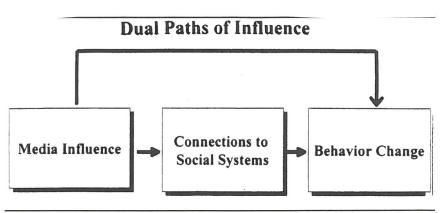
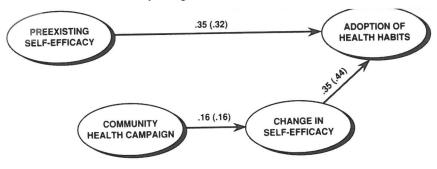
		PSYCF	HOSOCIAL I	PSYCHOSOCIAL DETERMINANTS OF HEALTH BEHAVIOR	NTS OF HE	ЛТН ВЕНА	VIOR	
THEORIES	SELF.	OUTCOM	OUTCOME EXPECTATIONS	ATIONS	GOALS	LS	IMPEDIMENTS	MENTS
	EFFICACY	Physical	Social	Self- Evaluative Proximal	Proximal	Distal	Personal & Situational	Health System
Social Cognitive Theory	۶	>	>	>	٤	>	7	>
Health Belief Model		>	>				7	2
Theory of Reasoned Action		۶	>		>			
Theory of Planned Behavior	7	٤	7		7			
Protection Motivation Theory	>	7						

Figure 2. Summary of the main sociocognitive determinants and their areas of overlap in different conceptual models of health behavior.



**Figure 4.** Paths of influences through which mass communications affect psychosocial changes both directly and via a socially mediated pathway by linking viewers to social networks and community settings.



**Figure 3.** Paths of the influence of perceived self-efficacy on health habits in community-wide programs to reduce risk of cardiovascular disease.

NOTE: The initial numbers on the paths of influence are the significant path coefficients for adoption of healthy eating patterns; the numbers in parentheses are the path coefficients for regular exercise. <sup>10</sup>

Superimposed on the 40 million self-quitters, the dismal relapse curves that populate our journals are but a tiny ripple in the vast sea of successes. Carey and his colleagues verified longitudinally that heavy smokers who quit on their own had a stronger belief in their efficacy at the outset than did continuous smokers and relapsers. Successful self-changers combine efficacy belief with outcome expectations that benefits will outweigh disadvantages of the lifestyle changes.

The same is true for alcohol and narcotic addiction. Lee Robins<sup>12</sup> reported a remarkably high remission for heroin addiction among Vietnam veterans without the benefit of treatment. Vaillant<sup>13</sup> has shown that a large share of alcoholics eventually quit drinking without treatment, assistance from self-help groups, or radical environmental change. Granfield and Cloud<sup>14</sup> put it well when they characterized the inattention to successful self-changes in substance abuse as "the elephant that no one sees."

## **Enhancement of Health Impact by Interactive Technologies**

The absence of individual guidance places limits on the power of one-way mass communication. The revolutionary advances in interactive technology can increase the scope and impact of health promotion programs. On the *input side*, health communications can now be personally tailored to factors known to affect health behavior. Tailoring communications does not necessarily guarantee better outcomes. The benefits of individualization will depend on the predictive value of the tailored factors. If weak or irrelevant factors are targeted, individualization will not provide incremental benefits. Development of measures for key social cognitive determinants known to affect health behavior can provide guidance for tailoring strategies.

On the *behavioral adaption side*, individualized interactivity further enhances the impact of health promotion programs. Social support and guidance during early periods of personal change and maintenance increase long-term success. Here, too, the impact of social support will depend on its nature. Converging evidence across diverse spheres of functioning reveals that the social support has beneficial effects only if it raises people's beliefs in their efficacy to manage their life circumstances. <sup>15</sup> If social support is provided in ways that foster dependence, it can undermine coping efficacy. Effective enablers pro-