transform intention into tangible steps such as adopting healthier routines, restructuring habits, and actively responding to emotional and physical demands. The Activation Phase thus acts as the engine of transformation, translating awareness into deliberate, measurable efforts for better health.

3. *Self-Determination (Decision to Take Charge)*

The **Self-Determination stage** represents a pivotal transition from Realization to intentional action. At this point, the individual consciously assumes ownership of their health trajectory, symbolized by an internal declaration: *“I decide to take control of my health.”* This stage reflects the awakening of autonomy, activation of intrinsic motivation, and mobilization of willpower. Health behaviors are no longer responses to external pressures; they are **self-initiated, goal-driven, and personally meaningful**. Here, **Commitment** is the dominant C, while **Courage** and **Confidence** begin to emerge, supporting the initiation of change.

A critical shift in the **belief system** occurs here. The justifying beliefs that previously sustained the comfort zone—such as *“I don’t need exercise because my daily work is enough”* or *“I eat homemade food, so I’m already healthy”*—begin to weaken. Instead of rationalizing avoidance, individuals start reframing their beliefs to support self-discipline, for example: *“Daily work keeps me moving, but I still need structured exercise for strength,”* or *“Homemade food is good, but I can make it healthier by adjusting portions and ingredients.”* This reframing reflects the early dominance of the **Hard Core**, which reinterprets beliefs in ways that align with intentional growth rather than passive justification.

This commitment operationalizes personal responsibility. Awareness is translated into **lifestyle adjustments, boundary-setting, and integration of healthier routines**, reflecting both earlier introspection and newly restructured beliefs. A new behavioral identity begins to form—one rooted in **intentional living and proactive health management**, which is the practical manifestation of **SHCB at this stage**.

At this stage, the **Hard Core**—representing discipline, resilience, and self-mastery—emerges as the dominant influence, while the **Soft Core**, with its reliance on comfort-seeking and rationalization, loses its hold. The **Health Regulation Pressure (HRP)**, once experienced as resistance, now becomes increasingly directional, aligning with forward action and supporting emerging momentum. Yet, HRP is not fully neutralized; lingering doubts or environmental challenges may still trigger moments of resistance, particularly when old habits or residual justifying beliefs attempt to resurface.

The dynamics of this stage echo **Orem's Self-Care Deficit Theory**, wherein individuals shift from reliance to the development of self-care agency—the capacity to meet their own health needs through purposeful action (Orem, 2001). In this light, self-determination becomes a **psychological contract**: a personal pledge to pursue health-enhancing behaviors despite inner and outer obstacles. It reflects a profound shift from reactive coping toward strategic, intentional living.

Self-Health Care Behavior Transformation Facilitators (SHCB-TFs) play a crucial role in consolidating this commitment. By guiding individuals to articulate specific, measurable, and achievable goals, they help transform internal readiness into structured action. Tools such as **health coaching, SMART goal frameworks, and action planning** provide scaffolding for early progress. Positive reinforcement and emotional validation are equally vital, helping to consolidate early wins and buffer against relapse.

At this juncture, the individual's mindset and belief system are primed for transformation. Interventions targeting **habit formation, belief reframing, self-monitoring, and routine establishment** are most effective, as the flow of HRP increasingly supports rather than obstructs change. What was once internal resistance is now **channeled as supportive momentum**, propelling the individual toward **empowered self-regulation and sustained SHCB**.

4. Self-Motivation- (Activation of Internal Drive)

The **Self-Motivation stage** marks a transformative phase in the Theory of Self-Health Care Behavior (SHCB), characterized by the emergence and strengthening of **internalized energy** that sustains health behavior change. Here, motivation shifts from being externally driven to **intrinsically fueled**, anchored in personal purpose, identity, and meaningful internal rewards. Rather than acting out of pressure or compliance, the individual begins to think: *"I want to do this for myself."* At this stage, **Courage** and **Confidence** are the dominant Cs, supporting the internalization of purpose and reinforcing self-efficacy. **SHCB now manifests as internally driven action planning**, moving the individual from intention toward sustained engagement.

A critical development in this stage involves the **belief system**. Justifying beliefs that once rationalized avoidance—such as *"I don't have time to exercise"* or *"Healthy eating is too complicated for me"*—continue to weaken, giving way to restructured, health-aligned beliefs. Individuals start internalizing convictions such as, *"I deserve energy and vitality, so I will prioritize exercise,"* or *"I can make small, consistent changes to my diet that support my health."* This reframing of beliefs reinforces the Hard Core's dominance, reducing the influence of the Soft Core and enabling motivation to flow naturally toward constructive action.

At this point, the **Health Regulation Pressure (HRP)**—which previously manifested as resistance—begins to transform into supportive energy. It aligns with the Hard Core, amplifying behavioral momentum rather than obstructing it. As internal drive stabilizes, the friction between intention and action diminishes, and individuals feel increasingly capable of following through on health commitments.

When individuals engage in planned activities—such as completing an exercise session, following a health routine, or achieving a self-set goal—the brain's **mesolimbic dopamine system** becomes activated. Dopamine is released from the **ventral tegmental area (VTA)** and

acts on the **nucleus accumbens** and **prefrontal cortex**, producing a sense of accomplishment and satisfaction .

This **reward response** reinforces the behavior, increasing the likelihood of repeating it. In essence, each successful completion of a planned task provides **neurochemical feedback** that strengthens the individual's Hard Core—enhancing discipline, motivation, and commitment to long-term health goals.

Whenever you complete a planned workout, stick to your routine, or finish a goal, your brain releases **dopamine**, the “achievement chemical.” This small burst of reward makes you feel good and motivates you to repeat the behavior. Over time, your brain starts linking discipline and consistency with pleasure—helping you stay in the **Healthy Zone** and reinforcing your **Hard Core** drive.

During this stage, the **Hard Core**—symbolizing disciplined effort, identity alignment, and behavioral consistency—becomes dominant and more stable. Individuals begin to re-author their self-narrative, viewing themselves as committed, capable, and health-oriented. In contrast, the **Soft Core**, which once drew them toward avoidance and indulgence, continues to diminish in appeal, weakened by personal progress, rising self-confidence, and a growing sense of self-respect.

This is also the phase where cognitive-behavioral strategies have amplified impact, including:

- Visualization of health goals and outcomes,
- Identity-based affirmations (e.g., “*I am someone who honors my health daily*”), and
- Role model inspiration.

Self-Health Care Behavior Transformation Facilitators (SHCB-TFs) play a powerful role in reinforcing and anchoring this internal drive by:

- Encouraging self-monitoring tools such as health journals, habit trackers, or wellness apps,
- Highlighting and celebrating small wins to validate the link between effort and progress,
- Reinforcing purpose-driven reflection, reminding individuals of the deeper “*why*” behind their transformation, and
- Facilitating peer support systems, connecting individuals with others on similar journeys to normalize the process and foster shared encouragement.

Ultimately, **Self-Motivation** represents the pivot between commitment and sustained action. It transforms health behavior from a sense of duty into a source of empowerment. Justifying beliefs are increasingly replaced by flexible, health-supportive convictions, momentum replaces struggle, and aspiration takes root. This stage sets the foundation for the next phase—**Self-Action**—where health-promoting behaviors become consistent, repeatable, and fully integrated into daily life.

5. *Self-Action*

The **Self-Action** stage represents a critical turning point in the Theory of Self-Health Care Behavior (SHCB), where internal decisions and motivational shifts are transformed into

visible, repeatable behaviors. This is the phase of high engagement, where health goals move from intention into **structured, daily practice.** Individuals actively redesign routines to incorporate **regular physical activity, balanced nutrition, quality sleep, stress regulation, and reflective practices** such as journaling or mindfulness. At this stage, **Consistency** emerges as the dominant C, integrating the previously developed Courage, Confidence, and Commitment into sustainable habits.

At this stage, **justifying beliefs** that previously rationalized avoidance—such as *“I don’t have time to cook healthy meals”* or *“Skipping exercise today won’t matter”*—may still appear, particularly during stress, fatigue, or environmental disruption. However, these beliefs are now weaker and more easily recognized as transient cognitive distortions rather than automatic truths. The individual has learned to identify, challenge, and reframe such beliefs, turning them into actionable insights that support continued adherence. For example, a thought like *“I’m too tired to exercise”* is reframed into *“Even 10 minutes of movement will energize me and maintain my routine.”*

These health-promoting behaviors are no longer occasional efforts but intentional choices rooted in self-responsibility and aligned with the individual’s long-term well-being. They serve as tangible evidence of internal transformation, reflecting a value-driven lifestyle rather than short-term compliance.

At this stage, the **Hard Core**—the disciplined, purpose-oriented internal force—is firmly in command, and the **Health Regulation Pressure (HRP)** becomes well-regulated and cooperative. Rather than acting as resistance, HRP functions as a background stabilizer, maintaining behavioral rhythm and protecting momentum. However, HRP may temporarily reactivate in response to stressors such as fatigue, illness, emotional disruption, or social isolation. In these instances, the Soft Core may briefly regain influence, and justifying beliefs may attempt to resurface. The individual’s strengthened belief system, however, allows rapid recognition and reframing, preventing relapse into entrenched patterns.

What distinguishes this phase is the individual’s ability to override impulses, drawing on habit strength, emotional regulation, and environmental structure. Reliance on raw willpower diminishes as behaviors operate through automaticity—structured patterns that reduce decision fatigue and reinforce adherence. Self-discipline evolves into integrated self-systems that are part of daily life.

This stage echoes **Bandura’s principle of behavioral capability**, where individuals not only know what to do but are confident and competent in executing it. It also corresponds with the **Action stage of the Transtheoretical Model**, emphasizing continuous support, skill development, and relapse prevention during active behavior change. Biologically, the dopaminergic reward circuitry continues to reinforce behaviors through experiential feedback (e.g., better sleep, increased energy, improved digestion). Psychologically, repeated successes strengthen self-efficacy and consolidate a new health identity—one that feels natural and sustainable.

Support systems remain particularly valuable. Self-Health Care Behavior Transformation Facilitators, family members, peer networks, or digital accountability platforms serve as scaffolds that protect progress and buffer against setbacks. In clinical and community settings, professionals act as facilitators and protectors of change by:

- Providing accountability tools such as habit trackers, checklists, or mobile monitoring systems,
- Offering positive reinforcement, validating progress, and encouraging continued effort,
- Helping troubleshoot challenges, such as boredom, plateauing, or relapses, with solution-focused coaching,
- Preventing burnout through realistic pacing and sustainable goal-setting, and
- Teaching adaptive relapse-prevention strategies, including problem-solving, self-compassion, and flexible goal adjustments.

Ultimately, **Self-Action** is the stage where health becomes behaviorally embodied. The individual is no longer merely aspiring to change—they are living it. Justifying beliefs may still arise, but they are swiftly identified, reframed, and neutralized. Internal systems, external supports, and a strengthened belief structure enable resilience and continuity, paving the way for deeper transformation in the stages ahead.

III-Integration Phase

The **Integration Phase** consolidates and sustains the progress achieved during activation. Here, health-promoting behaviors shift from temporary efforts to **stable, self-regulated patterns**, reducing vulnerability to relapse or regression. The emphasis is on consistency, resilience, and aligning daily practices with long-term well-being. In this phase, individuals refine their capacity for **Self-Regulation**, resisting setbacks and embedding health behaviors as part of identity. Ultimately, this progression culminates in **Self-Actualization**, where health is not merely the absence of illness but a state of clarity, fulfillment, and harmony between body, mind, and environment. The Integration Phase embodies the sustainability of the cycle, ensuring that transformation matures into a self-perpetuating state of optimal well-being.

6. Self-Regulation

The Self-Regulation stage marks the consolidation of health behaviors into sustainable, identity-aligned patterns. Within the SHCB framework, the individual is no longer dependent on external prompts or transient motivation. Health-promoting behaviors—such as mindful eating, physical activity, stress management, and restorative sleep—are **consistently practiced and gradually become automatic habits**, embedding wellness into daily life. These routines are no longer perceived as tasks but as reflections of an evolved identity, with the internal narrative affirming: “This is simply who I am now.” At this stage, **Consistency and Confidence** emerge as dominant Cs, integrating earlier attributes such as Commitment and Courage into long-term behavioral mastery, with habits serving as the mechanism that sustains these behaviors over time.

In terms of **justifying beliefs**, these have largely been transformed or neutralized. Thoughts that once rationalized avoidance—such as “*Skipping exercise today won’t affect me*” or “*I can indulge; I’ll compensate later*”—are now recognized as cognitive distortions rather than truths. The individual can quickly identify, challenge, and reframe these impulses, often in real-time. Justifying beliefs no longer serve as barriers; instead, they may act as cues for self-monitoring and adaptive decision-making. For example, noticing a fleeting thought like “*I don’t need to*

meditate today” triggers a conscious choice to maintain routine, reinforcing Hard Core dominance and sustaining behavioral consistency.

This stage is defined by the individual’s capacity to actively resist Soft Core temptations—cravings, distractions, excuses, and emotional comfort-seeking—that previously disrupted progress. The **Hard Core**—symbolizing discipline, purpose, and conscious self-regulation—is now deeply ingrained as an internal compass. This phase illustrates the psychological phenomenon of identity-based habit formation, where health behaviors become automatic because they are tightly woven into one’s sense of self.

Physiologically, this integration is supported by hormonal homeostasis, which stabilizes internal states and reduces reactive behavior:

- **Serotonin** fosters emotional balance and curbs impulsivity,
- **Endorphins** sustain well-being and reinforce positive associations with effort,
- **Cortisol** is regulated to support adaptive stress responses.

This neurochemical harmony supports the minimization of **Health Regulation Pressure (HRP)**. HRP now functions as a subtle background mechanism—an internal regulator maintaining behavioral rhythm. The person is no longer battling change—they are living it.

However, HRP is not entirely eliminated. Under stress, fatigue, social pressures, or emotional setbacks, mild reactivations may occur, often accompanied by brief resurfacing of justifying beliefs, such as *“I deserve a break from healthy eating today”* or *“Missing one workout won’t matter.”* The **Soft Core** may attempt temporary influence, but the strengthened Hard Core, fortified by lived experience, identity alignment, and reflective awareness, enables rapid self-correction, minimizing long-term disruption.

This stage aligns closely with Bandura’s concept of **self-regulatory efficacy**—the belief in one’s ability to sustain behaviors, resist regression, and adapt health strategies in response to life’s inevitable fluctuations. It also mirrors the **Maintenance stage of the Transtheoretical Model**, emphasizing long-term commitment and internalization of behavioral change.

In this phase, the role of Self-Health Care Behavior Transformation Facilitators (SHCB-TFs) evolves into **stability reinforcement and relapse prevention**. Their support is instrumental in helping individuals maintain momentum through:

- Affirming identity shifts with statements like *“You’ve become someone who chooses health effortlessly,”*
- Relapse-prevention coaching, including “if-then” planning, structured flexibility, and early warning signal recognition,
- Ongoing self-monitoring via journals, apps, or reflective practices,
- Emotional buffering through empathetic listening and encouragement during moments of doubt or stress,
- Adaptive support to recalibrate routines without losing alignment during major life changes (e.g., travel, illness, career transitions).

Ultimately, **Self-Regulation** represents a stage of empowered autonomy, where health is not a destination but a well-integrated lifestyle. Justifying beliefs are now largely neutralized, appearing only briefly as cues for self-reflection or corrective action. The individual is

equipped—with internal discipline, identity alignment, insight, and supportive systems—to navigate challenges with resilience and self-trust. This phase solidifies the foundation for the final stage: **Self-Actualization**, where health becomes a platform for purpose, growth, and contribution.

7. *Self-Actualization*

The **Self-Actualization stage** represents the **culmination of the self-health care behavior journey**, where health-promoting behaviors are no longer managed as tasks but are an **authentic expression of identity, purpose, and inner harmony**. Individuals experience enduring alignment between their **physical, emotional, cognitive, and spiritual selves**, with an internal narrative affirming: *“I feel in control of my life, in sync with my values, and at peace with who I am.”* At this stage, **all six Cs—Consciousness, Clarity, Commitment, Courage, Confidence, and Consistency—are fully integrated**, guiding both automatic behaviors and conscious decisions.

In this stage, **justifying beliefs** are effectively neutralized or fully integrated. Thoughts that once rationalized avoidance or short-term indulgence—such as *“I can skip exercise today”* or *“I’ll eat whatever I want; it won’t matter”*—no longer arise as barriers. If they do surface under unusual circumstances (e.g., fatigue or social pressure), they are instantly recognized and reframed in alignment with deeply held values: *“I am committed to my vitality, so I will honor my body even today.”* Beliefs are no longer reactive rationalizations but conscious, flexible guidelines that support the individual’s ongoing health identity.

This stage resonates with **Maslow’s concept of self-actualization (1943)** and **Newman’s theory of health as expanding consciousness**, wherein individuals not only achieve health but embody a state of awakened awareness and intentional living—transcending personal gain to uplift others.

Core Attributes of This Stage:

- **Behavioral Integrity:** Daily routines are deeply value-driven, effortlessly supporting long-term health and well-being.
- **Emotional Equilibrium:** Emotional maturity, resilience, and clarity allow navigation of challenges without disruption.
- **Physical Synergy:** The body is respected as a vessel of vitality; health behaviors occur naturally and rhythmically.
- **Spiritual Fulfillment:** A consistent sense of purpose, gratitude, and connectedness—through mindfulness, service, or creative expression.
- **Social Contribution:** Individuals often become catalysts for collective health—mentoring, inspiring, or guiding others.

Neurobiologically, this stage is characterized by a **well-regulated internal environment:**

- **Dopamine** supports sustained goal pursuit,
- **Serotonin** anchors emotional stability,
- **Oxytocin** deepens connection and trust,
- **Endorphins** reinforce vitality and resilience.

The **Health Regulation Pressure (HRP)** operates in silent, background regulatory mode. What was once internal resistance is replaced by integrated ease, with opposition arising only under extraordinary life stressors such as bereavement, trauma, or chronic illness. Even then, the individual revisits earlier SHCB stages—Introspection or Self-Regulation—with insight, self-compassion, and a growth-oriented mindset.

At this stage, the **Hard Core**—previously a motivator for change—is fully embodied as a core personality trait, representing resilience, purpose, clarity, and self-mastery. The **Soft Core** remains present but no longer threatens derailment; its impulses are acknowledged without judgment and often serve as a signal for recalibration rather than a source of sabotage.

In essence, in the Self-Actualization Stage, justifying beliefs evolve from rigid cognitive defenses that preserve the comfort zone into dynamic, self-aligned belief systems that sustain authenticity, purposeful living, and holistic well-being. Health at this level is no longer a product of conscious regulation alone but an embodied, effortless expression of harmony between cognition, behavior, and self-concept—marking the completion of the SHCB transformative cycle.

Table-Evolution and Transformation of Justifying Beliefs in the SHCB Seven-Stage Model-

SHCB Stage	Typical Justifying Beliefs	Soft Core vs. Hard Core Influence	Transformation of Beliefs	Behavioral Implication
Introspection	<p>“I don’t need extra exercise; my work keeps me active.”</p> <p>“I eat homemade food, so I’m already healthy.”</p>	Soft Core dominant; rationalizations protect comfort zone	Beliefs create a false sense of adequacy; initial awareness threshold may be blocked	Reflection begins, but action is limited; self-assessment is often biased
Realization	<p>“I’d sleep better if my job was less stressful.”</p> <p>“Everyone in my family eats late; it’s normal.”</p>	Soft Core still active; Hard Core emerging	Beliefs may externalize responsibility; recognition of personal role slowly increases	Individual begins acknowledging health gaps, yet may delay personal responsibility
Self-Determination	<p>“I can start tomorrow; I’ll do it when I feel ready.”</p> <p>“Healthy eating is too</p>	Hard Core growing; Soft Core resistance decreases	Beliefs begin to reframe toward action; avoidance rationalizations weaken	Individual commits internally, prepares plans, sets intention for change

SHCB Stage	Typical Justifying Beliefs	Soft Core vs. Hard Core Influence	Transformation of Beliefs	Behavioral Implication
	restrictive for now.”			
Self-Motivation	“I’ll reward myself later, so I can relax now.”	Hard Core dominant; Soft Core fading	Beliefs become purpose-aligned; internal rewards replace rationalizations	Intrinsic motivation strengthens; behaviors are internally driven, not externally pressured
Self-Action	“I’m too tired today, but I can skip just once.”	Hard Core firm; Soft Core present under stress	Brief justifications recognized and reframed immediately	Behaviors are enacted consistently; habits begin to take root despite occasional temptations
Self-Regulation	“I deserve a treat today.” “Missing one session won’t matter.”	Hard Core deeply ingrained; Soft Core minimally active	Justifying beliefs are transient cues for self-monitoring rather than excuses	Health behaviors become identity-aligned, automatic, and resilient to minor disruptions
Self-Actualization	“Maybe I can relax on this one; I’ve earned it.”	Hard Core embodied; Soft Core acknowledged without threat	Justifying beliefs fully transformed into flexible, value-aligned guidance	Health behaviors are fully integrated into identity; minimal resistance; individuals act with autonomy, consistency, and purpose