

## **Theory of Self-Health Care Behavior (SHCB): An Integrative Theoretical Framework**

The Theory of Self-Health Care Behavior (SHCB) offers a comprehensive lens through which individual engagement in health-promoting behaviors can be understood. Rooted in self-regulation and behavioral motivation, this theory emphasizes the dynamic interplay between internal psychological forces, neurohormonal regulation, environmental influences, and the facilitative role of healthcare professionals. Drawing from foundational health behavior theories, such as Bandura's Social Cognitive Theory (1986), Orem's Self-Care Deficit Nursing Theory (1991), and Deci & Ryan's Self-Determination Theory (2000), SHCB proposes that health is not merely the absence of disease but a continuous, self-directed process of behavioral and psychological optimization.

At its core, Self-Health Care Behavior (SHCB) refers to an individual's proactive engagement in behaviors that maintain, restore, or enhance health across physical, emotional, and psychosocial domains. These actions are grounded in self-awareness, internal motivation, and personal responsibility, aligning with concepts of self-efficacy and agency (Bandura, 1997; Deci & Ryan, 2000). The model organizes health states into three dynamic zones—the Healthy Zone, Transient Zone, and Unhealthy Zone—representing distinct physiological, emotional, and behavioral states.

The Healthy Zone is characterized by consistent self-care, hormonal and emotional balance, and sustained motivation. Individuals in this state practice behaviors aligned with self-actualization, such as regular exercise, healthy eating, and emotional regulation (Maslow, 1943; Frankl, 1959). Conversely, the Unhealthy Zone reflects prolonged engagement in risk behaviours, emotional dysregulation, and reduced neurohormonal balance, often manifesting as chronic illness or psychological distress. Bridging these is the Transient Zone, a fluid state marked by fluctuating motivation and behavior. This zone often involves behavioral conflict—an internal struggle between the Hard Core, a disciplined, growth-oriented force, and the Soft Core, which gravitates toward immediate comfort and gratification. This dual-force dynamic reflects the classic dialectic of willpower versus temptation, similar to Freud's structural theory of the psyche (Freud, 1923) and the rational-emotional conflict seen in cognitive behavioral theory (Beck, 1967).

Central to behavioral change in the Theory of Self-Health Care Behavior (SHCB) is the Health Regulation Pressure (HRP). HRP is a dynamic self-regulatory pressure that fluctuates according to an individual's health state—remaining low in the Healthy Zone where balance is maintained with minimal effort, rising in the Unhealthy Zone as the system demands corrective action, and varying in the Transient Zone depending on the interplay of Hard Core and Soft Core forces. It represents the balance between two opposing internal dynamics: the Hard Core (activation force linked to discipline, clarity, and growth) and the Soft Core (resistance force associated with comfort-seeking, avoidance, and inertia).

"In essence, Health Regulation Pressure (HRP) is the internal tension that rises when health equilibrium is disturbed and subsides when balance is restored. Rooted in neurohormonal dynamics—particularly dopamine (motivation and reward), serotonin (emotional stability), oxytocin (social bonding), and endorphins (stress resilience)—HRP reflects a dynamic self-regulatory energy flow that can either facilitate or obstruct behavioral change. When aligned with the Hard Core, HRP serves as momentum toward health-promoting actions; when dominated by the Soft Core, it manifests as resistance or friction, making adaptive behaviors feel burdensome. Elevated HRP, particularly in the Unhealthy Zone, represents heightened

internal resistance or misdirected energy—signaling psychological inertia, emotional dysregulation, or maladaptive coping. Across transformational stages such as Self-Determination, Self-Motivation, and Self-Regulation (Deci & Ryan, 2000), HRP gradually weakens in its resistive function, enabling adaptive behaviors to emerge with greater ease and stability."

This realignment is sustained by neurohormonal regulation, wherein optimal balance among key biochemical processes strengthens adaptive self-regulation. Dopamine facilitates motivation and reward-seeking, serotonin contributes to emotional stability, endorphins enhance resilience under stress, and oxytocin fosters social connectedness. In synergy, these neurohormonal dynamics reinforce Hard Core activation, attenuate Soft Core impulses, and reduce the intensity of Health Regulation Pressure. Collectively, this alignment enables individuals to remain within, or transition toward, the Healthy Zone.

Introspection acts as the initial trigger in the SHCB cycle. It allows individuals to assess their current health behaviors, emotional state, and physical condition. Upon achieving an Awareness Threshold, individuals gain insight into their lifestyle patterns and initiate behavioral change, often moving across zones through intentional efforts. This transition is informed by the Behavioral Feedback Loop—where consequences of behaviors (e.g., energy levels, mood, physical symptoms) reinforce or discourage future actions. Positive feedback loops support progression toward the Healthy Zone, whereas negative loops contribute to entrenchment in the Unhealthy Zone.

Further enriching this theory is the concept of **Zone Transition**, which refers to the movement between behavioral zones. This transition is not solely internal but shaped by Environmental Influences, including access to healthcare, cultural norms, social support, and life stressors. SHCB acknowledges the biopsychosocial model of health (Engel, 1977), underscoring that behavior is shaped by systemic as well as personal factors.

Critically, the SHCB framework incorporates **habit formation** as a key mechanism underlying sustained health behavior. Through **repetition and reinforcement**, behaviors such as mindful eating, regular exercise, stress management, and restorative sleep become **automatic and self-sustaining**, reducing reliance on transient motivation or external prompts. Habit formation strengthens the Hard Core influence, minimizes Soft Core dominance, and facilitates stable progression across health zones. This ensures that positive behaviors are maintained over time, forming the backbone of long-term wellness.

The Theory of Self-Health Care Behavior (SHCB) emphasizes the pivotal role of **Self-Health Care Behavior Transformation Facilitators (SHCB-TFs)**—typically healthcare professionals or nurses—in guiding individuals toward improved self-regulation and sustainable health practices. SHCB-TFs assess a person's current health zone, identify psychological and environmental barriers, and design tailored interventions that strengthen the **Hard Core**—discipline-driven forces promoting consistent self-care—while helping manage the influence of the **Soft Core**. Through education, counseling, motivational support, and structured guidance, SHCB-TFs facilitate patient introspection, enhance self-efficacy, promote adaptive self-regulatory processes (Orem, 1991; King, 1981), and support the formation of long-term, health-promoting habits.

Finally, the SHCB framework culminates in Self-Actualization, where individuals live in alignment with their health values and purpose. This state reflects integration of behavior,

motivation, emotional regulation, neurohormonal balance, and **habitually sustained health behaviors**, echoing Maslow's (1943) peak experience and Rogers' (1961) fully functioning person.

The Theory of Self-Health Care Behavior acknowledges that behavior change is not linear but cyclical. Individuals may revisit earlier stages multiple times throughout their lives. Relapse is not a failure, but a feedback mechanism indicating the need to reengage with introspection and recalibrate the Health Regulation Pressure (HRP). Sustainable self-care requires continuous self-awareness, internal motivation, external support, adaptive strategies, and the consolidation of **health-promoting habits**.