

The Disconnected Values Model Helps Overcome Unhealthy Habits

Mark H Anshel*

Middle Tennessee State University, Murfreesboro, Tennessee, USA

*Corresponding author: Anshel MH, Professor Emeritus, Middle Tennessee State University, Department of Health and Human Performance, Murfreesboro, Tennessee 37132, USA, Tel: +615- 631-7911; E-mail: Mark.Anshel@mtsu.edu

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Letter to Editor

Researchers and practitioners have been only partially successful in developing and applying interventions that prevent or eliminate our unhealthy, self-destructive behaviors. New, more effective interventions and treatments are needed to help individuals create and maintain long-term adherence to routines that improve health and quality of life. My research over the past 15 years has consisted of helping individuals recognize the consequences of their unhealthy behavior patterns by detecting the inconsistency, or “disconnect,” between their values and their behaviors. The series of thoughts and actions that influences a person’s decision to change their actions is called the Disconnected Values Model (DVM).

According to researchers, self-destructive behavior patterns are based, primarily, on two factors: (1) that the person is more likely to act if the benefits of those actions outweigh its costs and consequences; and (2) that the “benefits” of an unhealthy habit are experienced relatively soon, whereas the short-term costs and long-term consequences (e.g., heart disease, obesity, type 2 diabetes) are experienced over a far longer time period. Our decisions to act are often taken in response to experiencing immediate, rather than delayed, gratification. Individuals need to recognize the short-term costs and long-term consequences of their self-destructive behavior patterns, particularly related to lack of physical activity and poor nutrition. This is the antecedent of DVM.

The importance of values in health behavior change interventions

Values are core beliefs that guide, motivate, and assess behavior. Values are, ostensibly, more powerful determinants (predictors) of behavior than are interests and attitudes. Attitudes are more situational and transitory than values. Values are almost always firmly entrenched and stable, therefore, transcend situations and guide behavior over a long period of time. Thus, numerous interests and attitudes are derived from relatively fewer values. A person who values health, for instance, will tend to develop daily rituals and long-term habits that enhance health and general well-being.

Thus, an individual who values health yet leads a sedentary lifestyle, does not exercise, avoids proper nutrition, and exhibits other unhealthy habits is inconsistent with this value. The link between value and behavior is misaligned. This “disconnect” forms an important segment of the current model to enhance exercise behavior. The DVM is as follows:

Negative habits: The model begins by asking the client to acknowledge their negative habits, defined as thoughts, emotions, or tasks that are experienced regularly and perceived as unhealthy.

Perceived benefits of negative habits: There are benefits to each of our negative habits or they would not persist. Examples of the “benefits” for not exercising, for instance, include more time to do other things, not experiencing the discomfort of physical exertion, additional expenses related to purchasing fitness club memberships and exercise clothing and shoes, and the mental discomfort that accompanies attending facilities inhabited with younger and fitter individuals.

Perceived costs and consequences of negative habits: It is well known that a sedentary lifestyle is accompanied by factors that compromise health, well-being, and quality of life, referred to in the model as “costs” (e.g., reduced fitness, weight gain) and “long-term consequences” (e.g., poorer physical and mental health, heart disease). The important question that practitioners ask their clients is, “Are these costs acceptable?”. If clients find these costs acceptable, then the negative habit of not exercising and maintaining a sedentary lifestyle will likely continue. However, a change in behavior is far more likely if the costs are perceived as far greater than the benefits, and clients conclude that these costs are unacceptable.

Determining one’s deepest values and beliefs: Clients are given a list of 40 values that describe their passion, or what they consider to be their most important beliefs, thoughts, and behaviors. They are asked to identify their top five values, with health, family, character, happiness, faith) the most common. The decision to begin and maintain an exercise program is more likely if: (a) clients acknowledge that the costs and long-term consequences of a negative habit are greater than its benefits, (b) that these costs run counter to the client’s deepest values and beliefs about what is important, and finally, (c) that this discrepancy between the client’s negative habits and their values is perceived by clients as “unacceptable”.

Establishing a disconnect: To help clients detect an inconsistency between their values and their negative (self-destructive) habits, practitioners ask, “To what extent are your values consistent with your actions, or negative habits? If health is one of your most important values, for instance, describe at least one habit that you know is not good for you, and therefore, is inconsistent with this value? If you lead a sedentary lifestyle and are not involved in a program of regular exercise, yet one of your deepest values is your family, to what extent is your sedentary lifestyle inconsistent with this value? Is there a ‘disconnect’ between your beliefs about remaining healthy for your family and your unhealthy behavioral patterns?”

Acceptability of the Disconnect: Clients should acknowledge that at least one negative habit is inconsistent with their deepest values and beliefs about what is really important to them. Then they are asked, “Do you see a disconnect between your health value and not engaging in a regular exercise program? If so, is this disconnect acceptable?”. If the clients view the disconnect (between the negative habit of not

exercising and their values) as acceptable, perhaps there is another disconnect between negative habits and values that is unacceptable.

Developing an action plan: Clients who conclude that the disconnect between their negative habit (e.g., not exercising) and their deepest values and beliefs (e.g., health, family) is unacceptable are ready to develop a detailed action plan. The plan will include detailed conditions to initiate and maintain regular aerobic and resistance exercise routines. Specific plans include the type of exercise, exercise location(s), days of the week and time of day exercise will occur,

exercise testing to establish a baseline of fitness and health indicators, and availability of social support (e.g., exercising with a partner), and inclusion of a personal trainer, or fitness coach. The results of past studies indicate that specificity of timing and precision of behavior dramatically increases the probability of successfully carrying out a self-controlled action plan.

The DVM has been published in numerous research journals. A review of the DVM is located in this book: Anshel, M.H. (2014). *Applied health fitness psychology*. Champaign, IL: Human Kinetics.