

## **Theory of Self-Health Care Behavior (SHCB) Assumptions**

### **Explicit Assumptions of the Theory of Self-Health Care Behavior (SHCB)**

1. Individuals possess an inherent capacity for self-awareness and self-reflection. SHCB assumes that every person, regardless of background, has the potential to introspect and understand their thoughts, feelings, and health behaviors (supported by the concepts of Introspection and Awareness Threshold).
2. Behavior change is fundamentally driven by internal forces rather than purely external controls. The Hard Core and Soft Core constructs postulate that self-health care is initiated and sustained primarily by intrinsic motivation (e.g., self-determination, self-motivation), rather than relying solely on external rewards or punishments.
3. Health maintenance and behavior regulation are dynamic processes influenced by neurohormonal mechanisms. The theory explicitly assumes that neurotransmitters and hormones (dopamine, serotonin, endorphins, oxytocin) play crucial roles in sustaining or disrupting self-health behaviors (Neurohormonal Regulation).
4. Health-related behaviors can be systematically categorized into distinct zones: Healthy, Transient, and Unhealthy. These zones reflect an individual's behavioral and physiological state and allow structured assessment and intervention.
5. Individuals can transition between health zones based on changes in internal motivation, self-regulation capacity, Health Regulatory Pressure (HRP) alignment, and environmental influences. The Zone Transition construct assumes that no health zone is permanent and that targeted efforts can facilitate movement.
6. Health Regulatory Pressure (HRP) is a dynamic self-regulatory pressure present in all individuals. It acts as a central modulator of behavioral momentum and self-regulation, and can either facilitate or obstruct adaptive behavior depending on its intensity and alignment with the Hard Core (activation force) or Soft Core (resistance force).
7. The strength and direction of HRP differ across health zones, influencing the ease or difficulty of adopting health-promoting behaviors. In the Unhealthy Zone, HRP is typically strong and aligned with the Soft Core, creating high resistance to change. In the Transient Zone, HRP intensity is moderate to high but fluctuates in direction, contributing to internal conflict and inconsistent behavior. In the Healthy Zone, HRP intensity is low and aligned with the Hard Core, enabling seamless and sustained self-care practices..
8. **Self-Health Care Behavior Transformation Facilitators (SHCB-TFs)** can actively influence self-health behavior through assessment, education, and support. The construct "Health care professionals as Facilitator of Change" explicitly supports the role of healthcare professionals in assessing HRP dynamics, strengthening Hard Core alignment, and guiding zone transitions.

### **Implicit Assumptions of the Theory of SHCB**

1. People value long-term health and well-being over short-term comfort once sufficiently aware. SHCB presumes that once individuals cross the Awareness Threshold and gain insight, they are naturally inclined toward health-promoting choices, even if initially resistant.
2. All individuals experience internal conflict (behavioral conflict) between Hard Core and Soft Core forces. The model assumes this struggle is universal and central to human behavior.

3. Environmental context alone cannot sustain behavior change without corresponding internal transformation. While environmental factors are influential, the theory implies that sustainable change fundamentally depends on internal self-regulation and realignment of HRP.
4. Consistent self-regulation is achievable through structured support, gradual behavioral practice, and reinforcement of Hard Core alignment. Through stages such as Self-Realization and Self-Determination, individuals can cultivate enduring capacity for self-directed health behaviors.
5. Positive behavioral feedback loops can be intentionally created and strengthened. Even individuals entrenched in negative loops can, with proper intervention and support, initiate a shift toward constructive patterns.
6. Hormonal and neurochemical states can be indirectly influenced through behavioral and environmental modifications. By emphasizing neurohormonal regulation, SHCB assumes activities like physical exercise, social connection, and gratitude practices can help reorient HRP and support health behavior change.
7. Human behavior is purposeful and goal-directed rather than merely reactive. Through constructs like Self-Action and Self-Actualization, SHCB implies that individuals act in pursuit of meaning and health goals, not solely in response to immediate stimuli.

### **Theoretical Propositions of the Theory of Self-Health Care Behavior (SHCB)**

1. Individuals continuously transition among the Healthy, Transient, and Unhealthy Zones, influenced by internal motivation, neurohormonal balance, psychosocial context, environmental factors, and fluctuations in Health Regulatory Pressure (HRP).
2. The Hard Core aspect of the self represents discipline, purpose, and self-mastery. It is positively associated with progression through the Seven-Stage Cycle of Self-Health Transformation, characterized by heightened energy, vitality, and motivation that facilitate sustained engagement in health-promoting behaviors and self-actualization.
3. The Soft Core aspect of the self represents avoidance, comfort-seeking, and short-term gratification. It is inversely related to adaptive health behavior and tends to dominate in the Transient and Unhealthy Zones, contributing to elevated HRP, reduced vitality, fatigue, and low energy levels, thereby increasing resistance to change.
4. Health Regulatory Pressure (HRP) is a dynamic self-regulatory pressure present in all individuals. It represents the internal effort required to initiate, sustain, or restore health-promoting behaviors and is shaped by the interplay between the Hard Core and Soft Core forces.
5. HRP is amplified by the dominance of the Soft Core—particularly in the Transient and Unhealthy Zones—and diminished as the Hard Core strengthens and neurohormonal regulation supports adaptive functioning, facilitating smoother behavior in the Healthy Zone. HRP increases under stress, emotional dysregulation, or lack of support, and decreases with self-awareness, intrinsic motivation, and reinforcement of positive behaviors.
6. Biochemical motivators—including dopamine, serotonin, endorphins, and oxytocin—enhance motivation, emotional regulation, social connection, and physical well-being. These factors support Hard Core dominance, indirectly reducing resistive HRP and facilitating adaptive health behaviors.
7. Health care professionals, as Self-Health Care Behavior Transformation Facilitators (SHCB-TFs), function as facilitators of behavioral change by assessing an individual's health zone and stage of transformation, and implementing targeted interventions—

such as therapeutic communication, emotional support, and education—to dynamically modulate HRP, which is higher in the Unhealthy Zone and lower in the Healthy Zone. These interventions reduce resistive HRP, reinforce alignment with the Hard Core, and promote the reactivation of disciplined, adaptive self-health behaviors.

8. The effectiveness of health care and nursing interventions is maximized when strategies are tailored to the individual's current health zone, stage of transformation, and motivational readiness, taking into account the dynamic balance between the Hard Core, Soft Core, and the fluctuating nature of HRP.
9. Alignment of HRP with the Hard Core is positively associated with consistent engagement in health-promoting behaviors, whereas dominance of the Soft Core and misaligned HRP predicts lapses, inconsistent self-care, and regression along the health continuum.
10. Successful engagement in health-promoting behaviors reinforces Hard Core dominance, stabilizes HRP at low-resistance levels, and facilitates transitions toward or maintenance of the Healthy Zone, creating a self-sustaining positive feedback loop for adaptive behavior and well-being.