MODULE 4

Psychosocial Dimensions of PA/Exercise/Sport and Mental Health

ASAL

ADVANCED SKILLS FOR ACTIVE LIVING

COURSE CONTENTS & TOPICS

CONTENTS

UNIT 1: Motives – Motivation: Theories and Practical Implications – Part I

Learning objectives

❑ Know the current situation of exercise participation and attitude toward exercise.

❑ Know the role of behavior modification in exercise participation.

❑ Know the definition of motivation and motive.

❑ Know the role of motivation in exercise participation.

❑ Know the role of motivation in mental ill exercise participants.

❑ Know the motive characteristics and types in mental ill exercise participants.

❑ Know the motivational theories in exercise participation.

❑ Know the early theories in exercise participation (drive theory, self-actualization theory)

❑ Know the use of transtheoretical model – stages of change model in behavior modification for exercise participation.

Motives – Motivation
Theories and Practical Implications
PART I

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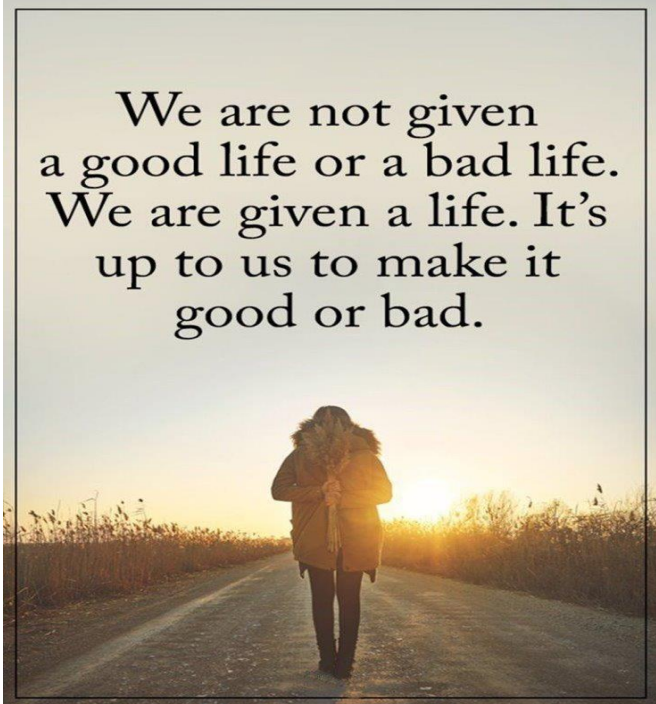
"Why we do what we do?"

Which is the motive;

Which is the value of the motive;

Which is the difficulty of the situation;

Which is the probability of success or failure;

Which is the situation;

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Exercise/Exercise-Dropout Cycle

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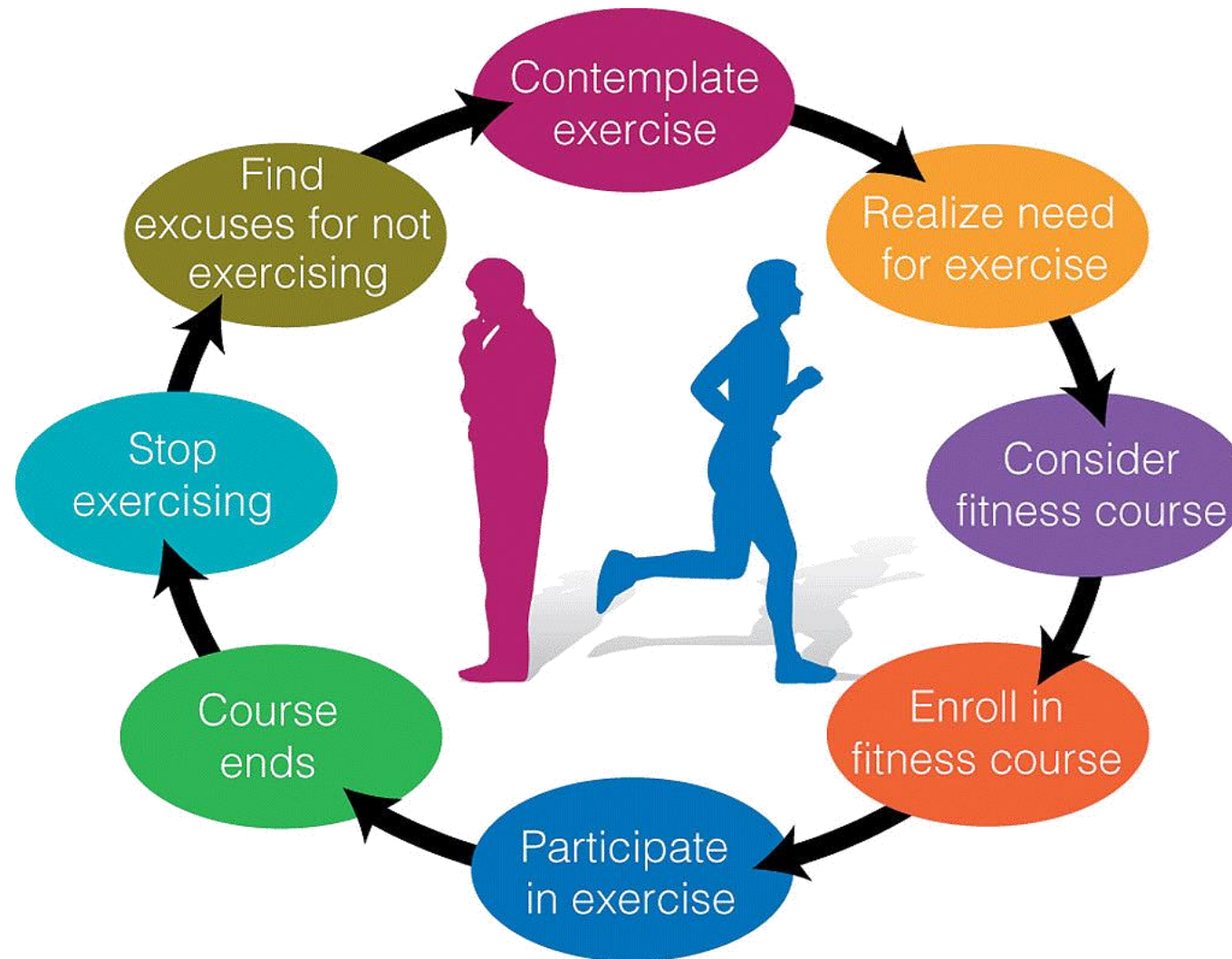
A "toxic" physical activity environment

We live in a "toxic" fitness and wellness environment

❑ Physical inactivity is predominant

❑ Learned behaviors; children watch adults

➢ Drive short distances

➢ Automatically use elevators, remote controls, etc.

➢ Order super-sized fast foods

➢ Use recreational time to watch TV or surf the Internet

➢ Smoke, drink, and abuse other drugs

➢ Engage in risky behaviors, such as not wearing seat belts

A "toxic" physical activity environment

➢ Escalators are more accessible than stairways

➢ Automatic doors provide unimpeded movement

➢ Exercise trails are sparse

➢ Sidewalks do not exist or are in disrepair

➢ Safety concerns keep citizens indoors during leisure hours

Ways to improve exercise participation

❑ Motivation
   ➢ Gain knowledge about why change is necessary
   ➢ Set goals

❑ Competence
   ➢ Work to master skills
   ➢ Select activities where skill exists

❑ Confidence
   ➢ Give the healthy behavior a fair try
   ➢ Visualize success
   ➢ Divide goals into smaller objectives

"The sooner a healthy lifestyle program is implemented, the greater will be the health benefits and quality of life ahead."

Behavior modification

❑ Convincing research is not enough to cause change in people

❑ The science of behavioral therapy has shown that most behaviors are learned from the environment

➢ Home, community, country, and culture

➢ Family, friends, and peers; schools and workplaces; television, radio, and movies

Behavior modification: the process of permanently changing negative behaviors to positive behaviors that will lead to better health and well-being

Examples of motivated behaviors
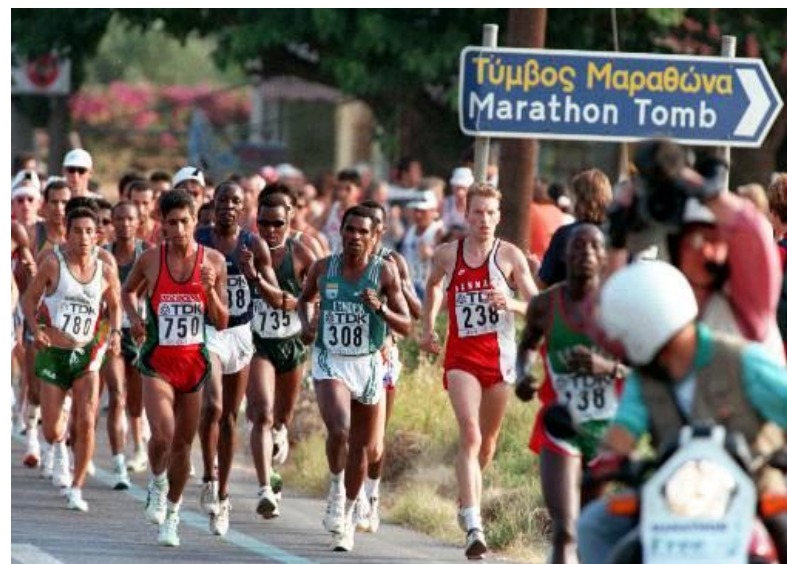
Motive - Motivation

Motive refers to people's stable tendency to get a reward or to avoid a punishment that might differ between persons

… something (such as a need or desire) that causes a person to act.

Motivation refers to the process of interaction among person's motives, expectation and strength of the motivation

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Motive

… is defined as a type of need that humans experience in order to achieve or accomplish specific goal or goals.

Behavior	**=**	**Motives**	**X**	**Ability**
Behavior/ performance in a specific situation		Attitudes Emotions		Hereditary characteristics Experience Learning

Motive

… is anything that moves, pushes, or drags the person into action.

… "hypothetical internal (psychological) processes or situations" of the body, which trigger behavior and push the body toward a goal».

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Motives can be

A) Native: They have an inherited basis

B) Acquired: Through the process of learning and interacting with the environment

motivation
before
the action

what drive
you to take
the action

action~
behavior

reward
after
the action

what you get
from taking
the action

Motivation theories

1. Behavioral theories: emphasis on persons experiences and behavior enhancing.

2. Psychodynamic theories: claim that behavior is determined by internal (subconscious) forces.

3. Cognitive theories: emphasize the decision-making process and the value-expectation relationship.

Motives' characteristics

- **Start/principle:** starting behavior (what activates the athlete)

- **Effort:** degree of activation - excitation (how much effort it takes)

- **Persistence:** duration of effort

- **Choice:** interest, tendency or choice

The Major Components of Motivation

Activation

Intensity

Persistence

MOTIVATION

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Motives

- **Physiological:** They serve the function of the body and physical homeostasis.

- **Biological:** They serve the survival, preservation and reproduction of the human life

- **Psychological:** They refer to one's temperament, personality, and dealings with the physical and social environment (Evans, 1975).
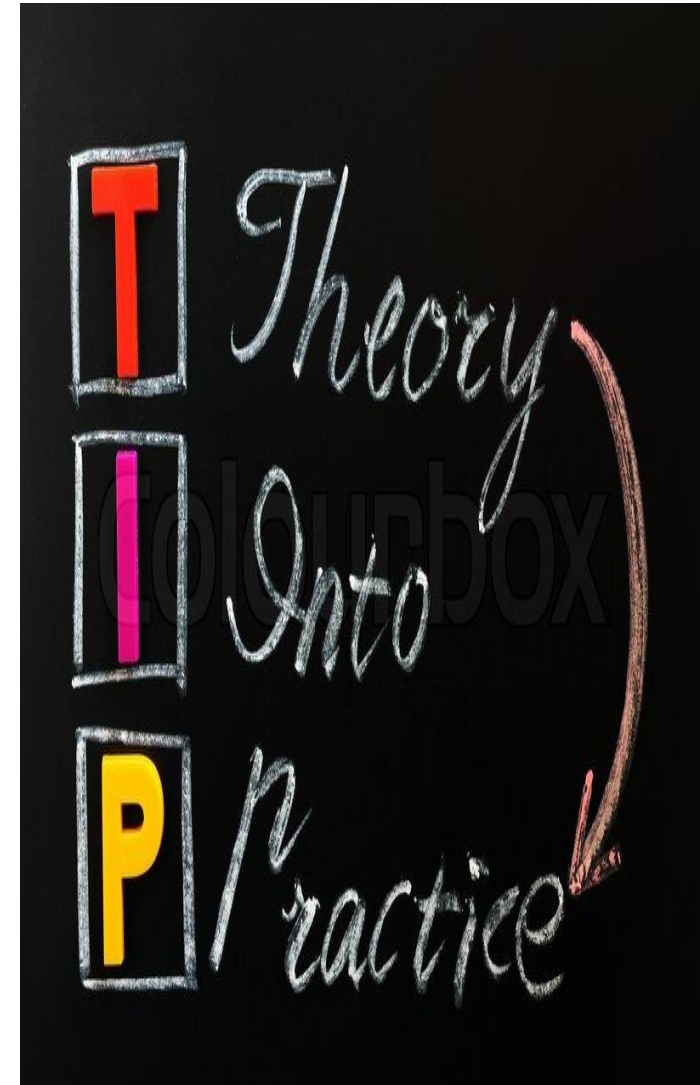
Motives

■ Motives are idiosyncratic, personal predispositions to structures, persons, or objects that have either a negative or a positive value (Huckhausen, 1991).

■ Incentives are an indispensable element in shaping the intention of action.

 ✳ Preparing for action

 ✳ Formation request

 ✳ Desire rating

Motivational theories

➤ Instinct theory of motivation (Freud)

➤ Drive theory (Hull)

➤ Protection motivation theory (Rogers, 1959, 1961)

➤ Humanistic theory of motivation (Maslow, 1970)

➤ Achievement motivation theory (Atkinson, 1966)

➤ Self-efficacy theory (Bandura, 1977, 1982, 1997)

➤ Competence motivation theory (Harter, 1978)

➤ Attribution motivation theory (Heider, 1958; Weiner, 1985)

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Motivational theories

➤ Goal orientation theory (Nicholls, 1984, 1989)

➤ Flow theory (Csikszentmihayi, 1975, 1982; Jackson, 1992, 1996)

➤ Self-determination theory (Deci & Ryan, 1985, 1991)

➤ Cognitive evaluation theory (Deci & Ryan, 1985)

➤ Integrative theory of intrinsic and extrinsic motivation in sport (Vallerand & Losier, 1999)

Instinct theory of motivation

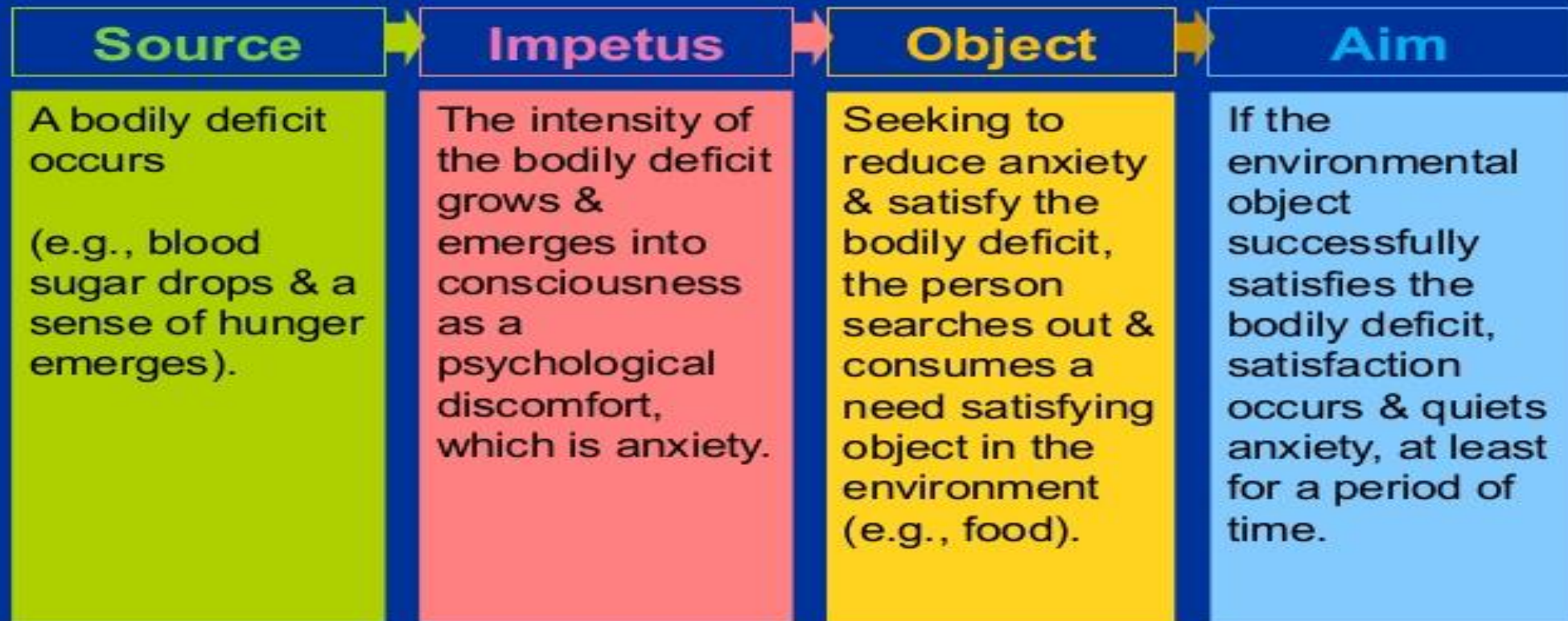Instincts are automatic, involuntary reactions, or patterns of behavior that are observed following specific stimuli.

❑ Biological or genetic programming as the cause of motivation.

❑ All humans have the same motivation.

❑ Root of all motivations is dependable upon our motivation to survive.

❑ Fails to describe more complex situations

✓Life instinct

✓Death instinct

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Freud's Drive Theory

Freud's drive theory

Source	Impetus	Object	Aim
A bodily deficit occurs (e.g., blood sugar drops & a sense of hunger emerges).	The intensity of the bodily deficit grows & emerges into consciousness as a psychological discomfort, which is anxiety.	Seeking to reduce anxiety & satisfy the bodily deficit, the person searches out & consumes a need satisfying object in the environment (e.g., food).	If the environmental object successfully satisfies the bodily deficit, satisfaction occurs & quiets anxiety, at least for a period of time.

Based on Reeve (2015, Ch 2, Figure 2.1, p. 34)

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Drive theory of motivation

The source of behavioral energy is referred to as momentum and the driving factor of behavior as habit.

Central points of the theory

➤ Physiological needs

➤ The pursuit of homeostasis by the human body (e.g., food).

❑ *Drive reduction when homeostasis is achieved in the body*

❑ Theory overlooks the importance of human's cognitive and emotional processes.

Drive theory of motivation
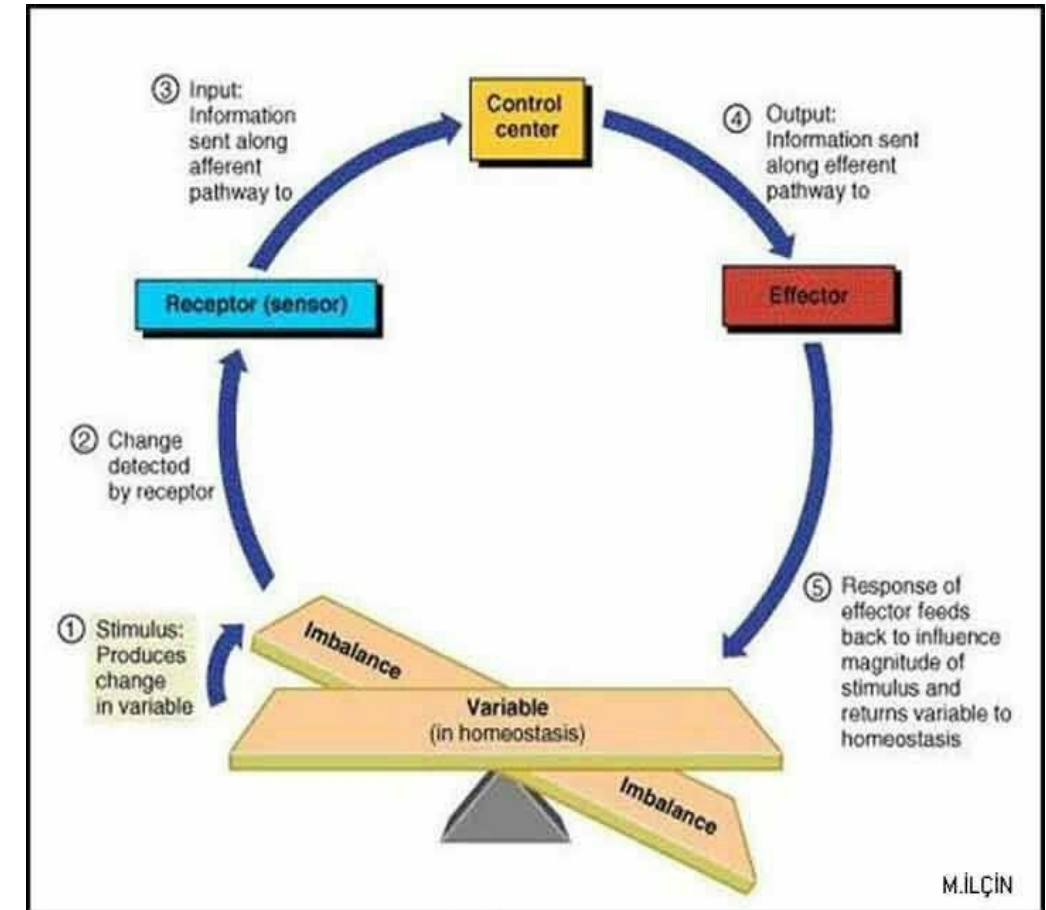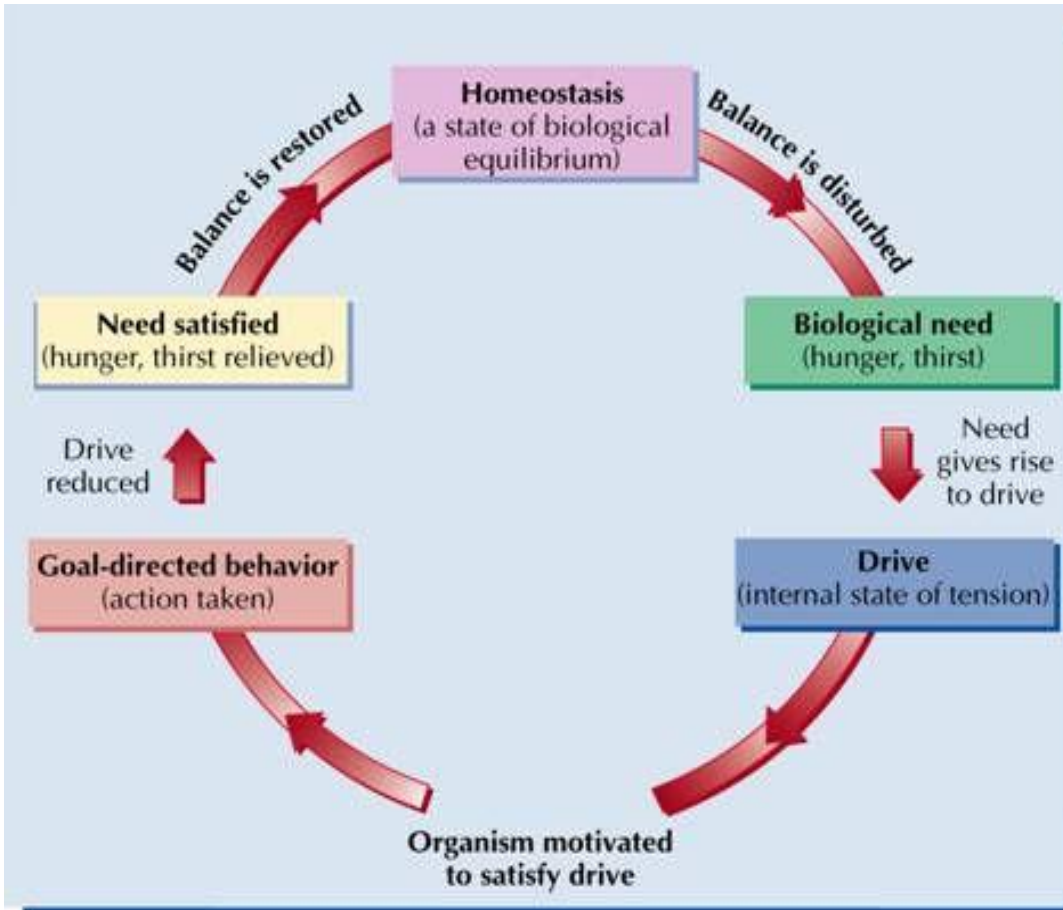
Protection motivation theory

People motivated to take action to protect themselves from a health treat, according to:

❑ *Severity:* perceived severity of threat.

❑ *Vulnerability:* perceived probability of its occurrence.

❑ *Response efficacy:* perceived efficacy of advocated response

❑ *Self-efficacy:* perceived self-efficacy to perform a response

Protection motivation theory (Rogers, 1961)
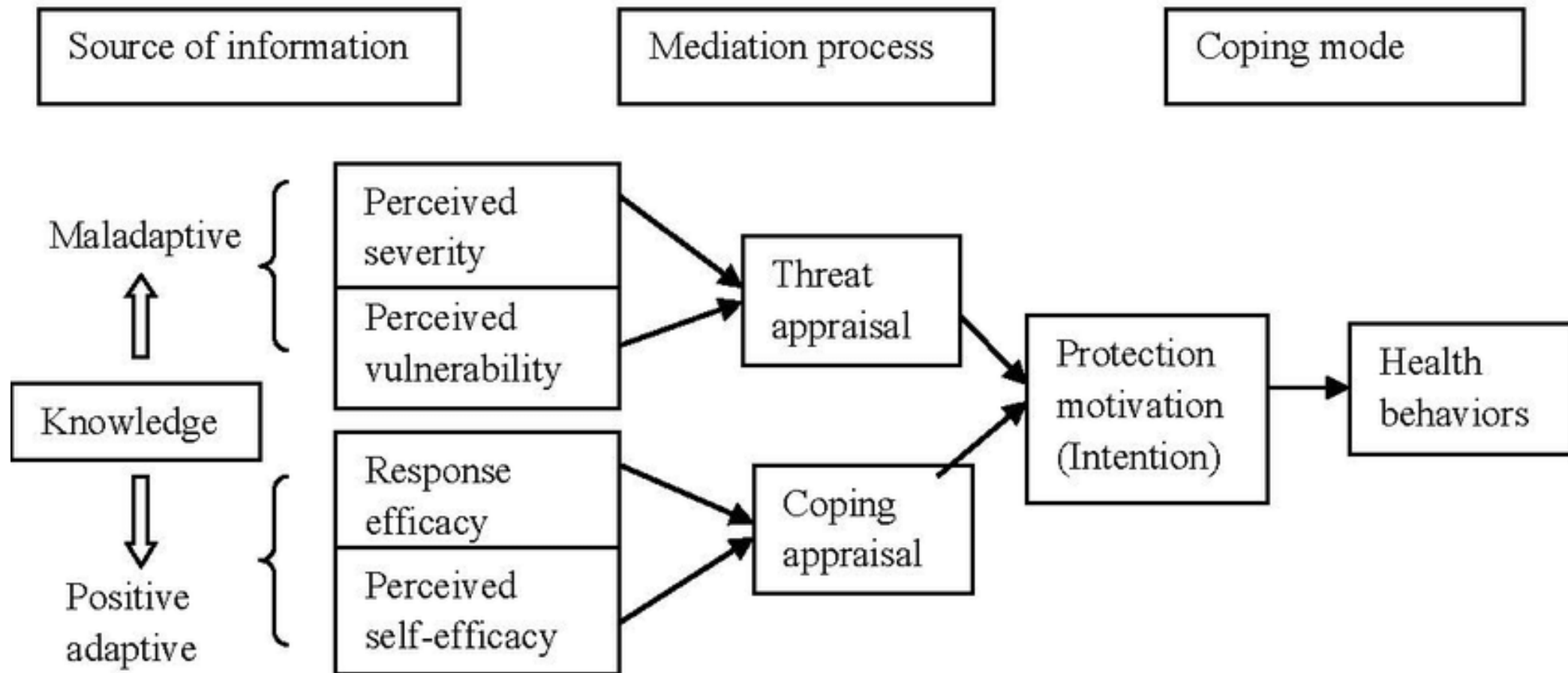
Protection motivation theory (Rogers, 1961)
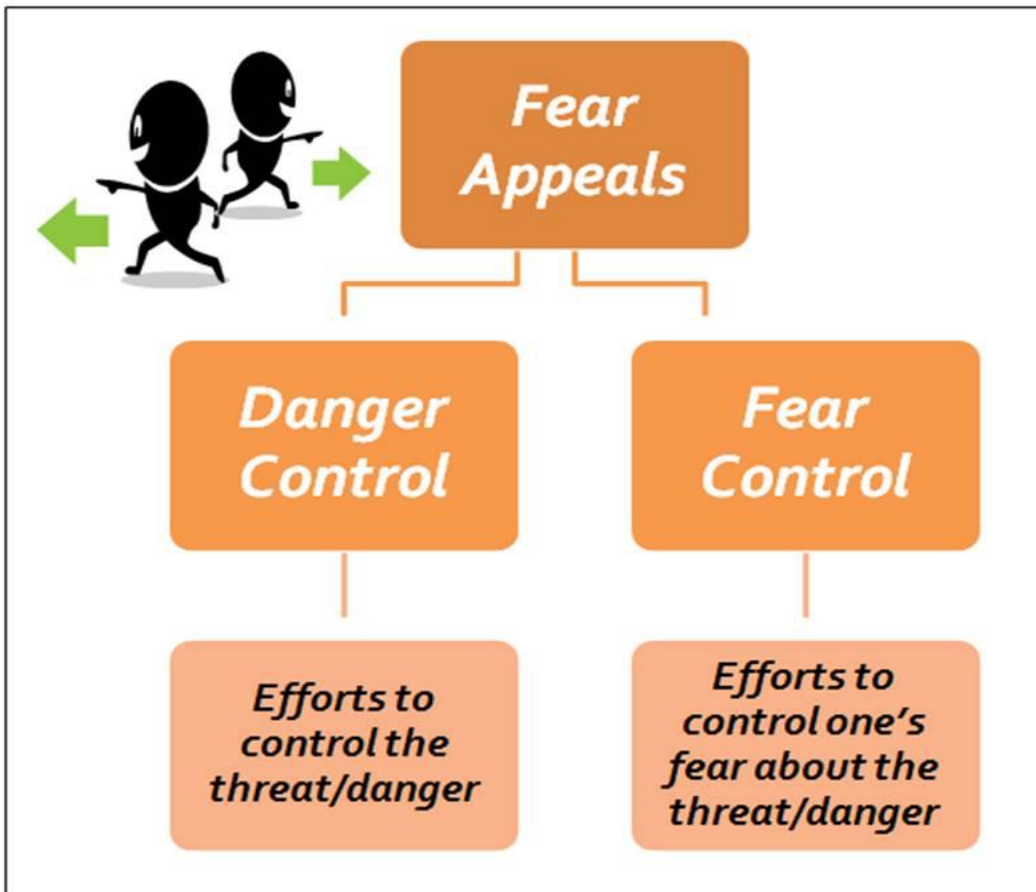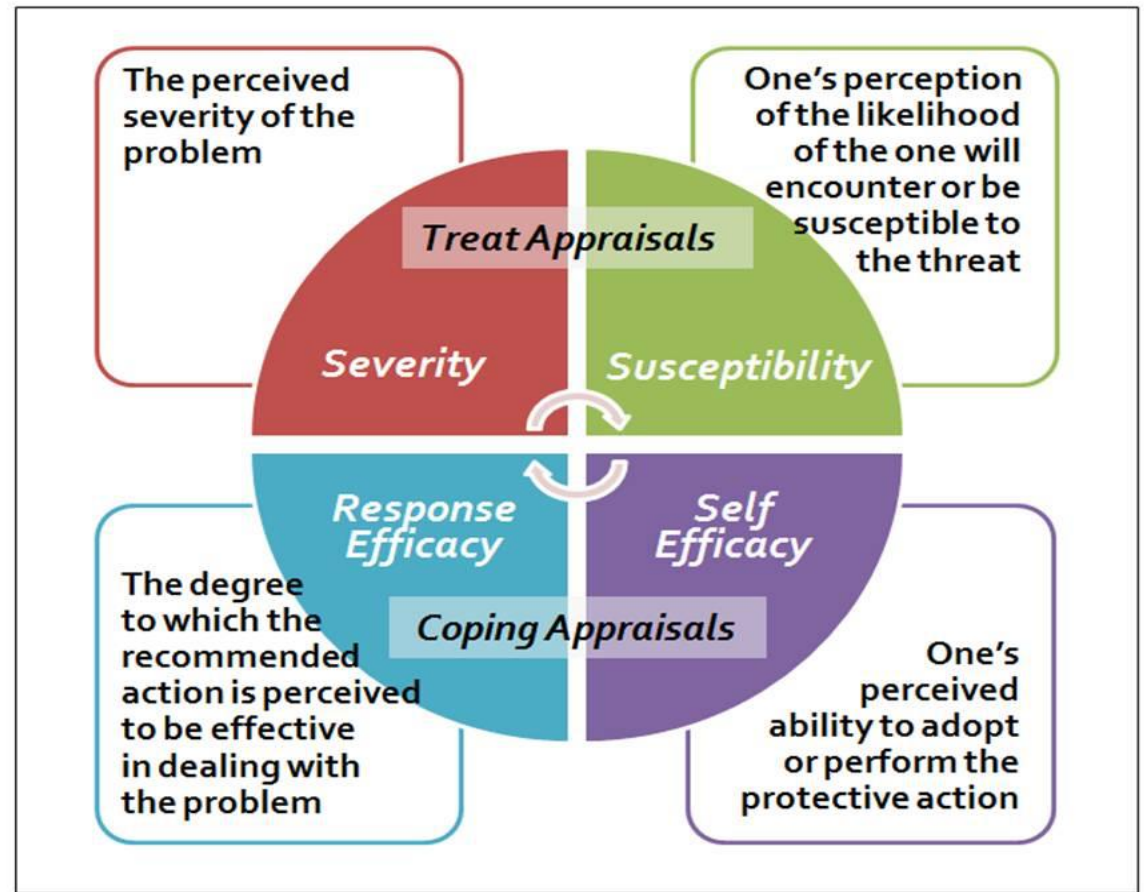
Self-actualization theory

Self-actualization – Humanistic Psychology

The desire to fulfill and fulfill one's potential.

Maslow designed a hierarchically structured multi-motivation system.

Self-fulfillment, at the highest hierarchy, presupposes the fulfillment of fundamental needs.

Fundamental needs do not induce the individual to exhibit a particular behavior, but to select a series of behaviors to satisfy the need.

Self-actualization theory

Maslow's Hierarchy of Needs

➢ Self-Actualization

➢ Esteem

➢ Love and commitment

➢ Safety

➢ Physiological

Self-actualization theory

Maslow's Hierarchy of Needs

➢ Self-actualization

➢ Self-esteem

➢ Love and belongingness

➢ Safety and security

➢ Physiological needs

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Self-actualization theory (Maslow, 1964)

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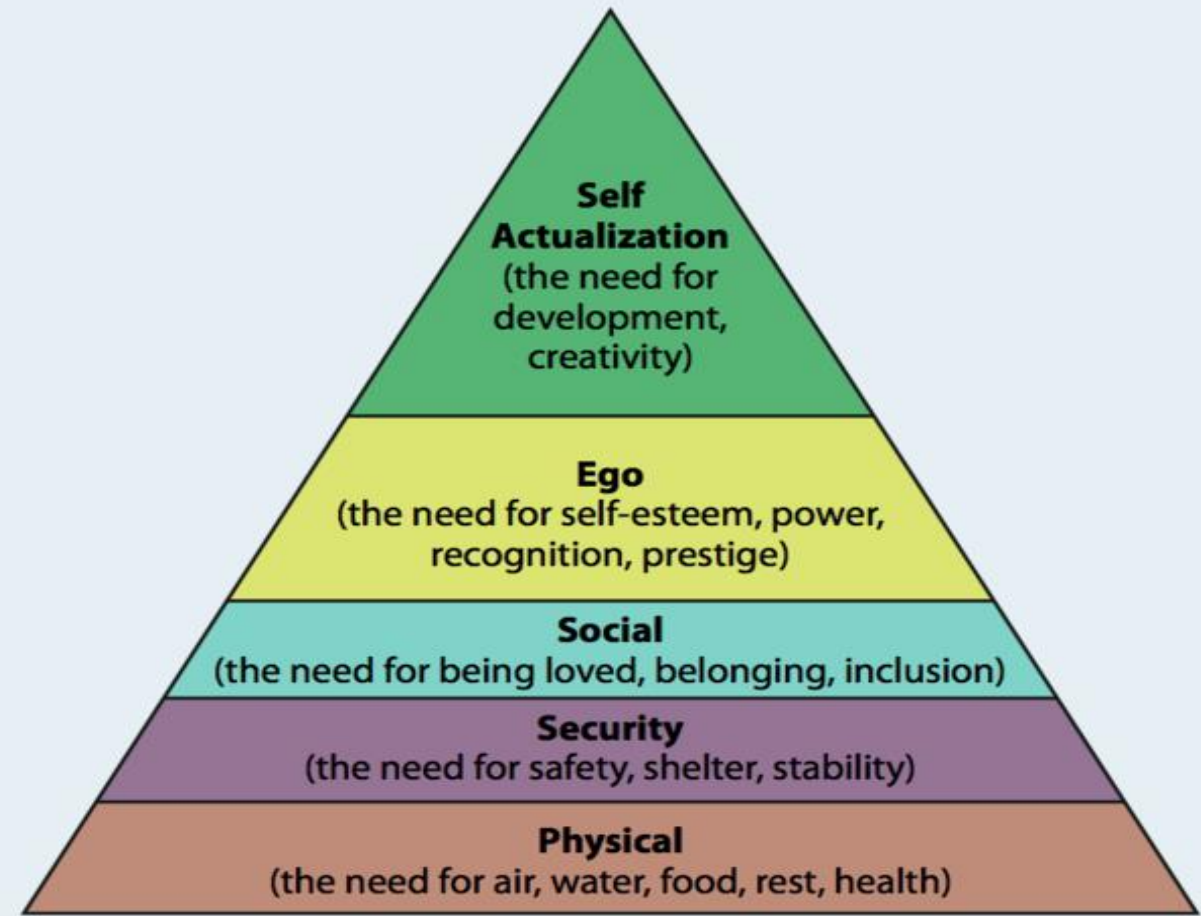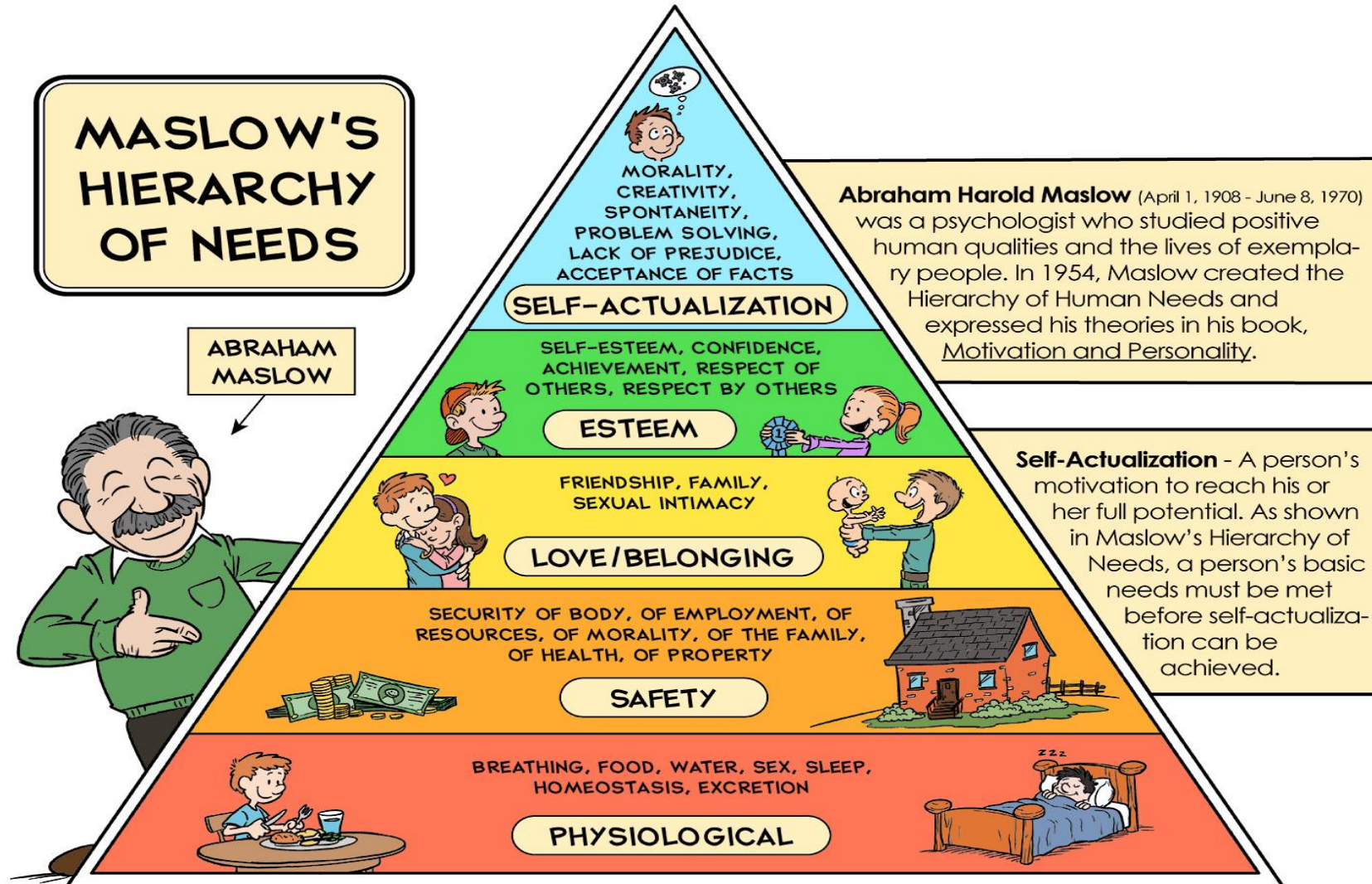
Self-actualization theory

The hierarchy is supported in their/the

- ❑ power,
- ❑ order of development in one's life,
- ❑ evolutionary order of appearance and
- ❑ extent that it must be satisfied in order for the individual to survive.

The action of a higher need manifests itself when the previous need of the scale is satisfied.

Self-actualization theory

➢ Failure to satisfy a basic need leads to physiological or psychological dysfunction.

➢ Correcting the lack of satisfaction reduces the malfunction.

➢ Ongoing satisfaction prevents malfunction & limits its requirements.

➢ Satisfying one need is probably preferred over another.

Transtheoretical model
Stages of change model
(Prochaska & DiClemente, 2005)
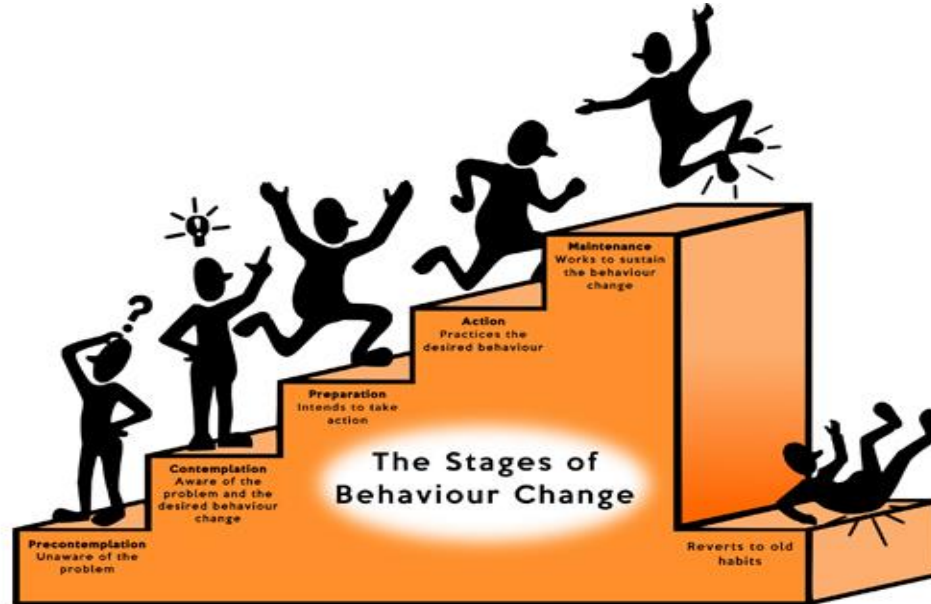
The Process of Change

❑ Transtheoretical Model
  ➢ Stages of change
    ✓ Processes of change
      o Techniques of change

Stages of Change

❑ **Precontemplation stage:** Stage of change in which people are unwilling to change behavior.

❑ **Contemplation stage:** Stage of change in which people are considering changing behavior in the next 6 months.

❑ **Preparation stage:** Stage of change in which people are getting ready to make a change within the next month.

❑ **Action stage:** Stage of change in which people are actively changing a negative behavior or adopting a new, healthy behavior.

Stages of Change (cont.)

❑ **Maintenance stage:** Stage of change in which people maintain behavioral change for up to 5 years

❑ **Termination/adoption stage:** Stage of change in which people have eliminated an undesirable behavior or maintained a positive behavior for over 5 years

❑ **Relapse:** To slip or fall back into unhealthy behavior(s) or fail to maintain healthy behaviors

Stages of Change Model

Precontemplation
Do not wish to change

Contemplation
Contemplating change
over next 6 months

Preparation
Looking to change in the next month

Termination/Adoption
Change has been maintained
for more than 5 years

Maintenance
Maintaining change for 5 years

Action
Implementing change for 6 months

Stages of Change Model
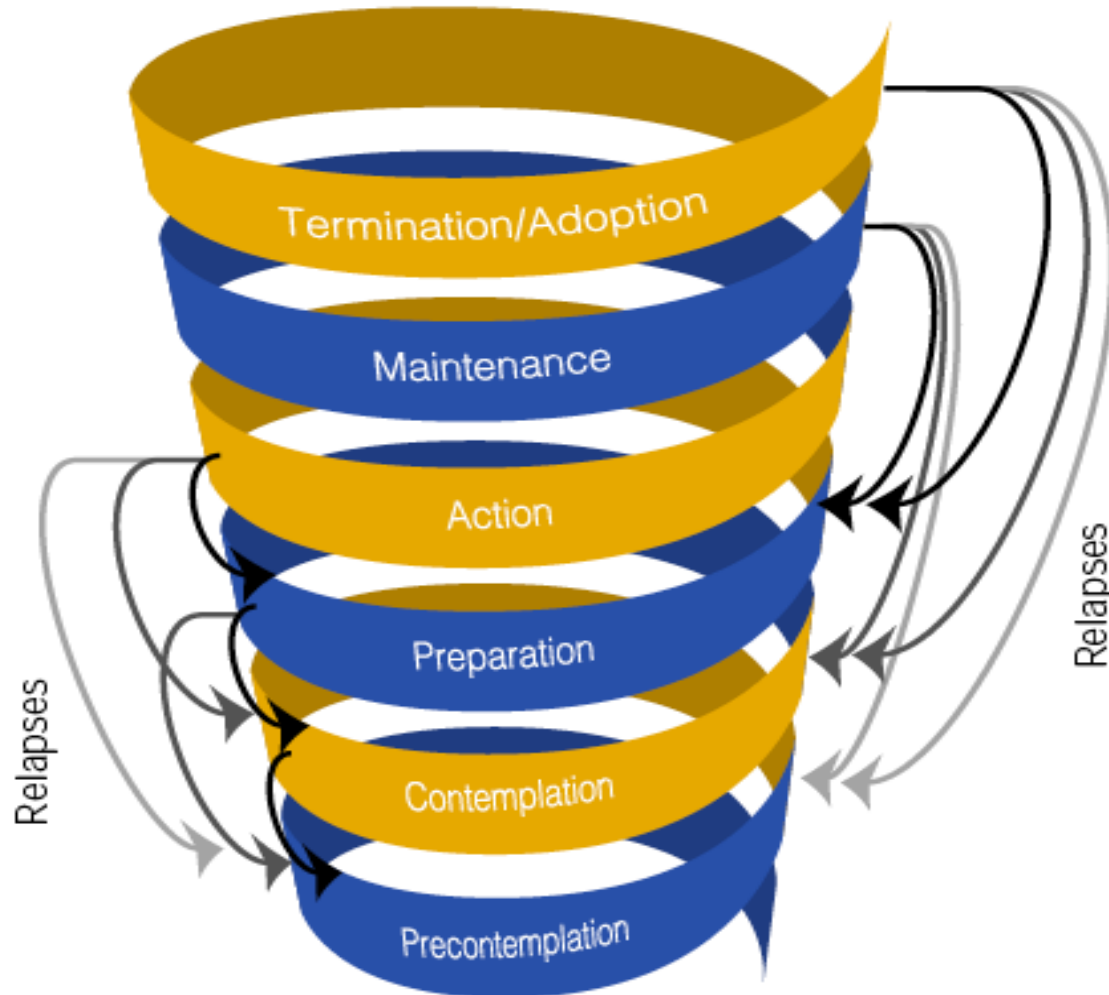
Model of progression & relapse

Applying specific processes during each stage of change increases success rate

Stages of Change Model

1. I currently _____, and I do not intend to change in the foreseeable future.

2. I currently _____, but I am contemplating changing in the next 6 months.

3. I currently _____ regularly, but I intend to change in the next month.

4. I currently _____, but I have done so only within the last 6 months.

5. I currently _____, and I have done so for more than 6 months.

6. I currently _____, and I have done so for more than 5 years.

Process of Change

- Consciousness-raising
- Social liberation
- Self-analysis
- Emotional arousal
- Positive outlook
- Commitment
- Behavior analysis
- Goal setting

- Self-reevaluation
- Countering
- Monitoring
- Environmental control
- Helping relationships
- Rewards

https://en.wikipedia.org/wiki/Transtheoretical_model

TEN Processes of Change

1. **Consciousness-raising (get the facts):** increasing awareness via information, education, and personal feedback about the healthy behavior.

2. **Dramatic relief (pay attention to feelings):** feeling fear, anxiety, or worry because of the unhealthy behavior, or feeling inspiration and hope when they hear about how people are able to change to healthy behaviors.

3. **Self-reevaluation (create a new self-image):** realizing that the healthy behavior is an important part of who they are and want to be.

https://en.wikipedia.org/wiki/Transtheoretical_model

TEN Processes of Change (cont.)

4. **Environmental reevaluation (notice your effect on others):** realizing how their unhealthy behavior affects others and how they could have more positive effects by changing.

5. **Social liberation (notice public support):** realizing that society is more supportive of the healthy behavior.

6. **Self-liberation (make a commitment):** believing in one's ability to change and making commitments and re-commitments to act on that belief.

7. **Helping relationships (get support):** finding people who are supportive of their change.

https://en.wikipedia.org/wiki/Transtheoretical_model

TEN Processes of Change (cont.)

8. **Counter-conditioning (use substitutes):** substituting healthy ways of acting and thinking for unhealthy ways.

9. **Reinforcement management (use rewards):** increasing the rewards that come from positive behavior and reducing those that come from negative behavior.

10. **Stimulus control (manage your environment):** using reminders and cues that encourage healthy behavior as substitutes for those that encourage the unhealthy behavior.

https://en.wikipedia.org/wiki/Transtheoretical_model

Applicable Process of Change in Each Stage

TABLE 2.1 Applicable Processes of Change During Each Stage of Change

Precontemplation	Contemplation	Preparation	Action	Maintenance	Termination/Adoption
Consciousness-raising	Consciousness-raising	Consciousness-raising			
Social liberation	Social liberation	Social liberation	Social liberation		
	Self-analysis	Self-analysis			
	Emotional arousal	Emotional arousal			
	Positive outlook	Positive outlook	Positive outlook		
		Commitment	Commitment	Commitment	Commitment
		Behavior analysis	Behavior analysis		
		Goal setting	Goal setting	Goal setting	
		Self-reevaluation	Self-reevaluation	Self-reevaluation	
			Countering	Countering	
			Monitoring	Monitoring	Monitoring
			Environment control	Environment control	Environment control
			Helping relationships	Helping relationships	Helping relationships
			Rewards	Rewards	Rewards

Source: Adapted from J. O. Prochaska, J. C. Norcross, and C. C. DiClemente, *Changing for Good,* (New York: William Morrow, 1994); and W. W. K. Hoeger and S. A. Hoeger, *Fitness & Wellness* (Belmont, CA: Wadsworth/Thomson Learning, 2002).

Process of Change

➢Using the same plan for every individual who wishes to change a behavior will not work

➢Plans must be personalized

➢Timing is important in the process of willful change

❑Acknowledge that there is a problem

❑ Identify the behavior to change (increase physical activity, stop overeating, quit smoking)

❑ List advantages and disadvantages of changing the specified behavior

Process of Change

❑ Using the same plan for every individual who wishes to change a behavior will not work.

❑ Plans must be personalized.

❑ Timing is important in the process of willful change.

❑ Decide positively that he/she (you) will change.

❑ Identify the stage of change.

❑ Set a realistic goal (SMART goal), completion date, and sign a behavioral contract.

Process of Change

❑ Define your behavioral change plan: List processes of change, techniques of change, and objectives that will help you reach your goal

❑ Implement the behavioral change plan

❑ Monitor your progress toward the desired goal

❑ Periodically evaluate and reassess your goal (SMART: **S**pecific, **M**easurable, **A**cceptable, **R**ealistic, and **T**ime specific goals)

❑ Reward yourself when you achieve your goal

❑ Maintain the successful change for good

Practical implications for trainees

❑ Developing positive cognitive "beliefs" behavior
  ➢ Explain the contribution of exercise to physical and mental performance.
  ➢ Explain the contribution of exercise to prevention diseases.

❑ Developing positive emotional "beliefs"
  ➢ Emphasize the benefits of exercise in euphoria, stress reduction, mood improvement, self-esteem.
  ➢ Highlight the importance of movement, emphasize the creative use of leisure time through exercise.

Practical implications for trainees

❑ Developing positive social "beliefs"

➤ Emphasize the impact this particular behavior will have on important people, e.g. "Coming to the gym 3 times/week is something that your kids (your spouse, your friend) would really appreciate and admire."

❑ Related behaviors

➤ Give as many ideas as possible for an active lifestyle.

➤ Emphasize the importance of avoiding car and elevator use.

➤ Indicate the importance of the choice of walking or cycling.

➤ Give examples of other people who are practicing regularly.

Practical implications for trainees

❑ Each message must be specific to the people to whom it is addressed. The information contained therein should be as relevant as possible to the age group to which it is addressed, and the message should respond to the cognitive and linguistic level of the recipients and increase interest about exercise activity (Kosmidou, 2007).

Process of Change: Critical thinking

Your friend John is a 20-year-old student who is not physically active suffering from depression. Exercise has never been a part of his life, and it has not been a priority in his family. He has decided to start a jogging and strength-training course in 2 weeks. Can you identify his current stage of change and list processes and techniques of change that will help him maintain a regular exercise behavior?

Review Questions

1) Based on Maslow's hierarchy theory self-actualization does not presupposes the fulfillment of fundamental needs

TRUE   FALSE

2) Please indicate the sequence of stages of change phases in exercise participation:

Maintenance, preconteplation, action, preparation, termination, relapse, contemplation

Video – Links

- Introduction to Health Behavior Theories: https://www.youtube.com/watch?v=OexKKEUIgSU

- Theories of Motivation: Instinct, Drive Reduction & Arousal: https://study.com/academy/ lesson/intro-to-motivation.html

- Incentive Theory: https://www.khanacademy.org/test-prep/mcat/behavior/physiological-and-sociocultural-concepts-of-motivation-and-attitudes/v/incentive-theory

- Freud's Psychoanalytic Theory on Instincts: Motivation, Personality and Development: https://www.youtube.com/watch?v=7vFf5CS27-Y

- Behavioral Change: https://www.youtube.com/watch?v=gfNndP-NeLc

- Transtheoretical Model of Behavioral Change: https://www.youtube.com/watch?v=oO80XyBDrl0

- Drive-Reduction Theory: https://www.youtube.com/watch?v=OB86iaquQmM

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UNIT 2: Motives – Motivation: Theories and Practical Implications – Part II

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Learning objectives

❑ Know the role of self-confidence in exercise participation.

❑ Know use of self-efficacy theory in exercise participation of mental ill people.

❑ Know the practical implications for self-efficacy in the increase of exercise motivation.

❑ Know the role of success and failure in exercise participation.

❑ Know use of competence motivation theory in exercise participation of mental ill people.

❑ Know the practical implications of perceived competence of mental ill person in the increase of exercise participation.

❑ Know the role of locus of causality and stability in the exercise motivation of mental ill people.

❑ Know the role of effort, personal goals and improvement in the increase of exercise participation of mental ill people.

❑ Know the role of personal improvement of exercise participation of mental ill people.

Motives – Motivation
Theories and Practical Implications
PART II

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Self-efficacy theory)
(Bandura, 1977, 1982, 1986, 1997)

Self-efficacy theory

The perception of one's ability to perform a task successfully is a situation-specific form of self-confidence.

- Self-efficacy provides a model to study the effects of self-confidence on performance, persistence, and behavior.
- Self-efficacy is important when one has the requisite skills and sufficient motivation.
- Self-efficacy affects an exercise participants's choice of activities, level of effort, and persistence.

Self-efficacy theory

Self-efficacy refers to …

«the individual's belief in his or her own ability to organize and execute a series of actions required to achieve specific actions, goals» (Bandura, 1997, p. 3).

✓ Self-efficacy is positively related to motivation.
  ✓ … leads to positive attitude and more effort & persistence

✓ Self-efficacy is an integral part of social cognitive theory.

✓ Self-efficacy is a form of situational self-confidence.

Self-efficacy theory

Sources of Self-Efficacy

Enactive Mastery (Performance outcomes)		
Vicarious Experience (ex. Self-modeling)	Development of Self-Efficacy →	Behavior & Performance
Verbal Persuasion (ex. Verbal encouragement)		
Physiological Arousal (ex. Emotional state)		
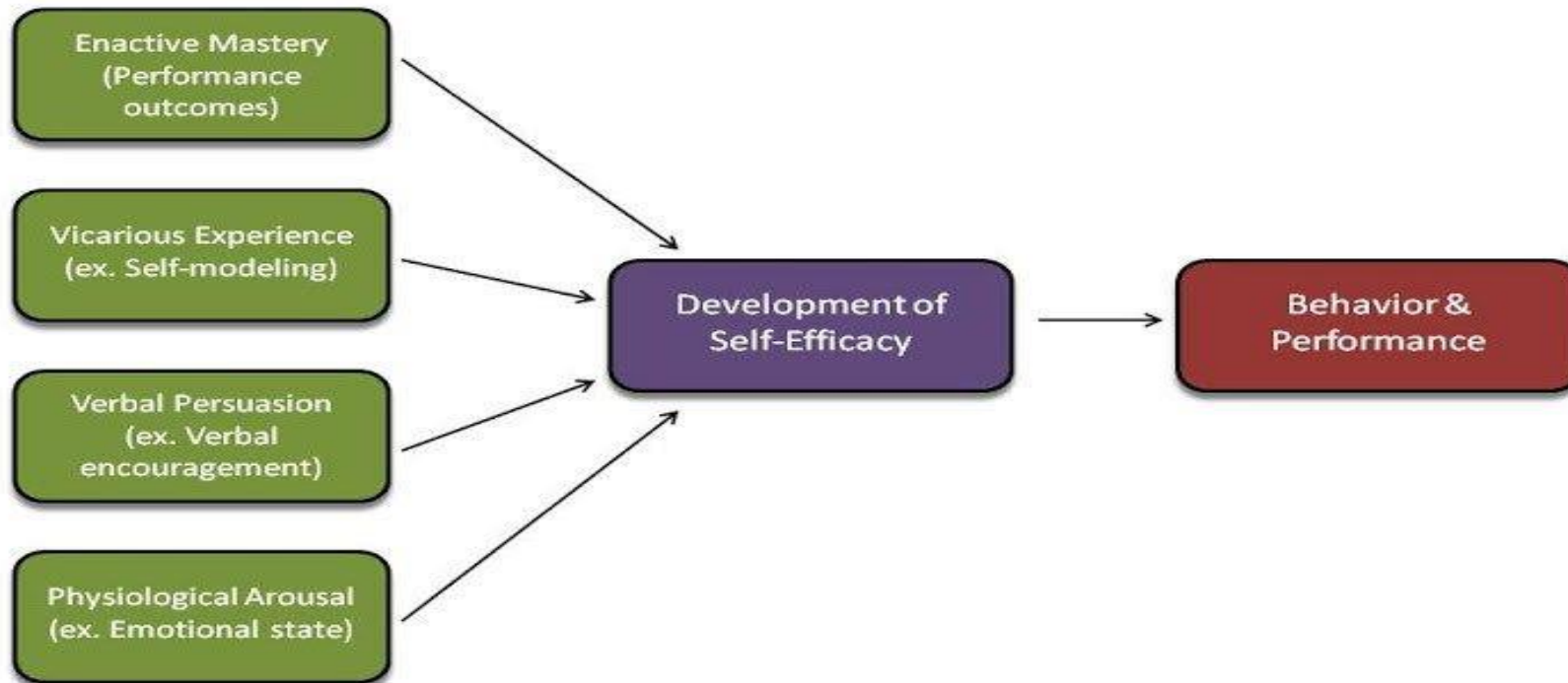
Self-efficacy theory

✓ Self-efficacy is positively related to motivation.

➤ ... leads to positive attitude and more effort & persistence of exercise participants with mental health.

✓ Task-related self-efficacy increases the effort, persistence, and strategy towards challenging tasks in exercise participants with mental health, which in the following

➤ increases the likelihood that they will be achieved.

Self-efficacy theory

✓ Personal trainers can use the sources of self-efficacy to help influence the efficacy levels of people with mental ill.

  ✓ This can be as simple as creating short-term success by designing a workout that the client with mental ill can master.

  ✓ Each workout should build on previous accomplishments on exercise participants with mental ill.

High self-efficacy exercise participants

- ✓ exercise harder
- ✓ insist more on the successful and complete execution of an effort
- ✓ achieve higher goals

- ❏ High self-efficacy in an action can be generalized in other activities (mental health)
- ❏ Improving individual self-efficacy contributes positively to improving group self-efficacy.

Practical implications for trainees

❑ Each person has his/her own criteria of success, achievement and goals and this must be respected.

❑ To enhance person's self-esteem and body image, trainees should avoid providing evaluations (directly or indirectly) parameters such as fitness, physical strength and appearance.

❑ Several types of exercise are effective in increasing self-esteem, but most evidence exists on the value of aerobic exercise and resistance training, with the latter showing greater efficacy in the short term.

Practical implications for trainees

❑ Aerobic exercise, jogging, and weight training are activities that can help improve self-esteem. Exercising 3 or 4 times a week is more effective.

❑ An exercise program should last at least 12 weeks in order to benefit participants' self-esteem. Exercise programs that have the element of competition are not suitable for improving people's self-esteem (Fox, 2000; Leith, 1994).

Practical implications for trainees

❑ Self-efficacy in exercise and participation in physical activity programs can be increased

➢ through appropriate intervention programs,

➢ through participation in exercise programs,

➢ is associated with positive feelings for exercise and

➢ decreases after a period of rest (Biddle et al., 2007).

A meta-analysis of 36 studies concludes that physical activity has a positive effect on self-efficacy and mental well-being in older adults (Netz, Wu, Becker, & Tenenbaum, 2005).

Practical implications for trainees

❑ Trainees should adjust the increase in the intensity of the exercise gradually to create a sense of success, that is, a gradual increase in the distance person swims or runs, a gradual increase in strength training or a gradual learning of the steps of a new dance. One has to go from simple to complex.

❑ Long-term priority is exercising and maintaining participation and is less interested in achieving goals such as losing weight, improving strength, or changing body image (Buck-Worh & Dishman, 2002).

Practical implications for trainees

❏ Trainees should try to convince people with mental health that are capable of exercising. They should encourage and reassure people that they can do it. Ask them to think positively.

❏ In life, what matters most is what exercise participant believe, rather than what actually happens. However, expectations must be realistic and based on real data. Before adopting someone else's beliefs, one must check whether they are true (Theodorakis, Goudas, & Papaioannou, 2003).

Self-efficacy: Critical thinking

Your friend Maria is a 20-year-old obese student who is not physically active suffering from anxiety. Exercise has never been a part of her life, although her parents are physically active. He has decided to start a jogging and strength-training course in 2 weeks. Which are the main points that you will take care in the beginning of her exercise program based on self-efficacy theory that will help her maintain a regular exercise behavior?

Social Cognitive Theory

Bandura's Social Cognitive Theory

Reciprocal Determinism:

Personal (Self efficacy Judgments)

Self efficacy Outcome expectancy

(Behavioral Performance)

Environmental (Teacher Feedback)

Enactive and Vicarious Learning:

Doing it → Most Efficient → Direct Feedback

Observing → Motivational

Self Efficacy:
Judgment of one's ability to perform a task within a specific domain…It depends on:
• Task difficulty
• Generality of one's self efficacy
• Strength of one's efficacy judgments

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Social Cognitive Theory

✓ Self-efficacy

✓ Personal influence

✓ Personal control

If the exercise participant feels that they have control and can produce specific results they will show higher levels of motivation, persistence, and commitment.

Social Cognitive Theory

What To Know About Social Learning Theory

1. People can learn through observation

2. Mental states are important to learning

3. Learning does not necessarily lead to behavior change

verywell

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Competence theory motivation
(Harter, 1978)

Competence theory of motivation

Competence motivation theory is a conceptual framework designed to explain individuals' **motivation** to participate, persist, and work hard in any particular achievement context. The central thesis of the theory is that individuals are attracted to participation in activities at which they feel **competent** or capable.

❑ Feelings of competence are the primary factors in motivation (academic, social, physical)
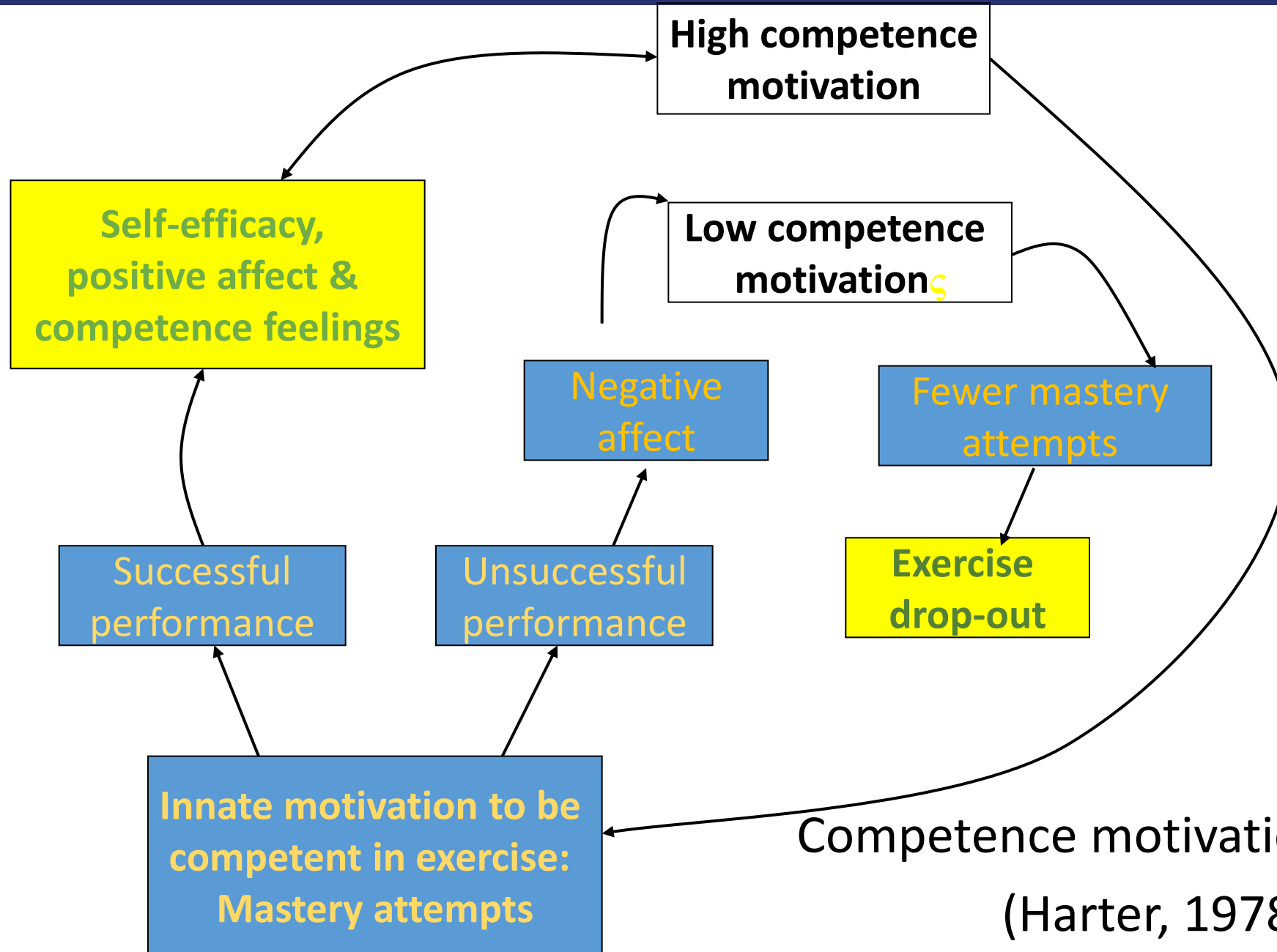
Every **great achievement** was once considered **impossible**.

Unknown

ThePowerOfTheHeart.com

The Power of the Heart

Competence motivation theory

(Harter, 1978)
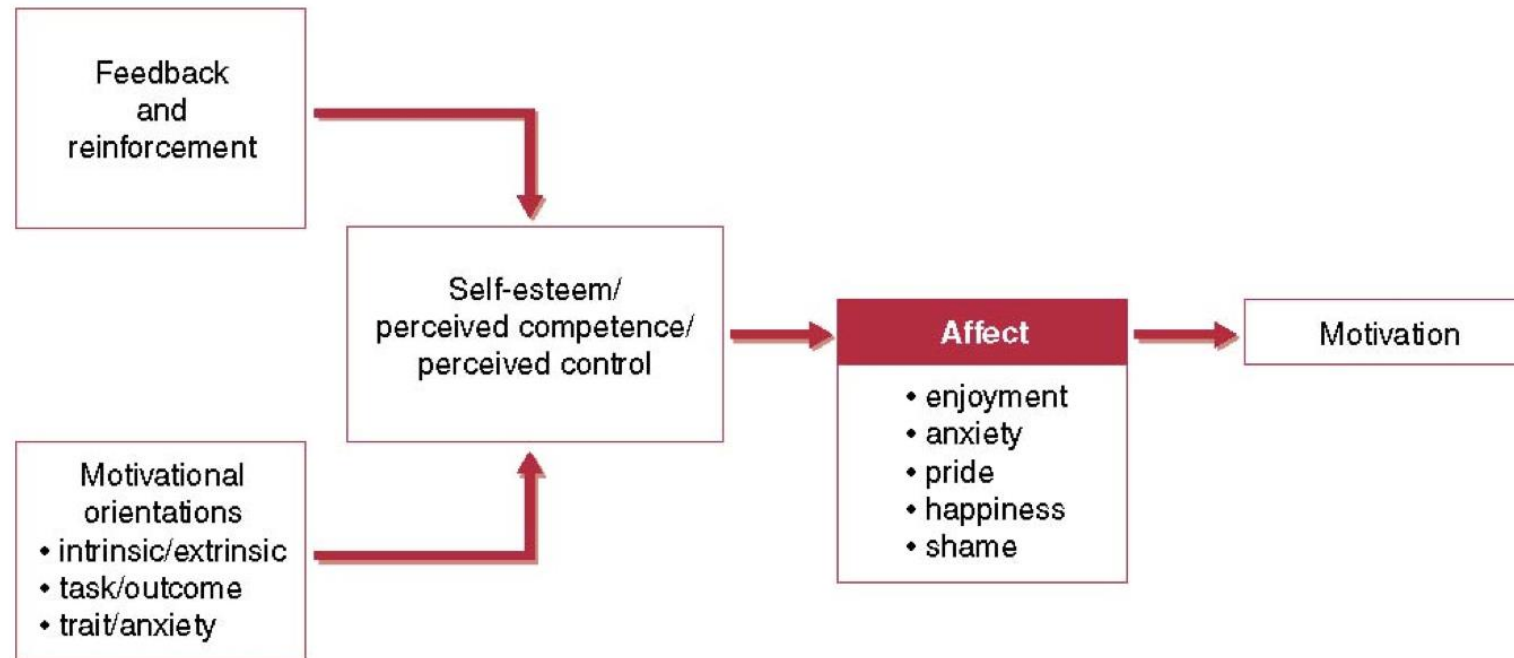
Adapted, by permission, from M. Weiss and N. Chaumeton, 1992, Motivational orientations in sport. In *Advances in sport psychology,* edited by T.S. Horn (Champaign, IL: Human Kinetics), 90.

Competence theory of motivation

❑ "Perceived competence" predicts:
  ✓ Cognitive outcomes
  ✓ Affective outcomes (enjoy, anxiety)
  ✓ Behavioral outcomes (performance)

❑ The feeling of competence is "reciprocally" linked to the intensity and type of motivation of the individual.

❑ Successful execution and learning new skills will lead the exercise participant to positive emotions and vice versa.

Competence theory of motivation

❑ Adequate motivation of people with mental health can be increased through successful efforts.

❑ People with mental health with low levels of competence are less likely to insist on execure their task and give up more easily.

❑ Mental health people with low self-efficacy have higher negative emotions (anxiety, frustration, etc.).

❑ Personal improvement (secondarily the result) improve the feeling of competence.

Competence theory of motivation

❑ Reasons for increased exercise motivation and participation of mental ill people

- ✓Support of social environment (family, trainers etc.)
- ✓Friendship
- ✓Acceptance
- ✓Positive feedback
- ✓Personal goals and improvement

High motivation leads to the successful execution of a project, and a high sense of self-efficacy contributes to successful performance.

Theory of achievement motivation (Atkinson, 1966)

Achievement motivation theory

Achievement situation is ...

any circumstance in which the individual knows that his or her effort will be evaluated (by himself or others) on the basis of certain formal criteria and that the consequences of his or her actions will include either a favorable assessment or a non-favorable judgment (failure) (Atkinson, 1966).

- The individual to hold himself personally responsible for the result of his effort.

- The individual to be aware of the result.

- There is some doubt about the chances of his attempt to

Achievement motivation theory

- The individual to hold himself personally responsible for the result of his effort.

- The individual to be aware of the result.

- There is some doubt about the chances of his attempt to succeed.

Achievement motivation theory

The component of achievement motivation is the result of the 'collision' of two opposing tendencies, which refer to

- ✓ the tendency to *approach success*

and

- ✓ the tendency to *avoid failure*.

Achievement motivation theory

The component of achievement motivation is the result of the 'collision' of two opposing tendencies, which refer to

- ✓ the tendency to *approach success*

and

- ✓ the tendency to *avoid failure*.

AMT suggests that motivation…

❑ is a function of the interaction between one's need for achievement/fear of failure and the difficulty level of the task

❑ will decrease when individual attributes failure to

➢ stable factors like ability and task difficulty.

➢ unstable factors like effort.

High Need for Achievement

Low Need for Achievement

Low Fear of Failure

High Fear of Failure

AMT suggests that …

the tendency to engage in any particular achievement-oriented behavior depends on the probability of success and the incentive value of success, as well as need for achievement.

1. Motive of success
2. Probability of success
3. Incentive value of success

✓ Previous successful performance
✓ Social comparison of success

AMT: Tendency to success

… is the desire of the individual, which varies from person to person, to perform an action or action successfully.

T_s	=	M_{as}	X	P_s	X	V_s
Tendency to approach success		Motive to achieve success		Probability of success		Incentive value of success

AMT: Tendency to avoid failure

… is a personality trait that prevents a person from performing an action. It is due to the feeling that his efforts will not be successful.

$T_{\alpha f}$	=	$M_{\alpha f}$	X	P_f	X	V_f
Tendency to avoid failure		Motive to avoid failure		Probability of failure		Incentive value of failure

ASAL — **ADVANCED SKILLS FOR ACTIVE LIVING**

Achievement Motivation Theory

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AMT: Practical Implications for trainees

❑ Seek to maximize effort and improve competence by giving exercise participants the opportunity to succeed (appropriate exercise selection, programming).

❑ Evaluate primarily and mainly (or even only) the exercise participants' effort and not the victory or the defeat.

❑ Attribute failure to effort (room for improvement through exercise participation).

AMT: Practical Implications for trainees

❑ If the causes of failure are attributed to *constant and stable factors* (ability, difficulty of the task), exercise participants with mental health are likely to be led to new failures.

❑ Educate exercise participants in the *positive interpretation* of their results and efforts.

❑ The trainees should know that *not* all exercise participants with mental health issues are *ready for the same difficulty of exerci*se or physical activity (abandonment of exercise program, changing the environment).

Goal orientation theory
(Duda, 1989; Nicholls, 1984, 1989)
Task & ego orientation

Goal orientation theory

❑ **Effectiveness of goals**

➢ **Directs attention** – helps you focus

➢ **Mobilizes effort** – you set your alarm clock

➢ **Increases persistence** – you keep showing up

➢ **Promotes invention** – you simply find a way up the mountain

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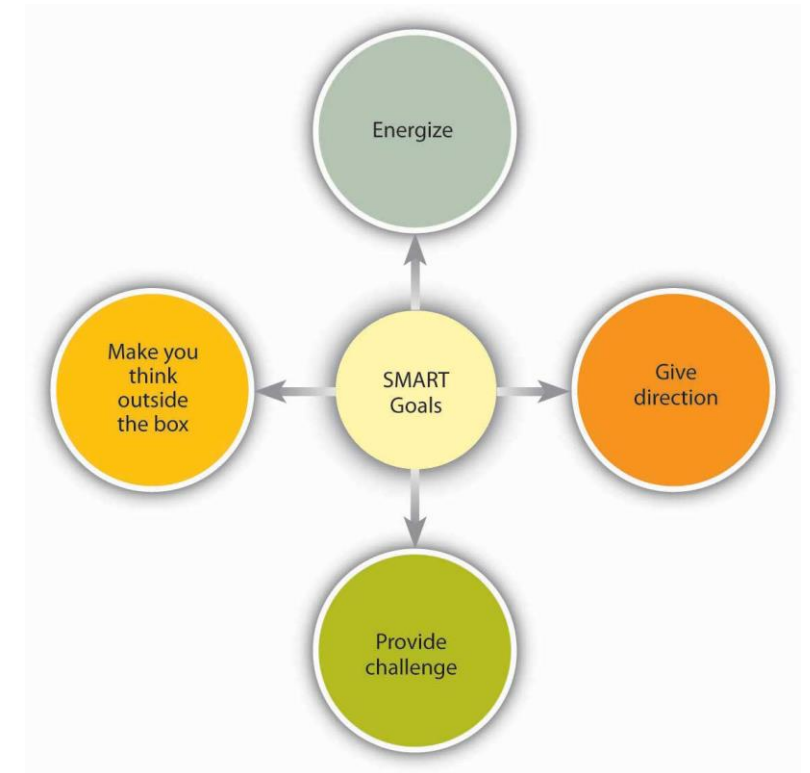
Goal orientation theory – Type of goals

❑ Learning Goals
  ➢ Mastery orientation
    ✓ Improve understanding
  ➢ "Task-Involved" learners
    ✓ Risk-takers
    ✓ Comments taken as feedback
    ✓ Cooperative with other learners
    ✓ Lost in their work
    ✓ Personally responsible

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Goal orientation theory – Type of goals

❑ Performance Goals
  ➢ Comparison orientation
    ✓ Judge quality of work by other's work
  ➢ "Ego-Involved" learners
    ✓ Risk-Avoiders
    ✓ Comments taken as criticism
    ✓ Competitive with other learners
    ✓ Parades successes & hides failures
    ✓ Many excuses
    ✓ Most likely to cheat, use short cuts, etc

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Attribution theory
(Weiner, 1972, 1979, 1984)

Attribution theory

Locus of causality: Internal vs external

Stability: Stable vs unstable
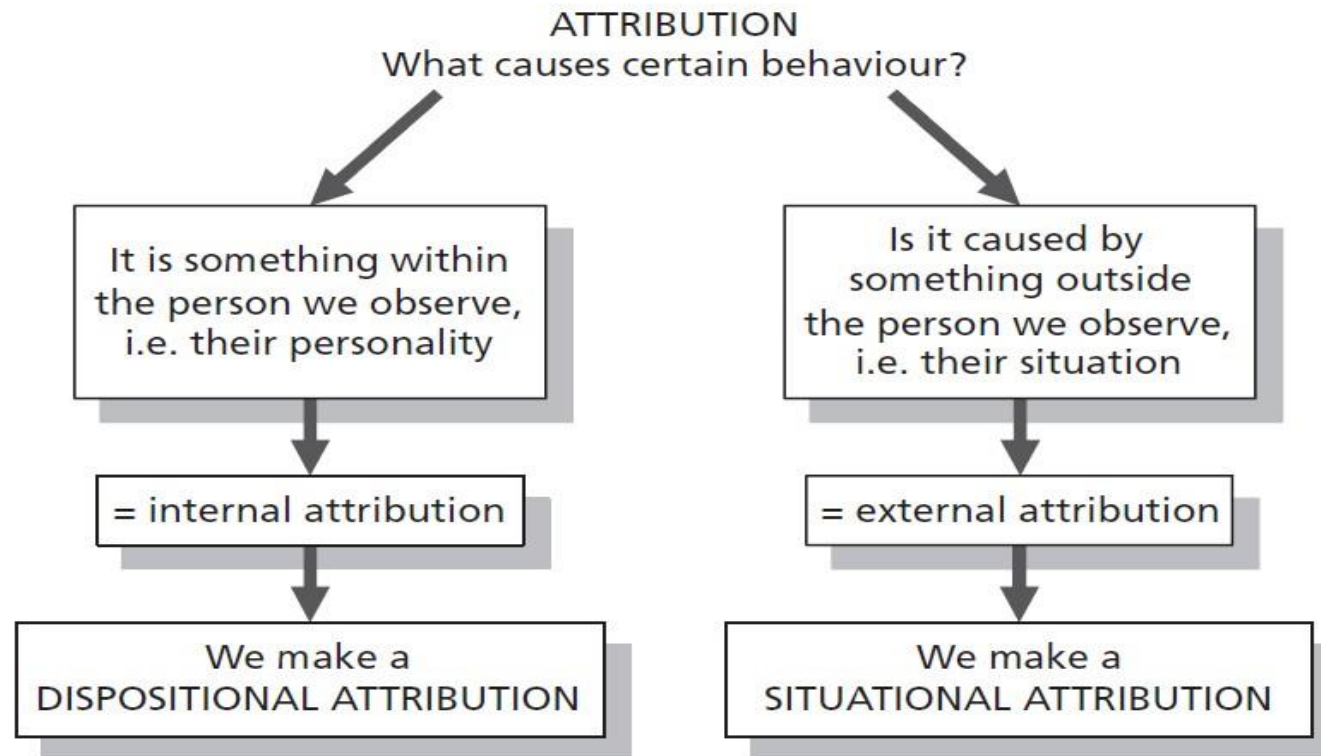
Attribution theory

		Locus of control	
		Internal	**External**
Stability	**Stable**	**Ability**	**Task difficulty**
	Unstable	**Effort/ motivation**	**Luck**

Attribution theory

❑ Stability
  ➢ Stable or unstable causes of a result

❑ Locus of causality
  ➢ Internal or external locus of control

❑ Controlability
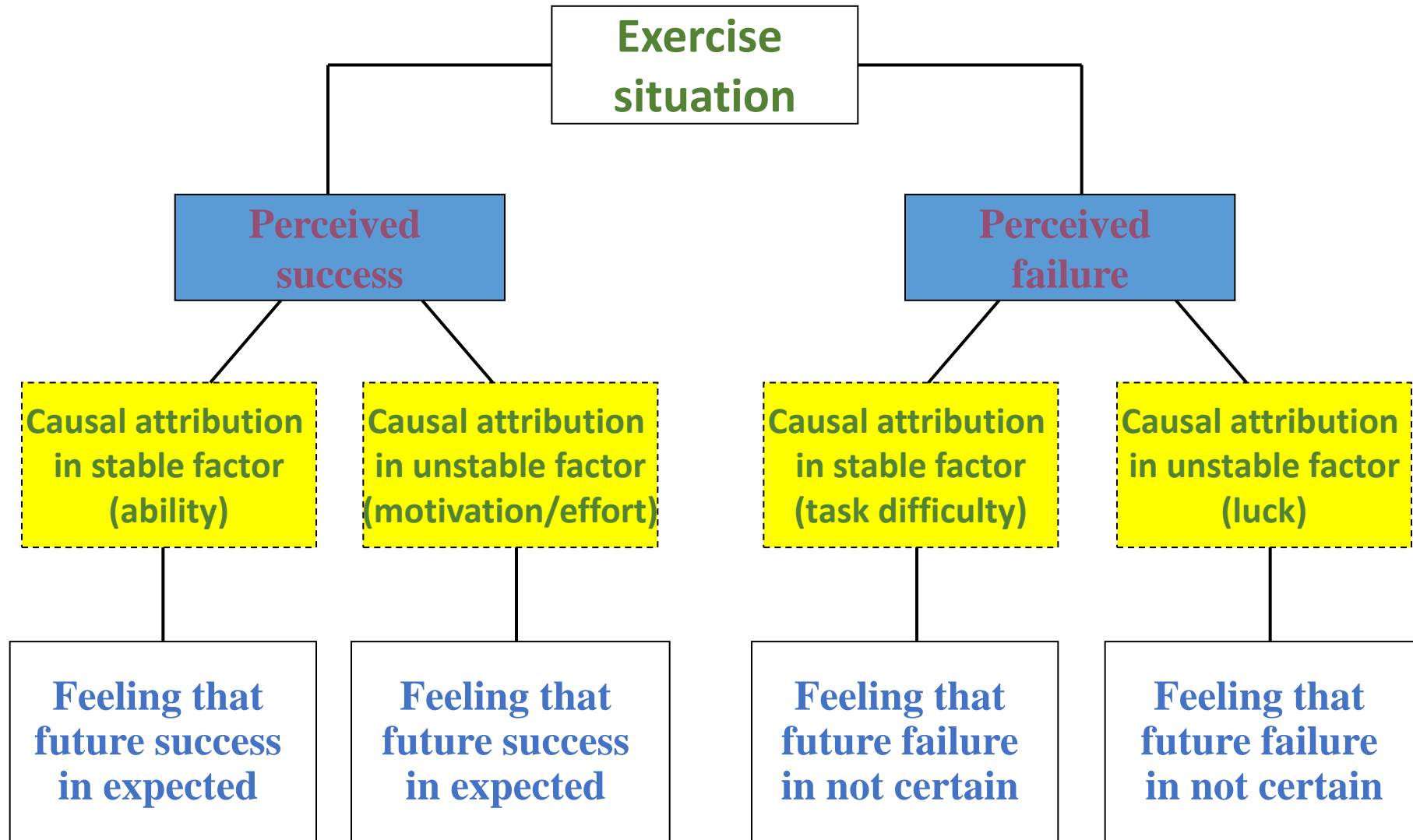
Causal attributions

Attribution theory

❑ Exercise participants with a high need for achievement

  ❑ attribute success to internal factors (ability)

  ❑ insist/persist longer after a failure

  ❑ attribute failure to unstable or external factors (effort, luck)

❑ Exercise participants with low motivation for achievement attribute success to external factors (exercise difficulty, luck) and failure to internal factors (ability)

Continuous interaction of causes of performance and motivation

Motivation: Practical Implications for trainees

❑ The trainees who emphasizes the effort helps increase the participant's exercise motivation.

❑ Exercise participants with low perceived ability and orientation avoid ebbing or executing difficult exercises and exhibit higher anxiety.

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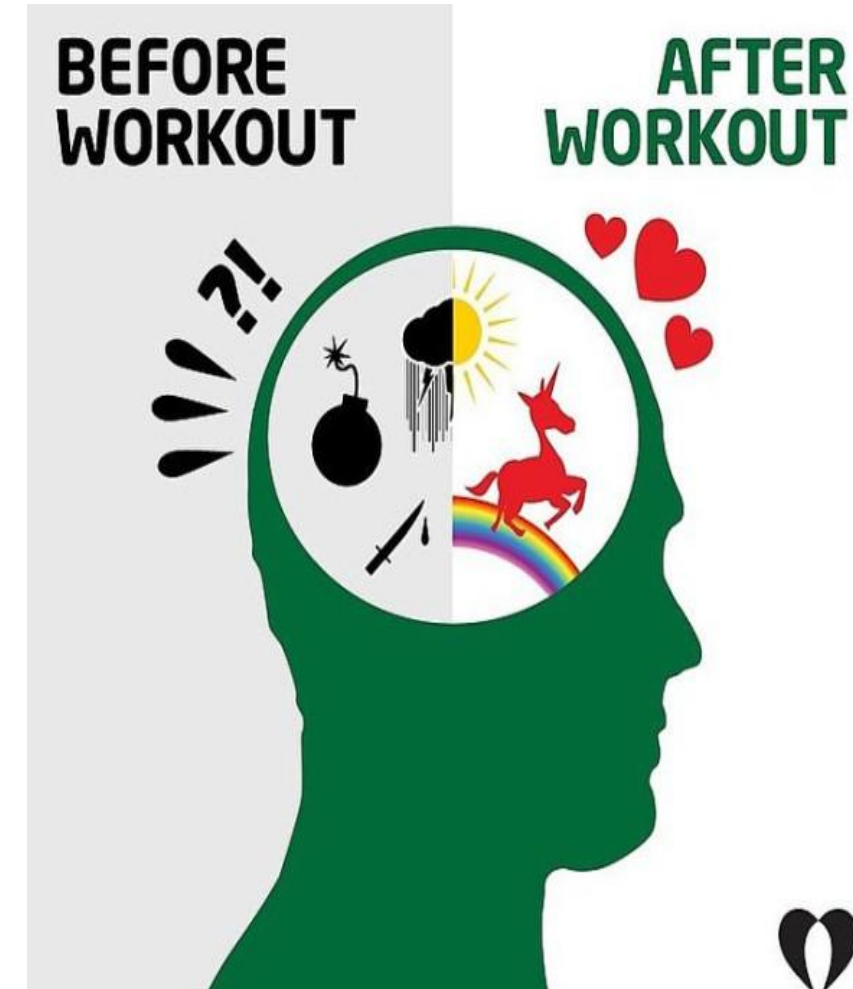
Motivation: Practical Implications for trainees

❑ The role of perceived competence is critical when the environment is not project oriented.

❑ Exercise participants focused on personal improvement, regardless of their ability, show greater motivation.

❑ Exercises should be characterized by innovation, variety and create pleasure and fun in exercise participants

❑ Exercises should be personally difficult, i.e., they must respond to the individual abilities of the athletes (adjusting degree of difficulty, personal adjustment for improvement).

Motivation: Practical Implications for trainees

❑ The implementation of the exercises at the individual level must be accompanied by a specific personal goal.

❑ Design and encourage the use of collaborative development exercises.

❑ Give exercise participants the opportunity to choose their exercise characteristics (type, intensity, intensity, duration) as it increases commitment.

❑ Involvement of exercise participants in decision making.

Motivation: Practical Implications for trainees

The importance of personal improvement in individuals with mental health issues

❑Evaluation test

➤ Avoid reporting average performance.

❑ In evaluation tests,

… benchmarks should not be the best performance, but the exercise participant's previous performance (personal improvement) is required.

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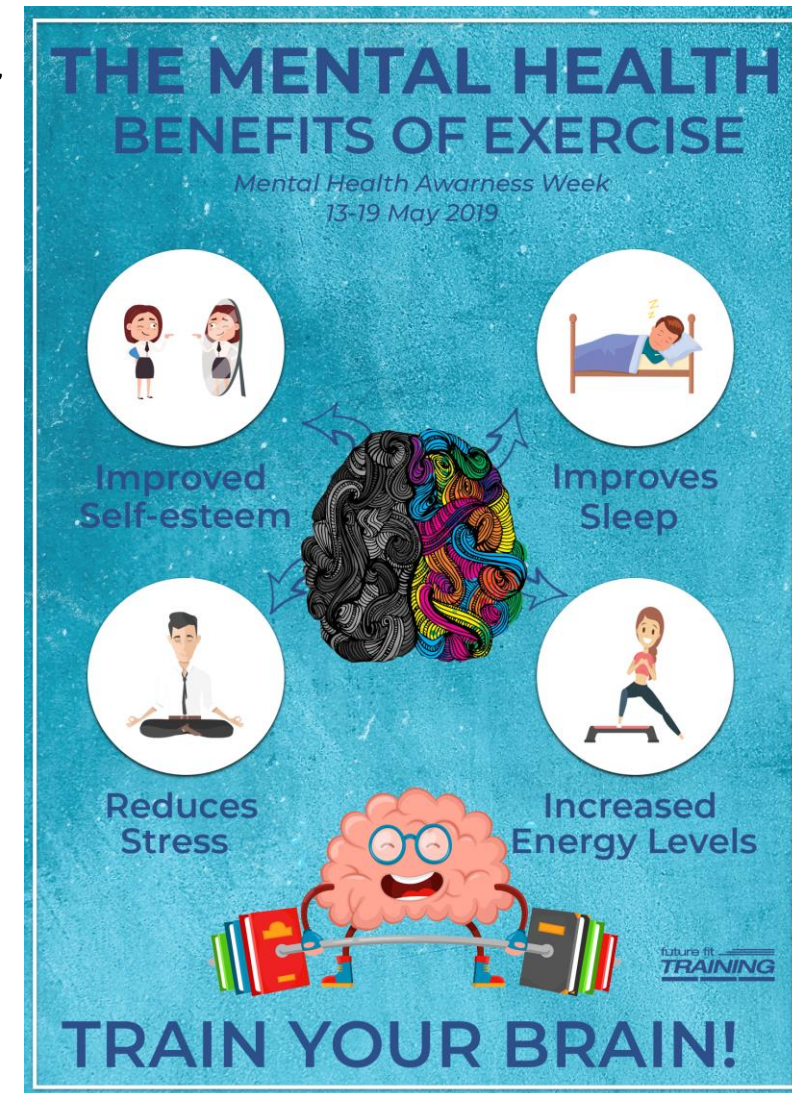
Motivation: Practical Implications for trainees

❑ The importance and the type of feedback

➢ Feedback / rewarding as reinforcement and not as a way to control or pressure the exercise participant.

➢ Provide feedback and reinforce it in a positive way.

➢ Refer to the proper execution of the exercise and do not just report the mistake he made.

➢ Remember that mistakes are part of learning.

Motivation: Practical Implications for trainees

❑ Trainees should create a climate of euphoria and excitement during physical activity and exercise.

❑ The goal of coaching is to improve everyone's personal lives.

➤ Avoid social comparison criteria

➤ Inheritance - personal improvement

❑ Emphasis on the value of effort.

➤ Importance of personal commitment (type of activity, intensity, duration, frequency)

➤ Setting goals for improvement

Motivation: Practical Implications for trainees

❑ The effort is important, not the result.
  ➢ Effort: internal factor
  ➢ Result: external factor

❑ Strengthening the overall concept of health (physical appearance, mental health, personal development, social relationships, skills improvement).

❑ Trainees should explain the purpose of the training program.

❑ Emphasis on the value of cooperation among exercise participants.

Review Questions

1) Based on competence theory of motivation, indicate which of the followings can increase exercise participation of mental ill persons

- Family and friends support   YES   NO
- Friendship   YES   NO
- Acceptance   YES   NO
- Positive feedback   YES   NO
- Personal goal and improvement   YES   NO

2) Which are the sources of self-efficacy in exercise participation?

Video - Links

- Self-efficacy: https://socialsci.libretexts.org/Bookshelves/ Psychology/_Book%3A_Psychology_(Noba)/Chapter_3%3A_ Personality/3.08%3A_Self-Efficacy

- Social Cognitive Theory: https://study.com/academy/lesson/albert-_bandura-social-cognitive-theory-and-vicarious-learning.html

- Social Cognitive Theory: https://www.youtube.com/watch?v= S4N5J9jFW5U

- Achievement Motivation Theory: https://study.com/academy/ lesson/_achievement-motivation-theory-definition-quiz.html

- How we can state motivated: https://sciencetrends.com/social-cognitive-theory-and-exercise-how-can-we-stay-motivated/

UNIT 3: Theories in Motivation: Self-motivation

Learning objectives

❑ Know the role of self-determination in exercise participation.

❑ Know how to use of self-determination theory in exercise participation of mental ill people.

❑ Know the practical implications for self-determination in the increase of exercise motivation.

❑ Know the role of basic psychological needs in exercise participation of mental ill people.

❑ Know the role of intrinsic and extrinsic motivation in exercise participation.

❑ Know the importance of extrinsic to intrinsic motivation (regulation).

❑ Know the role of self-motivation in the exercise motivation of mental ill people.

❑ Practical ways of self-motivation in the increase of exercise participation of mental ill people.

❑ Know the role of personal improvement of exercise participation of mental ill people.

Theories in Motivation
Self-motivation

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Faculty of Physical Education & Sport Science

National & Kapodistrian University of Athens

Integrated theory of intrinsic and extrinsic motivation
(Vallerand & Losier, 1999)

INTRINSIC VS. EXTRINSIC MOTIVATION: WHY WE DO WHAT WE DO

Because of the interest and enjoyment in the task itself

- Enjoyment
- Purpose
- Growth
- Curiosity
- Passion
- Self-expression
- Fun

Intrinsic

Extrinsic

Because of the outcome that will result by doing the task

- Promotions
- Pay raises
- Bonuses
- Benefits
- Prizes
- Winning
- Perks

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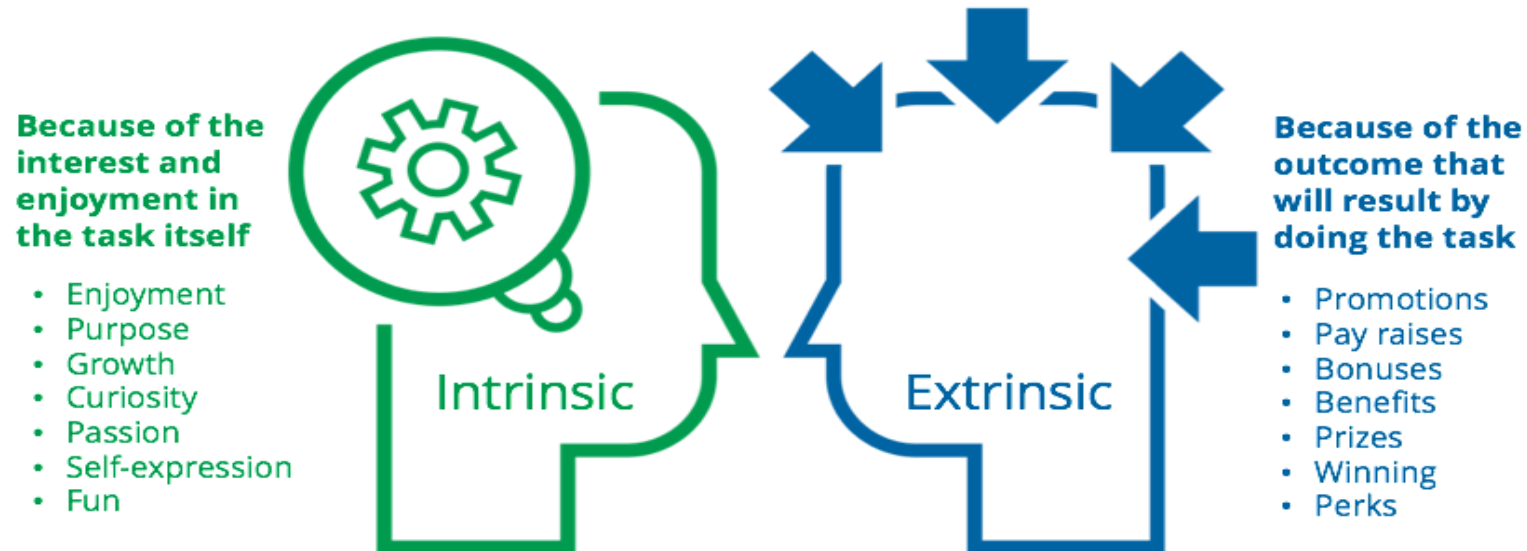
Integrated theory of intrinsic – extrinsic motivation

The integration of theoretical approaches in the study, investigation, justification and interpretation of the behavior and psychological state of athletes is critical and particularly important.

Central point to motivation are the long-term and continuous motivation.

Integrated theory of intrinsic – extrinsic motivation

➢ Hierarchical model of internal-external motivation

❑ *Global level*

❑ *Contextual level*

❑ *Situational level*

1. Social factors

2. Levels of motivation

3. Consequences

The theory of self-determination is a central point of theory (Vallerand, 1997)

Integrated theory of intrinsic – extrinsic motivation

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Integrated theory of intrinsic – extrinsic motivation

Social factors → **Psychological mediators/needs** → **Types of motivation** → **Consequences**

Social factors	Psychological mediators/needs	Types of motivation	Consequences
• Success/failure • Competition/ cooperation • Trainee's behavior	Perceptions of • competence • autonomy • relatedness	Intrinsic motivation External motivation • identified regulation • introjected regulation • external regulation Amotivation	• Affect • Persistence • etc

Social factors: Success/failure

❑ The Successful experience leads to the experience that exercise participant is competence and efficacious relative to skills being learned and performed.

❑ Failure feedback leads to a reduction in the belief that the person is competent resulting to reduced motivation

Social factors: Competition/cooperation

❑ Emphasis upon defeating someone is an ego goal orientation that is associated with loss in intrinsic motivation. Competition reduces feeling of autonomy, as the focus is external and not internal.

❑ Cooperation relates to a task or mastery goal orientation.

Social factors: Trainee behavior

❑ The trainee should be democratic in nature and he/she must willing to share the perception of control with exercise participants. The controlling trainee risks destroying the intrinsic motivation of the athlete.

Self-determination theory
(Deci & Ryan, 1985; Ryan & Deci, 2000)

Self-determination definition

"To be self-determined is to endorse one's actions at the highest level of reflection. When self-determined, people experience a sense of freedom to do what is interesting, personally important and vitalizing."

Edward Deci and Richard Ryan

www.selfdeterminationtheory.org

"One's ability to define and achieve goals based on a foundation of knowing and valuing oneself" (Field & Hoffman, 1994)

Self-determination definition

"Self-determination is a combination of skills, knowledge, and beliefs that enable a person to engage in goal-directed, self-regulated, autonomous behavior. An understanding of one's strengths and limitations together with a belief in oneself as capable and effective are essential to self-determination. When acting on the basis of these skills and attitudes, individuals have greater ability to take control of their lives and assume the role of successful adults in our society." (Field, Martin, Miller, Ward & Wehmeyer, 1998, p. 2)

Self-determination theory (SDT)

… is a theory of human motivation and personality that concerns **people's inherent growth tendencies and innate psychological needs**. It is concerned with the motivation behind choices people make without external influence and interference.

Self-determination …

refers to the **degree of autonomy** a person has in his or her decisions and actions, in the sense of personal influence on his or her behavior and decision-making.

❑ Controlled - autonomous / self-determined action

- Eudiamonic theory – Positive Psychology (Seligman and Csíkszentmihályi0 – enhancement of well-being
- Social Constructivism theories of Dewey and Vygotsky
- Dewey – Pragmatism – Transactional Constructivism (which Dewey referred to as Instrumentalism)

INFLUENCE OF TEACHER EXPECTATIONS UPON STUDENTS' SELF-REGULATED LEARNING
(Rosenthal and Jacobson, 1968; Brophy and Good, 1974; Ashton and Webb, 1986)

ACHIEVEMENT-GOAL THEORY (Ames, 1992)

Learning Goal Orientation

Performance Goal Orientation

EXPECTANCY-VALUE THEORY
(Eccles et al, 1983; Wigfield and Eccles, 1992; Eccles and Wigfield, 2002)

SITUATIONAL INTEREST THEORY
(Hidi, 2000; Renninger and Hidi, 2001)

SELF-REGULATED LEARNING (Schunk and Zimmerman, various)

SELF-DETERMINATION THEORY
(Ryan and Deci, 2000, 2008 – further to Deci and Ryan, 1985)

SELF-EFFICACY THEORY (Bandura, 1977)

FLOW THEORY
(Csíkszentmihályi, 1990, 1997)

ACTION THEORY

EXPERIENTIAL LEARNING THEORY

SOCIAL COGNITIVE THEORY
(Bandura, 1986)

SOCIAL LEARNING THEORY
(Bandura, 1997)

PRAGMATISM (Transactional Constructivism)
Dewey(1916, 1933, 1938)

SCAFFOLDING and ZONES OF PROXIMAL DEVELOPMENT (Vygotsky, 1978)

Self-determination theory

self-determination continuum

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Psychological mediators/needs

Competence
The experience of mastery and being effective in one's activity

Autonomy
The feeling one has choice and willingly endorsing one's behavior

Relatedness
The need to feel connected and belongingness with others

Motivation

Failure to meet or fulfill psychological needs will lead to reduced motivation (Deci, 1999)

Internal motivation is increased when these needs are satisfied (Ryan & Deci, 1999)

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Psychological mediators: Competence

❑ Competence is related to exercise participant's confidence which leads to intrinsic motivation.

❑ Competence is critical to the development of intrinsic motivation, but without autonomy there is no self-determination, which negatively affects intrinsic motivation.

❑ Competence without autonomy gives rise to the efficacious pawn. In the efficacious pawn you have an individual who is confident that he can successfully perform a task, but for external reason.

Psychological mediators: Autonomy

❑ The concept of autonomy is central to self-determination theory.

❑ *There is no self-determination in exercise participation without autonomy.*

✓ *increased intrinsic motivation*

✓ *greater resiliency*

✓ *increased hapiness*

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Psychological mediators: Autonomy

... refers to a person's belief that has control over his fate, actions and choices.

- Persons who are involved in setting goals are more successful in achieving those goals (Ryan & Deci, 2000).

- Incorporating choice-making opportunities in interventions to reduce problem behaviors results in improved behavioral outcomes (Shogren, Faggella-Luby, Bae, & Wehmeyer, 2004).

- Promoting choice-making opportunities in vocational tasks increased engagement in the activities (Watanbe & Sturmey, 2003).

Psychological mediators: Relatedness

Relatedness refers to the

❑ … basic need to relate to other people, to care for others and have others to care for you.

❑ … interaction with other people, supporting and being supported by other exercise participants (social animal).

❑ … exercise participant's enjoyment is associated with he/she related to other exercise participants, teammates and support personel.

SDT: Basic psychological needs
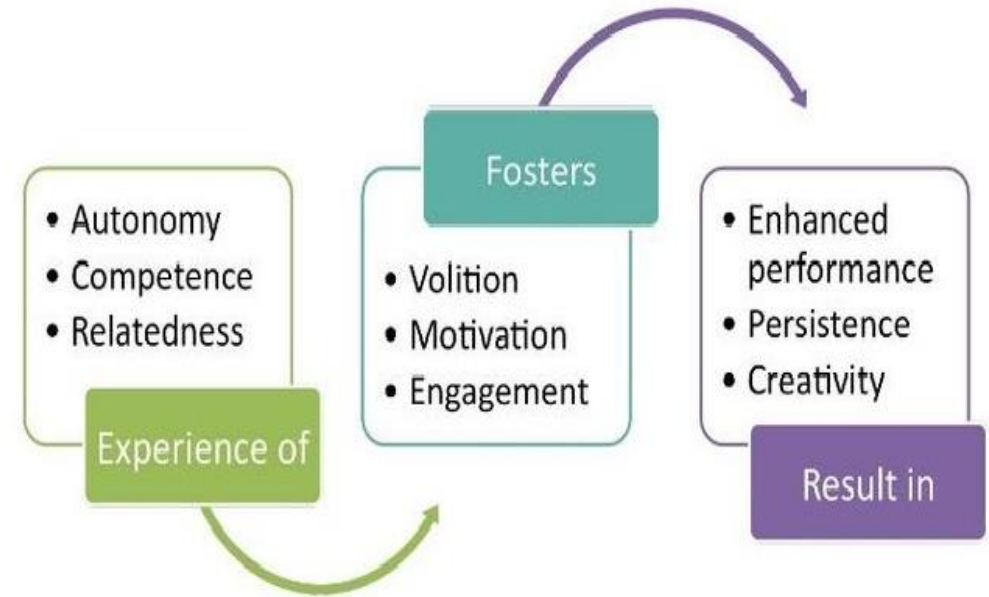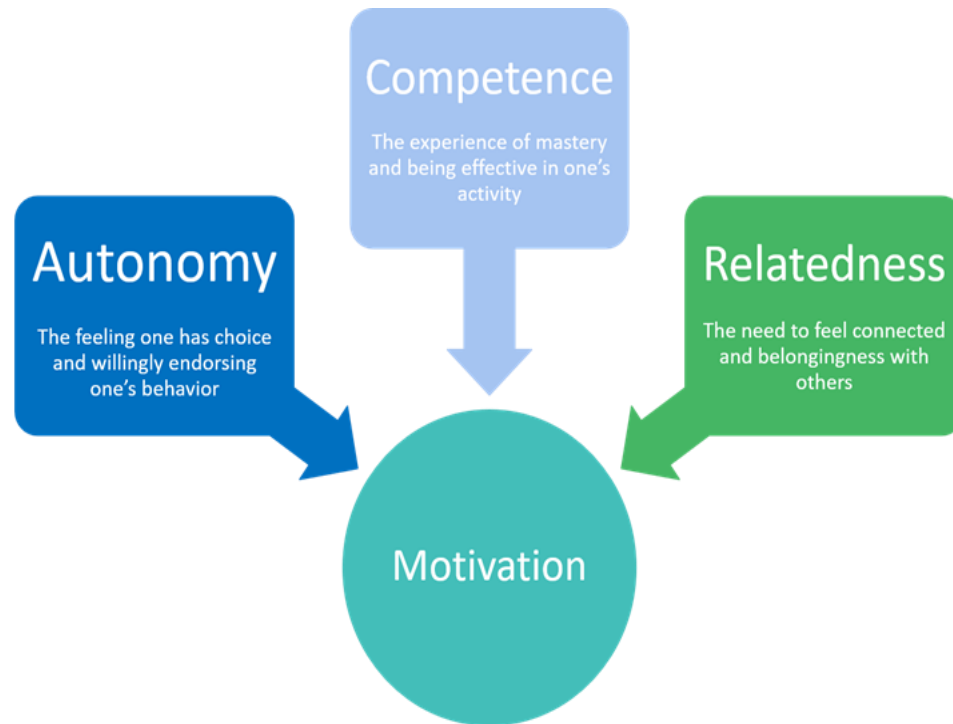
Self-determination theory: Critical model

Self-determination theory

KNOW YOURSELF

Dream

Know your strengths, weakness, needs & preferences

Know options, supports, & expectations

Decide what is important to you

VALUE YOURSELF

Accept & value yourself

Admire strengths that come from uniqueness

Recognize & respect rights & responsibilities

Take care of yourself

Develop & nurture positive relationships

Self-determination theory

Self-determination theory

Take risks

Communicate

Access resources & support

ACT

Negotiate

Deal with conflict & criticism

Be persistent

Self-determination theory
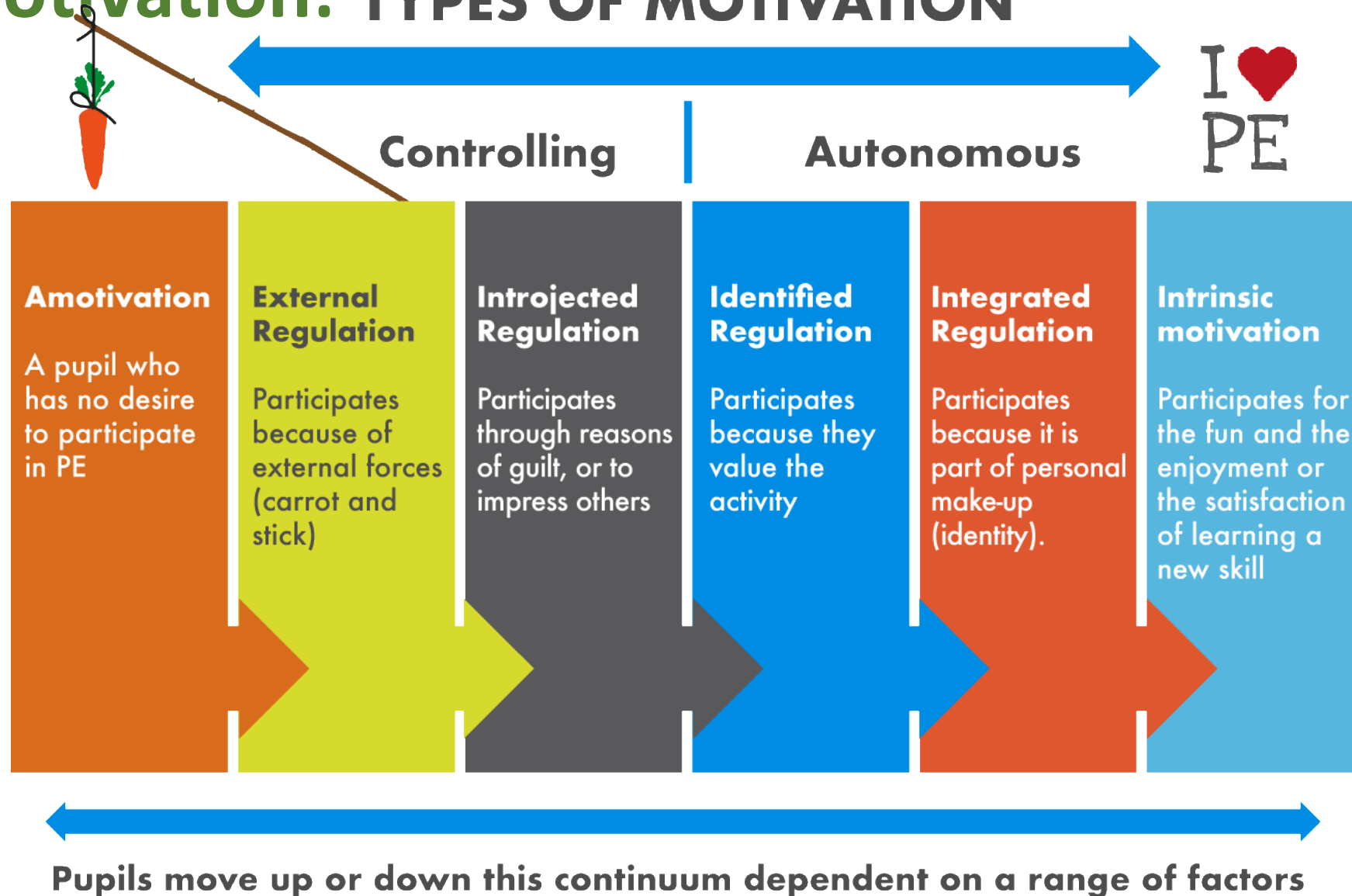
SDT: Types of intrinsic motivation

❑ Intrinsic motivation: High level of self-determination

    ❑ *Intrinsic motivation to know*

    ❑ *Intrinsic motivation to accomplishment*

    ❑ *Intrinsic motivation to experience stimulation*

Motivation: Social factors

❑ Success / failure

❑ Competition / cooperation

❑ Trainee behavior

Social factors facilitate or not the intensity and functioning of one's psychological characteristics.

Motivation: Success/failure

❑ Success creates the belief that one is sufficient and effective and failure is the opposite (Harter & Bandura theories).

❑ Success and failure experiences formulate a person's sense of autonomy in their relationships.

Motivation: Competition / cooperation

❑ **Competition** (e.g., overcoming performance of others - ego orientation) reduces exercise participant's sense of autonomy because the control is external.

❑ **Cooperation** (task orientation) does not adversely affect the athlete's sense of autonomy and relationships, as the locus of control is internal.

Motivation: Trainee behavior

❑ The trainee's behavior can negatively or positively affect the athlete's sense of autonomy, competence, and relationships.

SDT: Intrinsic – Extrinsic Motivation Types

INTRINSIC VS. EXTRINSIC MOTIVATION:
WHY WE DO WHAT WE DO

Because of the interest and enjoyment in the task itself

- Enjoyment
- Purpose
- Growth
- Curiosity
- Passion
- Self-expression
- Fun

Intrinsic

Extrinsic

Because of the outcome that will result by doing the task

- Promotions
- Pay raises
- Bonuses
- Benefits
- Prizes
- Winning
- Perks

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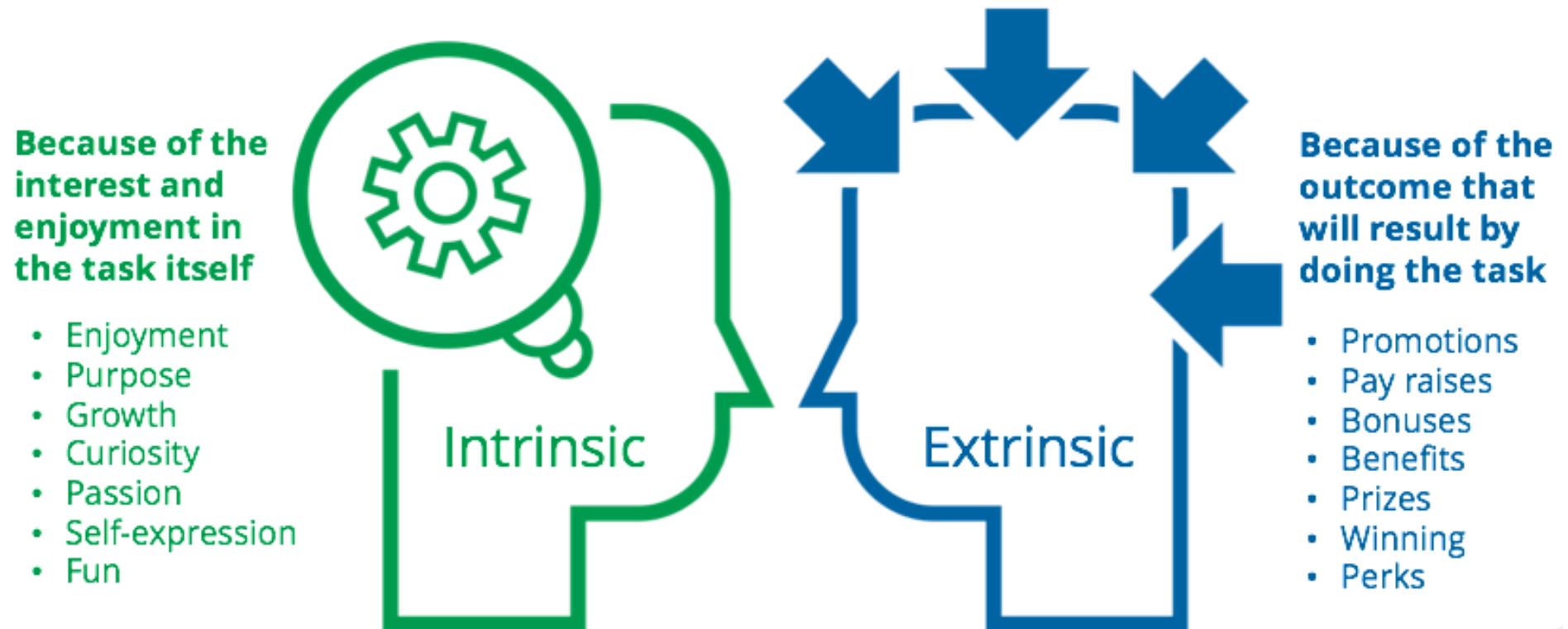
SDT: Amotivation

❑ A state of lacking any motivation to engage in an activity, characterized by a lack of perceived competence and/or a failure to value the activity or its outcomes.

❑ The absence of motivation is the least self-determining form of motivation.

❑ Amotivation or lack of motivation refers to behaviors that are neither based on internal nor external motivated.

SDT: The meaning of regulation

❑Regulation refers to the perception that a behavior can be regulated either internally or externally.

❑The behavior of the individual moves within a continuum, where the degree and type of self-determination varies according to the individual's position.

❑Internalization refers to the process by which the reward is distinguished from less external features and more internal elements.

SDT: Extrinsic motivation

1. External regulation

2. Introjected regulation

3. Identified regulation

4. Integrated regulation

Interpretation of Extrinsic Motivation

When required as a work responsibility, employees participate in a wiki.
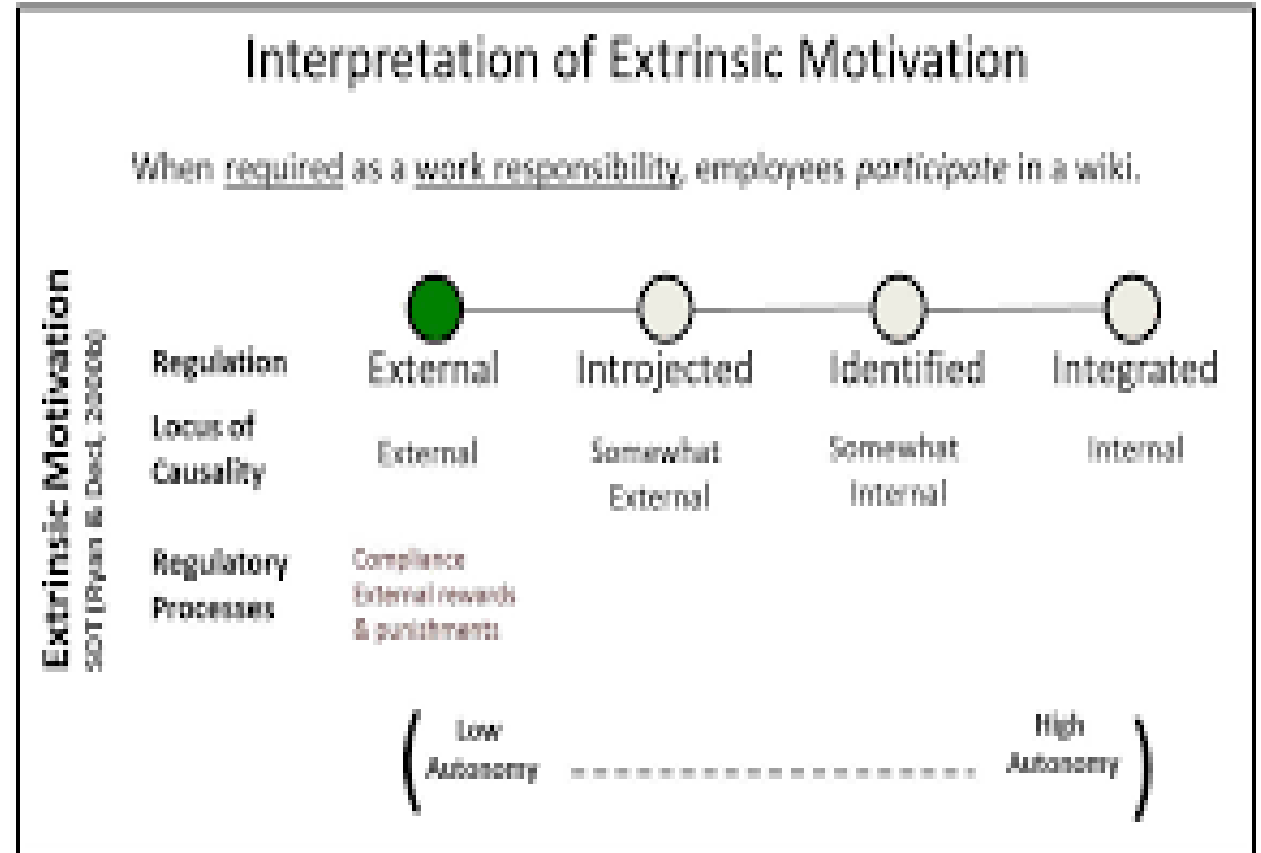
Figure 2 - Wiki Engagement Theory One: Enabling Culture and Collaborative Outcomes

SDT: External regulation

❑ ... is a controlled (non-self-regulating) form of motivation.

❑ ... aims at earning external reward or avoiding punishment.

Extrinsic Motivation

Behavior is driven by external rewards such as money, fame, grades, and praise

A+

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SDT: Introjected regulation

First step in the self-determination continuum, becoming a motive from external to internal

❑ External motives are partially internalized.

❑ Greater sense of self-determination by the person, but not fully assimilated/internalized motives.

❑ Critical element the attribute or cause by the person

➢ Why am I doing what I am doing? For an external factor or because of an internal disposition?

SDT: Identified regulation

❑ Identification / acceptance of an external motivation to the extent that it begins to internalize, become a personal motivation

❑ Exercise participants can internalize part of the motivation because it can help accomplish a goal (e.g., performing or learning an exercise that the exercise participant does not want, but which will help his overall mental and physical health)

SDT: Integrated regulation

The process by which external motivations are incorporated into exercise participant's internal motivation system

❑ Integration, assimilation of external regulatory mechanisms as identical to internal mechanisms.

❑ Modify the feeling of control from external to internal factors.

❑ Integration of external motives, which can't be separated from internal ones.

SDT: Intrinsic motivation

… refers to the behavior and the motives that are driven by **internal rewards**. In other words, the motivation to engage in a behavior arises from within the individual because it is naturally satisfying to you.

❑ Individually motivated people engage in exercise activities that are **personally interest** to them, with full will and personal control.

❑ Internal motivation reflect the exercise **participant's desire and interest**.

SDT: Extrinsic – intrinsic motivation

Intrinsic Motivation
Highest level of motivation; where motivation is internally generated.

Integrated Regulation
Regulations are adopted into one's values and needs but is also contingent upon reward.

Regulation Through Identification
Behavior is personally important, but contingent upon an external reward.

Introjected Regulation
Behaviors not fully accepted as one's own.

External Regulation
Behaviors performed to satisfy external demand or reward.

Amotivation
Lack of intent to act.

Intrinsic Motivation

Integrated Regulation

Regulation Through Identification

Introjected Regulation (Ego)

External Regulation (Operant Conditioning)

Amotivation

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SDT: Extrinsic – intrinsic motivation

Practical implications for trainees

❑ Involvement in physical activities should be motivated internally as this lasts longer. Parents and educators must promote autonomy, be supportive and positive. The programs and activities should vary in order to be suitable for each individual. It is useful to provide positive feedback and avoid comparing people with mental illness with others.

Practical implications for trainees

❑ Involvement in physical activity programs has both internal and external sources of motivation. Internalization is achieved by fulfilling the three basic needs (autonomy, competence, relatedness). Internal forms of motivation lead to greater mental well-being, vitality, psychological satisfaction, and encouragement (Ryan, Williams, Patrick, & Deci, 2009).

❑ Exercise, in combination with psychological behavior modification techniques, contributes in improvement of quality of life and manages depression in patients with heart problems (Gary et al., 2010).

Practical implications for trainees

❑ When the instructors show flexibility in their programs, they give the practitioners the choice of individual exercises and alternatives, then they better satisfy the need for autonomy.

❑ Parents, trainees, and friends can contribute

  ❑ positively to the quality and the intensity of the motivation process,

  ❑ to adherence to exercise programs, and

  ❑ increase exercise satisfaction and mental well-being (Biddle et al., 2007).

Self-motivation & exercise participation

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Self-motivation: Exercise participation

Self-motivation is important to exercise participation, commitment and persistence

Self-motivation is having the initiative to do a task or activity without being supervised or being told to do it.

Self-motivation

Motivation is a useful thing. Motivation drives our behaviours. There are many types of motivation.

The two main types of motivation are **external** and **internal**.

With *external motivation*, you're doing something because the activity will bring some reward or benefit at the end of it.

Self-motivation - Intrinsic motivation

With *internal motivation,* you do something purely because you enjoy the activity itself.

- The more internally motivated an exercise is, the more enjoyable it usually is. So from the point of view of happiness, it makes sense to have more internally motivated physical activities. Exercise participants who are internally motivated show more interest and excitement over what they do, and have more confidence.

- You are usually better at internally motivated actions too. You show more persistence and creativity, and because of that you'll have increased happiness and self-esteem.

Self-motivation: Intrinsic vs extrinsic motivation

❑ If you want to do more of something, you can try to change your motivation to something closer to internal motivation.

❑ If you do so, your performance will likely improve, and you'll generally be happier.

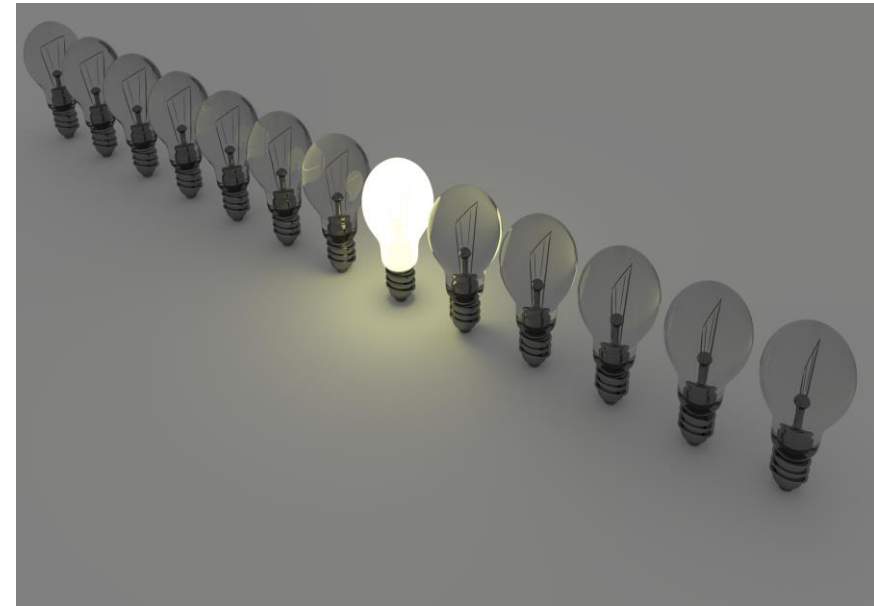"The early bird gets the worm"

"He/she is a night owl"

Self-motivation: Why does timing matter?

When you do things can affect your motivation. Three signs you are doing things at the wrong time:

➢ you can not focus

➢ total lack of motivation

➢ no matter how much or how long you try, you don't get anything done

Motivate your self!!!!

No One Can Motivate You...
Until You Motivate Yourself..!!

https://images.app.goo.gl/RW5yPMthT4t2nXxk9   https://images.app.goo.gl/BFnux9piVHmS2KG98

Developing your internal motivation

❑ There are many things that we have to do, and we can't expect everything to be internally motivated. So how do we stay motivated to do non internally motivating things?

❑ Internal motivation is developed and maintained when we are autonomous, competent and supported.

❑ We feel **autonomous** when we can make our own choices and decisions.

❑ We feel **competent** when we can do things.

❑ We feel **supported** when we are connected to others.

Competent

- ❑ **Practice.** The more competent you are at a certain activity, the more motivated you'll be to do it. If you're trying to learn a new skill and losing motivation because it's difficult, at least take heart in the knowledge that the better you get, the more motivated you'll typically get.

- ❑ **Look for positive feedback**. Your motivation will become stronger if you can find some way of getting positive feedback on your progress. Avoid negative feedback – Negative feedback will stand in the way of your confidence and block your internal motivation.

Competent

❑ **Break down your tasks and goals.** If a task is very complex and challenging, breaking it down can help you stay motivated.

❑ **Make sure the difficulty level matches your ability.** You want your goals and activities to be reasonable, not so easy that you become bored, but not so difficult that you become frustrated. If an exercise or goal is too easy or hard, find some way to adjust accordingly.

Self-motivation: How can I motivate my self

Using creative visualization

❑ When you use creative visualization, you literally visualize or picture yourself accomplishing your tasks or goals.

❑ Try doing this when you are falling asleep at night

❑ Creative visualization works best when you are in a quite and calm environment away from your everyday activities.

Writing down your goals

❑ ... will help you to stay organized and will make setting a course of action easier.

❑ ... and you begin to achieve them, your self-confidence will soar and your motivation will increase.

➢ You should make yearly, monthly, weekly, and daily goals.

➢ Set aside a time every day, to review your goals, and see which ones you have met and which ones you need to work on.

Writing down your goals

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Break down tasks

❑ Break down your goal or task into smaller goals or tasks.

❑ The task or goal will be smaller and easily accomplished.

❑ This will help prevent you from becoming stressed or frustrated as you work towards completing your task or achieving your goal.

Positive speaking and language

❏ Once you know what the goal or task is, use positive language to promote your success.

❏ By verbally speaking or writing the opposite of the negative words you believe, you are motivating yourself and giving yourself a better chance of success.

https://images.app.goo.gl/XLHUKF5RXStRHonc6

How to strength motivation

1. Set a goal.
2. Understand that finishing what you start is important.
3. Socialize with achievers and people with similar interests or goals, since motivation and positive attitude are contagious.
4. Never procrastinate anything.
5. Persistence, patience and not giving up, despite failure and difficulties, keep the flame of motivation burning.
6. Read about the subjects of your interest.
7. Constantly, affirm to yourself that you can, and will succeed.
8. Look at photos of things you want to get, achieve or do.
9. Visualize your goals as achieved, adding a feeling of happiness and joy.

Self-motivation

GETTING STARTED:

1. **Don't wait until you feel motivated to get moving.** Instead of thinking you'll exercise when you feel better. Reverse that thinking. Tell yourself, you'll feel better when you exercise.

2. **Start small!** Small steps towards physical activity are especially important for people with mental health problems. High expectations can spark feelings of guilt, frustration and self-blame. Even an extra flight of stairs or a 20 minute walk can help.

3. **Commit to consistency** It's not how hard or long you exercise, for symptom relief - experts say what matters most is how consistently you do it. Aim for the same time of day - keeping a regular schedule saves mental energy of deciding where and when to be active.

4. **Make it social.** Involving people whose company you enjoy in your exercise routine will boost your motivation and commitment. It can be a class, a team or your neighbour.

5. **Keep track.** Just by logging your activity or rating how you felt before and after moving can help you build proof against negative thoughts and allow you to trust yourself to be able to do it again.

6. **Treat yourself.** After achieving an activity related goal, share your accomplishment with a friend or treat yourself to a small gift.

7. **Give yourself a break.** You might miss a gym class and you might cancel on your running partner. Don't dwell on it too much! Instead of saying what you *should* have done, be self affirming and say what you *will* do tomorrow.

8. **Be patient.** Studies suggest that when starting something new, it takes six to 8 weeks to be established. Don't give up if you don't see physical or mental results immediately.

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5 Beware of These Motivation Killers!

1. Negative People
Pessimists are toxic! They can easily destroy a person's desire to succeed. Negative people tend to project their own fears of succes or failure on to others.

2. No Opportunities for Growth
Feeling trapped by mediocrity crushes motivation and creates dis-interest in planning for an improved future.

3. Lack of Communication
Feedback is essential to improving outcomes. Make sure that you are open to receiving constructive criticism.

4. Feeling Unappreciated
While feeling unappreciated can diminish motivation, don't be overly reliant on the approval of others to fuel your fire. Trust yourself and be your own strongest supporter.

5. Fear of Failure
Fear of failure is probably the biggest single obstacle to success. All successful people have learned to view obstacles as feedback rather than failure. This allows them to fine-tune their directions towards eventual success.

Conclusively, …

❑ Exercise is gradually becoming part of the treatment or rehabilitation process of many different types of clinical populations. The number of published research papers is constantly increasing. This means that in the coming years knowledge of the subject will be extremely rich. All categories of patients can benefit from exercise programs.

Conclusively, …

❑ Also the information about adherence of clinical populations to exercise or the psychological effects of exercise on clinical populations has started being well established. In addition, research finds have supported the most appropriate forms of exercise for clinical populations and the possible physiological mechanisms of enhancement.

Review Questions

1) Which are the psychological needs in exercise participation based on self-determination theory?

2) Indicate the sequence of the internalization of exercise participation motives (extrinsic – intrinsic motivation)

Identified regulation, integrated regulation, external regulation, introjected regulation

Video - Links

- Self-determination theory: https://www.youtube.com/watch?v=rOKP0wgDftQ

- Self-determination theory: https://www.youtube.com/watch?v=VgSMxY6asoE

- Intrinsic motivation and self-determiantion theory: https://www.coursera.org/lecture/self-determination-theory/3-intrinsic-motivation-sR9P5

- Rewards and intrinsic motivation: https://www.coursera.org/lecture/self-determination-theory/4-rewards-intrinsic-motivation-cnuP9

- Promoting motivation, health, and excellence: https://www.youtube.com/watch?v=VGrcets0E6I

- The psychology of self-motivation: https://www.youtube.com/watch?v=7sxpKhIbr0E

> *Unit 4 – Social Benefits in Sport and PA: Socialization & Other Benefits*

Learning Objectives

- Know some general aspects of the social benefits of participation in sport and physical activity

- Know how sports can contribute to the development of soft skills

- Know the soft skills that athletes develop through sports

- Know the socialization aspects of sport, including the social skills developed

- Know the socio-moral background of sport

- Know how sport can contribute to social inclusion

- Know other social aspects of sport, such as active citizenship, crime reduction and volunteering in sport

Social Benefits in Sport and PA: Socialization and Other Benefits

Eleni Sakellariou

"EDRA" – Social Cooperative Activities for Vulnerable Groups

Social benefits of participation in sport and physical activity - Introduction

"Sport means all forms of physical activity which, through casual and organised participation, aim at expressing or improving physical fitness and mental well-being, forming social relationships or obtaining results in competition at all levels."

Council of Europe (2001)

http://www.sportni.net/sportni/wp-content/uploads/2013/03/the_social_benefits_of_sport_an_overview_to_inform_the_community_planning_process.pdf

- Physical inactivity is the fourth leading risk factor for global mortality (WHO).
- Sport & physical activity provide all people with a wide range of physical, social and mental health benefits.
- Sport improves:
  - physical and mental health
  - social life, active citizenship and social inclusion.
- Sport brings people together from different ethnic, cultural, religious, linguistic and socio-economic backgrounds.
- Improves social skills.

Social benefits of participation in sport and physical activity - Introduction

- Emphasising the social nature of most sporting activities leads to continued participation.

- Social aspects of spot can make a more diffuse contribution to health improvement, including to mental health.

"...opportunities afforded by exercise might also lead to wider social networks and social cohesion…. People with good social networks live longer, are at reduced risk of coronary heart disease, are less likely to report being depressed or to suffer a recurrence of cancer, and are less susceptible to infectious illness than those with poor networks." (Acheson Report on inequalities and health, 1999)

http://www.sportni.net/sportni/wp-content/uploads/2013/03/the_social_benefits_of_sport_an_overview_to_inform_the_community_planning_process.pdf

Sports & soft skills

Soft skills are personal attributes that allow people to build positive social relationships. Especially team sports are an excellent source of soft skills development, as they allow athletes to function within a supportive environment.

Teamwork

• Joint effort to achieve a positive result.

• It requires cooperation, coordination, and accountability.

• Athletes become adaptable, persistent, and patient.

• Active participation of all team members on improving team performance.

• Helps develop the mind and solve problems in real time.

https://www.workinsports.com/blog/social-and-emotional-benefits-of-playing-sports/

https://www.edutopia.org/discussion/social-and-academic-benefits-team-sports

Sports & soft skills

Communication Skills

- Sports take a lot of communication
- Spoken and unspoken communication
- Important skills in maintaining a functioning sports team

https://www.edutopia.org/discussion/social-and-academic-benefits-team-sports

Sports & soft skills

Decisive Action

- Athletes develop the skills to make effective snap decisions.

- Athletes learn critical decision-making skills that will benefit them both during and after game time.

- In sports athletes learn to conquer their natural "fight or flight" instinct to make consistent and difficult decisions under high pressure situations.

- Athletes are better at making deadlines and working in stressful situations in the future.

https://www.edutopia.org/discussion/social-and-academic-benefits-team-sports

Sports & soft skills

Competition Skills

Skills you develop by competing in sports that translate directly to your career:

- Communication
- Organization
- Rules and Structure
- Goals and Expectations
- Stamina
- Attitude
- Problem-solving

https://www.workinsports.com/blog/social-and-emotional-benefits-of-playing-sports/

Sports & soft skills

Conflict resolution

- Conflicts are present in sports.

- Well managed conflict can have many positive outcomes in sports.

- Conflict resolution also essential outside of sports, including work and family relationships.

https://www.workinsports.com/blog/social-and-emotional-benefits-of-playing-sports/

Sports & soft skills

Fair Play

- Fair play is the main rule in any sport.

- Fraudulent actions won't result in a happy ending.

- Unfair acts are punished and disapproved.

- Sport encourages fair and rightful behavior.

- Honesty and fairness are respected and recognized qualities in life.

https://www.workinsports.com/blog/social-and-emotional-benefits-of-playing-sports/

Sports & soft skills

Leadership Skills

- Every sports team has a leader, either a coach or a veteran player.

- Leaders are powerful guides, motivating athletes to perform beyond their current capabilities.

- This happens both in group and individual sports.

- Leaders can have a positive effect on everyone and teach through action.

https://www.workinsports.com/blog/social-and-emotional-benefits-of-playing-sports/

Sports & soft skills

Respect Skills

- Sports teach us to respect people and institutions above us (e.g. courts, laws, boss, parents).

- Respecting others is very important.

- Respecting opponents is a central part of every game.

- Respect others the way you want to be respected – this can be applied in all aspects of life.

https://www.workinsports.com/blog/social-and-emotional-benefits-of-playing-sports/

Sports & soft skills

Empathy

- Empathy means that we care about each other.

- In sports, teammates work as one.

- They support each other, they motivate each other, and they care about each other.

- A healthy and stable team has a higher chance of success.

- When you have empathy you are better able to translate the world through someone else's viewpoint.

https://www.workinsports.com/blog/social-and-emotional-benefits-of-playing-sports/

Sports & soft skills

Build Self-Esteem and a Sense of Community

- Team sports are said to bolster the five C's:

competence, confidence, connections, character, and caring.

- Team sports provide athletes with a natural community.

- Playing sports means higher levels of social support and also associates with critical self-esteem development.

https://www.edutopia.org/discussion/social-and-academic-benefits-team-sports

Sports & soft skills

Time Management

- The time commitment required by athletes can be comparable to that of a full-time job.

- Team athletes know that every second counts.

- This helps athletes focus on reaching their goals sooner than non-athletes.

https://www.edutopia.org/discussion/social-and-academic-benefits-team-sports

Sport, socialization & other benefits - Introduction

- Socialization goals are considered to be one of the factors that encourage individuals to engage in sport.

- Sports clubs, fitness centers, and the areas/halls allocated for sportive activities in residential areas pave the way for social interaction.

- Individuals using such areas have more active participation in social life.

- In this respect, it is considered that sports and social skills are closely related, particularly the sports that involve sharing the same environment with other people.

https://files.eric.ed.gov/fulltext/EJ1182762.pdf

Sport, socialization & other benefits - Introduction

- Social skills are the verbal or non-verbal behavioral communication skills of an individual in line with the social norms to sustain his/her life in agreement with the social circle.

- These skills are effective in sustaining participation in sporting activities.

- Social skills enable the individual to establish proper communications with other people and contribute to having a positive impact on them.

https://files.eric.ed.gov/fulltext/EJ1182762.pdf

Sport, socialization & other benefits - Introduction

- Sport has an effect on acquiring and developing social skills.

- Regular sports participation during childhood and adolescence contributes to the social skill acquisition such as cooperation, seeking rights, awareness of responsibilities, establishing empathy, self-control, and leadership.

- The aggressiveness level is decreased and positive peer relations are maintained in this respect.

- Also, socializing through sports activities in old age period contributes to social skills such as empathy and control of impulses.

- Old-aged people dealing with sports show more participation in social life.

https://files.eric.ed.gov/fulltext/EJ1182762.pdf

Sport, socialization & other benefits - Introduction

- Those who have the opportunity to participate in a community or to establish individual relationships through social skills training programs in sportive contexts have been able to generalize their skills to the other areas of their social lives and have adopted a more positive attitude in their interpersonal relationships.

- There has been an increase in self-efficacy and self-esteem levels of individuals depending on the sport and the feedback they received from the people around.

- Regular sports participation enables people to become more active and more successful in their social environments such as school and workplace.

https://files.eric.ed.gov/fulltext/EJ1182762.pdf

Socio-moral background of sport

- Sport can contribute to building social cohesion and reducing crime and antisocial behavior.

- Sport provides the appropriate framework to cultivate social skills, improve relationships among people, leading to moral development.

- "Sport activities have significant potential in promoting health, education (formal or non-formal), training, intercultural dialogue, peace and development, including the development of social skills and competences related to citizenship" – European Council (2000) *Declaration of Nice*.

http://sucre.auth.gr/sites/default/files/media/attachments/SUCRE-IO4-Sports_&_Games_additional_theoretical_background.pdf

Socio-moral background of sport

- Not all have the same opportunities to access and participate in sports, physical activities and games.

- Exclusion and discrimination against individuals and groups such as people with disabilities, ethnic and religious minorities, etc. in the sports world are widespread nowadays.

- Therefore, the mere participation in sport does not guarantee moral and social development.

http://sucre.auth.gr/sites/default/files/media/attachments/SUCRE-IO4-Sports_&_Games_additional_theoretical_background.pdf

Sport & Social Inclusion

- The social, moral and unifying role of sport is enhanced, when environments promoting equality, interconnection, mutual acceptance and pursuance of common goals among members of a group or community are established.

- Sport can play a key role in facilitating the integration of vulnerable and minority groups, such as migrants and refugees.

http://sucre.auth.gr/sites/default/files/media/attachments/SUCRE-IO4-Sports_&_Games_additional_theoretical_background.pdf

Sport & Social Inclusion

- Sport programs using sport and physical activities and movement games are being implemented throughout the world as means of promoting conflict resolution, acceptance of diversity, and social adaptation and integration.

- Sport, physical activities, and movement games can create a strong sense of coherence and cohesion in the community.

- Therefore, it is a powerful tool for improving the quality of life and the facilitation of minorities' social inclusion.

http://sucre.auth.gr/sites/default/files/media/attachments/SUCRE-IO4-Sports_&_Games_additional_theoretical_background.pdf

Active Citizenship

- Sport can lead to increased social connectedness and are associated with various benefits of active citizenship.

- Volunteering and community benefits, such as the construction and maintenance of local community life, identity, and pride.

- Inclusion or (re-)integration of special groups including individuals with physical and/or mental disabilities, young people with autism, disengaged youths, youth at risk, elderly, often at risk of social isolation.

https://www.mdpi.com/1660-4601/16/6/937/htm

Crime Reduction and (Anti-)Social Behavior

- Sports can be used to increase pro-social behavior, reduce smoking, alcohol and substance misuse, or prevent youth delinquency.

- They can help to improve the behavior and habits of adults with drug addiction or other social exclusion factors.

- Outdoor sport programs implemented for children and young people in foster care institutions as well as for disaffected youths and pupils showing anti-social behavioral traits resulted in a decrease in the number of behavioral referrals.

https://www.mdpi.com/1660-4601/16/6/937/htm

Volunteering in Sport

- According to Special Eurobarometer 472: Sport and physical activity (2018), in total, 6% of EU citizens engage in volunteering to support sporting activities.

- People who volunteer in sport do a range of different activities:

- Organising or helping to run a sporting event (33%)

- Coaching or training (27%).

- Being a member of a board or committee (21%), supporting day-to-day club activities (20%) and doing administrative tasks (18%).

http://data.europa.eu/euodp/en/data/dataset/S2164_88_4_472_ENG

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Unit 5 – Benefits of Exercise and PA Participation: Mental Illness Consequences to Social Well-being & Stigma

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Learning Objectives

- Know the social benefits of team / club sport participation
- Know the social health outcomes of team sport participation, in relation to team sport versus individual sport benefits
- Know the social health outcomes of team sport participation, in relation to competitive versus non-competitive structure
- Know the social health outcomes of team sport participation, in relation to commitment and continuation.
- Know the consequences of mental illness to social well-being
- Understand stigma in mental health and the problems relate to it
- Know how to counter stigmatization
- Know the psychosocial benefits of sport for individuals with severe mental illness

Benefits of Exercise and PA Participation: Mental Illness Consequences to Social Well-being & Stigma

Eleni Sakellariou

"EDRA" – Social Cooperative Activities for Vulnerable Groups

Benefits of team/ club sport participation

- Sports club participants have improved health related quality of life and life satisfaction given the social nature of their participation, compared to more individual PA activities such as walking and going to the gymnasium.

- Even after adjusting for differences in levels of PA, club participants have better physical role functioning, vitality, social functioning, mental health and life satisfaction than gymnasium and walking participants.

- Participation in a socially engaged manner can contribute to mental health and life satisfaction.

- The improved health benefits in the sport club group compared to individual based PA may result from enhanced social connectedness, social support, peer bonding and self-esteem which may be provided by club support.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4028858/pdf/1479-5868-10-135.pdf

Benefits of team/ club sport participation

- Participation in team sport and athlete identify were associated with lower depression scores.

- Specifically, athletic identify mediated the relationship between sport participation and depression.

- Club-based and team-based sport participation, when compared to other individual forms of PA, is associated with better psychological and social health outcomes, because:
  - Of the social nature of this participation
  - When people play a sport of their choice, it is fun and enjoyable in the social context and they are often intrinsically motivated to participate.

- Each individual should choose the sport that it suits their preferences.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4028858/pdf/1479-5868-10-135.pdf

Benefits of team/ club sport participation

- A wide range of different positive social, psychological, and psychosocial health outcomes associated with participation in team sport (M. H. Andersen et al., 2018)

- In total, 25 psychological health benefits, 19 social health benefits, and 8 psychosocial health benefits were identified in 17 studies.

https://journals.sagepub.com/doi/abs/10.1177/1403494818791405

Benefits of team/ club sport participation

Overview of the positive social and psychosocial health outcomes associated with team sport participation in adults (M. H. Andersen et al., 2018)		
	Social benefits	**Psychosocial benefits**
1	Camaraderie	Psychosocial health
2	Collective solidarity	Psychosocial well-being
3	Collectivity	Reduced feelings of loneliness
4	Communicative skills	Reduced social isolation
5	Cooperation	Sense of community
6	Friendships	Emotional social support
7	Friendship network	Trust
8	Reduced social exclusion	Psychosocial health
9	Relationships; interpersonal, social, and positive peer relationships	Psychosocial well-being
10	Social bonds and bonding	Reduced feelings of loneliness
11	Social capital	Reduced social isolation
12	Social connections and social connectedness	
13	Social engagement	
14	Social inclusion	
15	Social interaction	
16	Social network	
17	Social skills	
18	Social well-being	
19	Teamwork	

Benefits of team/ club sport participation

M. H. Andersen et al. (2018) identified three key issues influencing the psychological and social health outcomes of team sport participation as a health-promoting activity.

- **1. Team sport versus individual sport**
- **2. Competitive versus non-competitive structure, and**
- **3. Commitment and continuation**

https://journals.sagepub.com/doi/abs/10.1177/1403494818791405

Benefits of team/ club sport participation

1. Team sport versus individual sport

- Study on the development of social capital among physically inactive, healthy premenopausal women age 19–47 years who participated in (recreational) football and running as part of a 16-week health intervention project.

- Team sport (i.e. football) had a significant advantage over individual sport (i.e. running) in the development of social capital, resulting in better social health outcomes.

- The participants in the football group developed social bonds, internal bonding, and network formation to greater degree than the participants in the running group.

- A majority of young male Australian rule football players felt that it was easier for them to partake in physical exercise to improve health in a team sport environment due to the peer support and camaraderie.

- Among university students with high perceived stress, participating in ball sports and dancing was associated with decreased depressive symptoms, whereas no stress-moderating effects were found for aerobic exercise.

https://journals.sagepub.com/doi/abs/10.1177/1403494818791405

Benefits of team/ club sport participation

1. Team sport versus individual sport

- There are significant positive social and mental health benefits of participation in team sport compared with participation in type of sports that are more individualistic in nature.

- The type of sport is a crucial feature in order to increase and facilitate these psychological and social health benefits.

- The social nature of team sport facilitates participation in PA.

https://journals.sagepub.com/doi/abs/10.1177/1403494818791405

Benefits of team/ club sport participation

2. Competitive versus non-competitive structure

- Negative consequences and limitations of using team sport with regard to the competitive nature of team sport.

- In a study, it was found that football not only had the capacity to stimulate mental health recovery, but the competitive nature of the football activities could also potentially have negative and reverse impacts on the mental health clients' selfesteem, resulting in stress and performance anxiety particularly for the low-skilled football players, thereby exacerbating mental illness.

- Over-aggression and violence were also negative side effects of the football activities.

https://journals.sagepub.com/doi/abs/10.1177/1403494818791405

Benefits of team/ club sport participation

2. Competitive versus non-competitive structure

• Study about Lifeball participants to assess changes in PA, social isolation, and loneliness.

• Lifeball was intentionally created as a non-competitive team game that targeted older individuals leading a sedentary lifestyle.

• Findings indicated that the non-competitive structure functioned as an entry point into PA.

• Significant improvements in psychosocial health, well-being, and emotional social support, along with reduced feelings of loneliness and social isolation.

• A need for shifting focus from competition to participation in health promotion interventions, defined as "inclusive competition."

• Inclusive competition promotes elements of fun, enjoyment, safety, cooperation, and collaboration and team spirit. These values facilitate participation and positive involvement, social interactions, caring relationships, and a supportive atmosphere.

https://journals.sagepub.com/doi/abs/10.1177/1403494818791405

Benefits of team/ club sport participation

2. Competitive versus non-competitive structure

• Critical aspects of using team sport in health contexts.

• These are associated with the inherent competitive nature of team sport in supporting the adoption of a structure of inclusive competition that facilitates participation and promotes health.

• However, for certain target groups, the competitive element of team sport participation is of crucial importance in the promotion of social and mental health benefits.

https://journals.sagepub.com/doi/abs/10.1177/1403494818791405

Benefits of team/ club sport participation

3. Commitment and continuation

The social context of team sport

- Team sport (volleyball) fostered a sense of community for the participants that encouraged long-term commitment to sport and PA.

- Female participants, through the camaraderie, support, bond, and loyalty of the volleyball team, were encouraged and determined to continue volleyball practice each week for more than 2 years.

- Football players expressed a sense of commitment to the football team in the health intervention and a dependence on other people's participation, in contrast to the runners, who valued the flexibility and interdependence.

- The football players were committed to the activity itself and not letting down their teammates, whereas the commitment of the runners was related to a health discourse and to fulfilling obligations made to the project.

- One year after the intervention, only the football players continued to play football as a team in a local football club.

- Sense of obligation toward the team members, team spirit, sense of positive mutual interdependency and feeling of collectivity, sense of responsibility of being part of a team.

https://journals.sagepub.com/doi/abs/10.1177/1403494818791405

Benefits of team/ club sport participation

3. Commitment and continuation

Team sport as an enjoyable and meaningful activity

- Footballers ranked their enjoyment of the football activity high and ranked "having fun" as second highest on the list of important aspects regarding their participation in football compared with runners.

- The significance team members attributed to team participation and their desire for commencement or continued involvement in football could be ascribed to experiences of pleasure and enjoyment.

- Participation in team sport is a meaningful activity with particular regard to individuals with mental health problems, as it gives participants as sense of meaning, purpose, and stability.

- E.g. involvement in team sport (Australian rules football) provided unemployed men with a sense of occupational identity, offering them a sense of meaning and satisfaction.

- Thus, the social, enjoyable, and meaningful nature of team sport is an important aspect of keeping people engaged in, participating in, and committed to PA also in the long run.

https://journals.sagepub.com/doi/abs/10.1177/1403494818791405

The consequences of mental illness to social well-being

- The consequences of mental illness often affect the person's social and economic well-being and all aspects of life.

- People with mental illness remain one of the most marginalised groups in society.

- They are often isolated from family and friends.

- They may experience family instability, poverty, unemployment, stigma and exclusion.

- These problems result in high rates of death and earlier death.

- Also, people with mental illness are more likely to have never married, to live alone, to be unemployed and to have not completed secondary school.

http://www.aph.gov.au/DocumentStore.ashx?id=4b08cc9f-e5c0-4402-9951-91e730d2c020

The consequences of mental illness to social well-being

- People with mental illness who are unable to maintain employment or study roles lose common life roles linked to self esteem, meaning and social connectedness.

- Isolation can lead to loss of skills and confidence to engage socially with others.

- Poor family relations experienced by many people with a mental illness further contribute to the isolation.
  - 84% of those with mental illness are separated, divorced, widowed or single;
  - 85% are reliant on welfare benefits;
  - 72% do not have a regular occupation;
  - and 45% live in hostels, supported housing or crisis shelters, or are homeless.

http://www.aph.gov.au/DocumentStore.ashx?id=4b08cc9f-e5c0-4402-9951-91e730d2c020

Stigma in mental health

- People with mental illness often have to struggle with the negative attitudes and behaviors that society, and they themselves, hold regarding mental illness, one of which is stigma.

- Byrne (2000) defines stigma as a sign of disgrace or discredit, which sets a person apart from others.

- The stigma of mental illness, although more often related to context than to a person's appearance, remains a powerful negative attribute in all social relations.

- Stigma is a complex, multifaceted social process that consists of labelling, stereotyping, separation, status loss, and discrimination that co-occur in a power differential.

https://www.ncbi.nlm.nih.gov/pubmed/21357643

https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/stigma-of-mental-illness-and-ways-of-diminishing-it/EF630432A797A5296D131EC0D4D5D7AD

Understanding stigma

- 1 in 4 living in the EU can expect to experience a mental health problem during his or her lifetime

- People affected by mental health problems are being stigmatised in almost all areas of their daily life.

- They are socially and structurally excluded and hindered from realising their abilities, coping with the normal stresses of life, working productively and fruitfully, and being able to make a contribution to their community.

(Burfeind, 2010)

https://ec.europa.eu/health//sites/health/files/mental_health/docs/ev_20101108_bgdocs_en.pdf

Understanding stigma – the problems

- People with mental health problems are being stigmatised in all areas of their life
- People with mental health problems are confronted with prejudice
- Frequent stigmatisation leads to anticipated stigmatisation
- People with mental health problems also stigmatise themselves (self-stigmatisation)
- Stigmatisation leads to exclusion with even more negative consequences

https://ec.europa.eu/health//sites/health/files/mental_health/docs/ev_20101108_bgdocs_en.pdf

Understanding stigma – the problems

- Lack of treatment in primary and psychiatric care
- Social inclusion still needs to be promoted
- The individual's and the economic costs of stigmatisation are high
- People in contact with mentally ill people also experience stigmatisation
- Due to stigmatisation mental health issues have low priority in policies

https://ec.europa.eu/health//sites/health/files/mental_health/docs/ev_20101108_bgdocs_en.pdf

How to counter stigmatization?

There are many efforts to counter stigmatisation and social exclusion, but there is lack of evaluated interventions (Burfeind, 2010)

- Social distance as indicator for stigmatising attitude and behaviour
- Pupils, students and health professionals seem to be a good target
- Public protest campaigns risk an attitude rebound
- Contact to people with mental disorder is the most effective way to overcome social distance
- Including mentally ill people in the conception and realisation of action fosters empowerment
- Education and information – combined with contact – is most effective
- A combination of methods is effective
- Addressing different levels, individuals, groups and society, helps sustain the effect
- All in all the most successful interventions include:
  - The provision of information about the stigmatised group, the opportunity for personal contact or other elements that facilitate perspective-taking, the change of methods and media, and the promotion of new social norms (e.g., through a role-model, legislative changes or non-stigmatizing depiction in the media).

https://ec.europa.eu/health//sites/health/files/mental_health/docs/ev_20101108_bgdocs_en.pdf

Psychosocial benefits of sport for individuals with severe mental illness

The Social Meaning of Sport in the Lives of Patients

- The sporting activities seemed to generate enthusiasm among the patients before and after the activity.

- Sport meant being part of a group and receiving an identity from that, having a social interest which gave meaning.

- Sport required individuals to undertake a social learning experience, which extended and enhanced their social network.

- Increases in social confidence, greater social skills, and a decrease in social withdrawal from experiencing a new social world

- Individuals became more autonomous and had developed or enhanced their ability for social engagement.

https://www.hindawi.com/journals/apsy/2015/261642/

Psychosocial benefits of sport for individuals with severe mental illness

The Direct Benefits of Sport

- Sport provided individuals with somewhere to go and something to do.
- Sport provided an opportunity to be someone within a positive group and a positive sense of identity.
- Interactions within the sporting environment were not often focusing on their mental illness or problems.
- Sport was often associated with a normal trip with excitement and pleasure or getting back to what was perceived as normal for the patient.
- It represented a social learning opportunity as it could help break down perceptual biases.
- Sport served as a distraction from individuals' typical worries, anxieties, or mental health symptoms.
- Sport was associated with the accomplishment of a task.

https://www.hindawi.com/journals/apsy/2015/261642/

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Unit 6 – Barriers Toward Exercise & PA Interventions for Physical Activity Participation Improvement

"

Learning Objectives

✓ Know the theoretical approaches explaining barriers of MI patients' PA/exercise participation

✓ Recognise and understand the barriers towards exercise in mental ill patients.

✓ Recommend and apply interventions to overcome barriers

Barriers Toward Exercise & PA Interventions for Physical Activity Participation Improvement

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National & Kapodistrian University of Athens

Introduction

Psychological disorders & mental illness affect an individual's ...

- Ability to work,

- Engage in relationships and

- Live independently in community

It constitutes a significant risk factor for

- Morbidity and

- Mortality

Mueser et al., 2001; Evans et al., 2007

…

Psychological disorders & Mental illness **represent**:

a **significant health problem**

• The life expectancy is 20-25 years less than that of the general population

Dixon et al., 1999; McGrath et al., 2008

• 33,5 to 70% of individuals with schizophrenia have an additional morbidity

Casey & Hansen, 2009

...

Mental illness **is a serious public health issue**

Severe mental illnesses (schizophrenia, bipolar disorder, major depression)

cause 10.5%
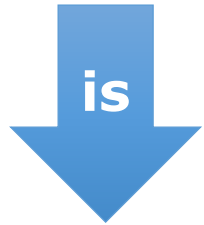
of the burden of disease and injury worldwide.

WHO, 2000

account for the 3 of the top 30 leading causes of years

with disability.

Murray & Lopez, 1997

…

Individuals with **Severe Mental Illness** are ...

- less active Lindamer et al., 2008

Depression associate with

is

- Lethargy
- lack of motivation
- low self-confidence
- low self-esteem

} Increase sedentary behavior

Grace et al., 2005; Lin et al., 2010

... one of the **most threatening health issues**.

*"Approximately 30% of the **European population** has a long-term condition. People with a long-term condition that is comorbid with a mental health problem have worse health outcomes than do people with either of these alone"* (p. 141).

Clow & Edmunds (2014)

...

Researches have concluded that …

Physical Activity & Exercise

- Reduce depression (in the same level with Psychotherapy or pharmacotherapy)

- Improve general health – without the negative side effects of drugs (Landers, 2007)

- Are an important component of the quality of life of any participant

- Can improve the physical & Mental Health

- … and health related quality of life of mentally ill population

   (Josefsson et al., 2014; Rosenbaum et al., 2014; Vancampfort et al., 2015)

Researches have concluded that …

Physical **Activity & Exercise**

- Can positively affect a various range of mental health conditions (e.g., schizophrenia, Alzheimer's disease, depression)

- Can positively affect well-being

<div align="right">(Clow & Edmunds, 2014)</div>

Physical Inactivity

- Is a major cause of **morbidity** & **mortality** as other risk factors for cardiovascular disease   (e.g., Wei et al., 1999)

…

Follow-ups examinations ...

Although it is well documented that **PA & Exercise have multiple benefits for physical & mental health** ...

- Most of the participants had not maintained their activity level (Andersen et al., 1998)

- Adult PA levels have declined over the past two decades (Haskel et al., 2007)

...

Follow-ups examinations ...

Indicatively,

- the majority of American adults are considered non-active (Haskel et al., 2007)

- the 47.2% of young Cypriots do not perform any type of exercise at all (Kyriakou & Pavlakis, 2011)

- the 25% of the Greek population do not participate in PA beyond the necessary daily tasks (Valanou, Bamia, Chloptsios, Koliva, & Trichopoulou, 2006).

- Only a minority of individuals with depression and bipolar disorder engage in PA & Exercise (Wielopolski et al., 2014; Janney et al., 2014)

...

Follow-ups examinations …

Prevalence of INACTIVITY,

- Is great among clinical population:

- **96%** of the sample **did not meet PA guidelines** of at least **150 min/week** of moderate-to-vigorous-intensity PA (Jerome et al., 2009)

Generally, research evidence (nonclinical & clinical populations)

- **Physical inactivity** has crucial implications for morbidity and mortality

- **Physical activity** interventions can be effective and

- … have a meaningful impact on health parameters.

…

Overall,

These reasons led researchers to

- find ways to increase the level of exercise & PA in mentally ill people's everyday lives.

- PA programmes for mentally ill individuals should be integrated into mental health services (Richardson et al., 2005).

Because of the importance of PA and exercise **in terms of health improvement**, it is essential to identify

- the causes of the low levels of exercise participation and

- the difficulty of adhering to an exercise routine .

Theories explaining barriers of mental ill patients' exercise participation

Severe Mental Ill (**SMI**) individuals face several **barriers**, **obstacles** or **difficulties** in their PA & Exercise participation.

Having this in mind,
- meta-syntheses of the qualitative literature
- systematic reviews
- meta-analyses

Have examined the factors that may encourage or prevent exercise participation among **SMI** individuals

(Firth, Rosenbaum, Stubbs, Corczynski, Yung, & Vancampfort, 2016; Mason & Holt, 2012; Soundy, Freeman, Stubbs, Probst, Coffee, & Vancampfort, 2014b).

...

People may be turned off by the exercise because:

Royal College of Psychiatrists

(Taylor, 2014)

- they never done exercise,
- they were not good at sports at school,
- they would feel silly,
- they have thoughts that other people would make fun of him/her,
- exercise could not help unless it hurts,
- during exercise they are sweaty and uncomfortable,
- they are too tired,
- they would rather do something else,
- they believe that it is expensive,
- they think exercise will make them feel worse,
- they don't have anyone to do exercise with,
- they don't know where, when or how to start.

...

The reason …

Individuals with mental health problems engage in significantly
- Less vigorous exercise, and
- Greater amounts of **sedentary behaviour** than health controls

(Stubbs et al., 2016a,b; Vancampfort et al., 2016a)

is predictive of a range of adverse health outcomes including:
- obesity,
- Diabetes, &
- medical co-morbidity

among individuals with mental health issues

(Vancampfort et al., 2013a,b; Suetani et al., 2016)

It is also associated with
- more severe negative symptoms &
- poor socio-occupational functioning

(Vancampfort, Knapen, Probst, Scheewe, Remans, & De Hert, 2012; Suetani et al., 2016)

Common Barriers toward exercise

Personal barriers

Physical

- Physical illness & Poor health → barrier for 25% of patients.
- Tiredness / Low energy → it was reported by 45% of patients

Psychological

- Experienced Stress / Depression → a more significant barrier to exercise for 61% of patients
- Disinterest in exercise (motivation) = barrier for 32% of patients.
- Self-confidence
- Safety

Socio-ecological barriers

- Support
- Time
- Cost
- Access to facilities
- Insufficient information

(Firth, Rosenbaum, Stubbs et al., 2016)

Theoretical models explaining barriers of mental ill patients' exercise participation

Case Management - Person Centered Treatment plan

- **Features**
  - Holistic approach to individual needs
  - Process of facilitation allows for referral, not just direct service
  - Collaborative outcomes: Individualized support combined with individual's effort

- Case management is a **collaborative process** of <u>assessment</u>, <u>planning</u>, <u>facilitation</u> and <u>advocacy</u> for options and services to meet an individual's needs
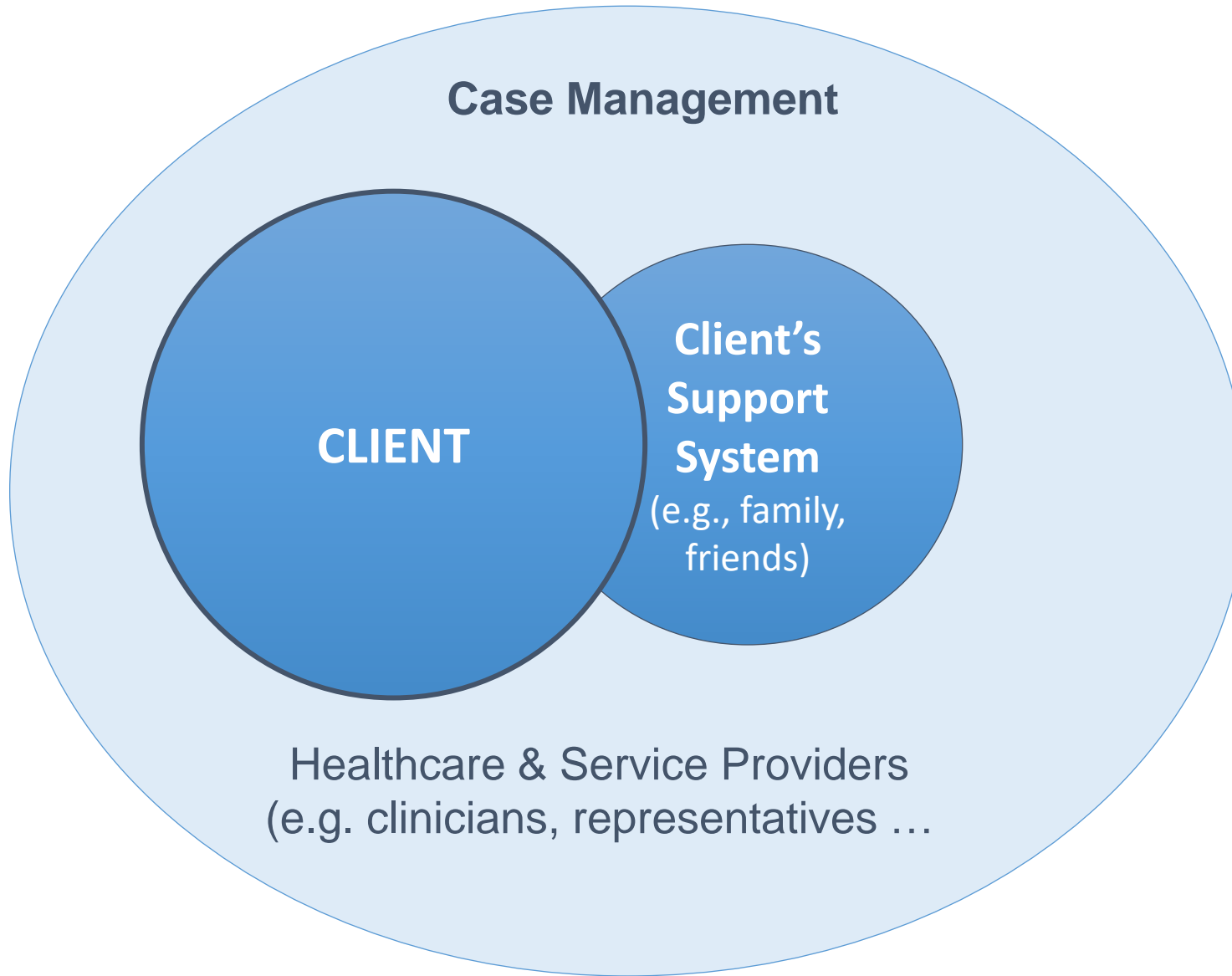
Individualized Case Management approaches

- Strengths Based Clinical Formulation

- Recovery Life Goal

- Treatment Goal

- Clinical and Systemic Discharge Criteria

- Focus of Treatment
  - 1st Objective: Within the next X days (patient's name) will …
  - Discipline Specific Interventions
  - 2nd Objective: Within the next X days (patient's name) will …
  - Discipline Specific Interventions

Adams & Grieder, 2005, 2013; Faulkner et al., 2007a
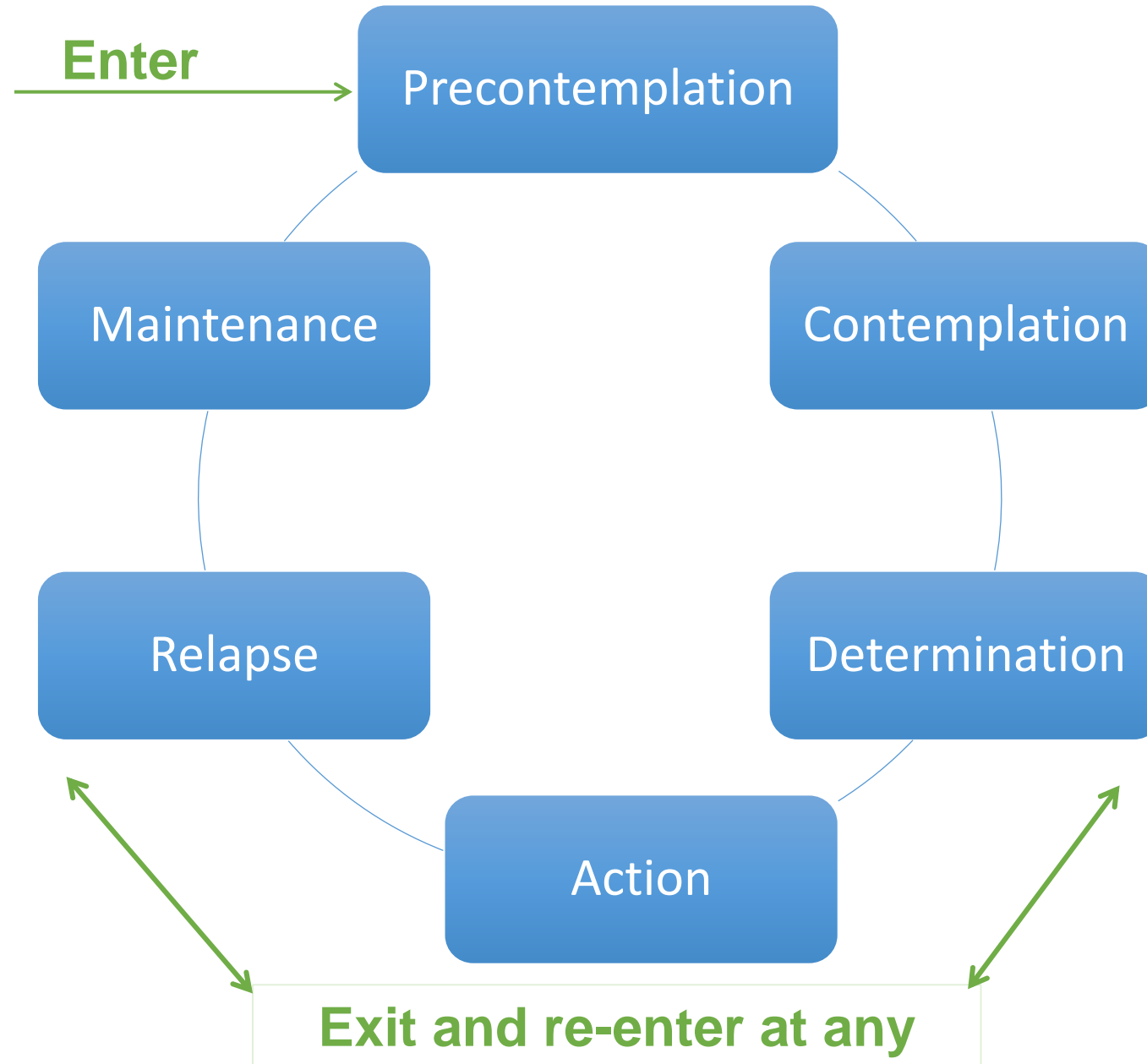
Transtheoretical Model (TM)

DiClemente & Prochaska, 1982

TM is used to inform an **individualized approach**:

• TM can help identify the person's readiness to engage in PA

• TM provides **processes** to help the person move from a stage of not considering exercise to thinking about potential types of physical activity …

…

The **process** of TM includes:

DiClemente & Prochaska, 1982

- provide information on how exercise may help,

- address perceived barriers to exercise,

- use positive aspects of exercise to counter fears and anxieties about future health

- and once engaged in exercise includes processes designed to continue engagement.

- Motivational interviewing (MI)

    is one of the processes used in applying the TM which may help people

      - to identify the barriers to exercise and

      - to promote engagement with physical activity programmes .

Brodie & Inoue, 2005

People with SMI (severe mental illness)

need more exercise … unfortunately, **they engage in** significantly
- less vigorous exercise
- greater amounts of sedentary behaviour than health individuals (control group) (Stubbs et al., 2016a,b; Vancampfort et al., 2016a)

Research evidence → Exercise interventions can:

- Improve physical health

- Reduce psychiatric symptoms (Rosenbaum et al., 2014; Firth et al., 2015)
- Reduce negative symptoms
- Reduce cognitive deficits (Firth et al., 2015; Kimhy et al., 2015)

People with SMI (severe mental illness)

- **Meta-analysis suggests** (Firth et al., 2015):

  Various exercise modalities can be effective for improving outcomes in SMI

  Important: sufficient total volume of activity is needed

- **Clinical trials** found that:

  significant benefits for depressive and psychotic symptoms only occur among participants who achieve sufficient amounts of exercise (Hoffman et al. 2011; Scheewe et al. 2013).

Therefore,

training programmes which can maximize **adherence to exercise** in SMI may be the most effective.

Common Barriers toward exercise

Personal barriers

Physical

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- Disinterest in exercise (motivation) = barrier for 32% of patients.

- Self-confidence

- Safety

Socio-ecological barriers

- Support

- Time

- Cost

- Access to facilities

- Insufficient information

(Firth, Rosenbaum, Stubbs et al., 2016)

Personal Barriers

- Insufficient time to exercise
- Inconvenience of exercise
- Lack of self-motivation
- Non-enjoyment of exercise
- Boredom with exercise
- Low self-efficacy
- Fear of being injured
- Lack of self-management skills (set goals)
- Lack of support

The **top-3 barriers** are
- Time
- Energy
- motivation

Manaf, 2013; Sallis & Hovel, 1990; Sallis, Hovell, & Hofstetter, 1992

...

Socio-ecological barrier

- **Lack of support** = the most frequently experienced practical barrier → it was reported by 50% of patients.

- **Lack of time** → it was reported by 19% of patients.

- Non-availability of suitable places

- Accessibility of PA places

- Traffic to and from places

- Availability of public transportation

Social environment

- Support from family or friends

- Community spirit

Manaf, 2013; Sallis & Hovel, 1990; Sallis, Hovell, & Hofstetter, 1992

…

Overcoming barriers toward physical activity

Know the barriers in order to break them!

Recognizing and understanding barriers is the first step in overcoming them ...

We can find many interesting ideas in the bibliography ...

Centers for Disease Control and Prevention (2007). *Overcoming Barriers to Physical Activity. Physical Activity for Everyone.*

Know the barriers in order to break them!
www.exerciseright.com.au

Lack of time

- **Monitor your daily activities for one week**.
  - Identify at least 3 30-minute time slots you could use for PA
- **Add PA to your daily routine**.
  - Walk or ride your bike to work or shopping,
  - Organise school activities around PA
  - Walk the dog
  - Exercise while you watch TV
  - Park farther away from your destination etc.
- **Select activities requiring minimal time**.
  - e.g. walking, jogging or stair climbing

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Lack of energy

- **Plan exercise into your schedule**.
  - Schedule PA for times in the day or week when you feel energetic.
- **Start small and build gradually**.
  - Even something as simple as a brisk walk can be beneficial.
  - It's a long race so by starting small, you avoid gassing at the start
- **Give it a go**.
  - Convince yourself that if you give it a chance, PA will increase your energy level; then, try it.

Know the barriers in order to break them!

www.exerciseright.com.au

Lack of motivation

- **Plan ahead**.
  - Make PA a regular part of your daily or weekly schedule and write it on your calendar.
- **Set SMART goals**.
  - Setting SMART goals (Specific, Measurable, Attainable, Relevant and Timed) gives you the freedom to choose a goal that is both relative to your current situation and also achievable.
- **Start small**.
  - The key is to be honest with yourself and start small.
  - It's a long race so by starting small, you avoid gassing at the start.
- **Use technology**.
  - Apps can help give you the motivation to get outside and move.
- **Rally support**.
  - Invite a friend to exercise with you on a regular basis and write it on both your calendars.

Know the barriers in order to break them! www.exerciseright.com.au

Lack of support

- **Ask for help**.
  - Explain you interest in PA to friends and family
  - Ask them to support your efforts
- **Exercise with friends**.
  - Invite friends and family members to exercise with you
  - Plan social activities involving exercise
- **Develop new friendships with PA people**.
  - Join a group with physically active people

Know the barriers in order to break them!

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Fear of injury

- **Warm up and cool down**.
  - Learn how to warm up and cool down to prevent injury

- **Exercise appropriately for yourself**.
  - Learn how to exercise appropriately considering your age, fitness level, skill level, and health status.

- **Minimise your risk**.
  - Choose activities involving minimum risk.

- **Consult a professional**.
  - Exercise with the help of an accredited exercise professional who can show you how to exercise safely and at a level suitable to your unique needs.

Know the barriers in order to break them!

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Lack of Skill

- **Select well-known activities** .
  - Choose activities requiring no new skills; walking, climbing stairs, or jogging
- **Take a class to develop new skills**.

Know the barriers in order to break them!

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Lack of resources

- **Select activities that require minimal facilities or equipment**.
  - e.g. walking, jogging, jumping rope etc.
- **Identify inexpensive program**.
  - Inexpensive, convenient resources available in your community
  - e.g. community education programs
  - Park and recreation programs
  - Work-site programs etc.

Know the barriers in order to break them!

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Weather conditions

- **Develop a set of regular activities that are always available regardless of weather**.
  - e.g. indoor cycling, aerobic dance, indoor swimming, stair climbing, rope skipping, walking dancing, gymnasium games etc.

Know the barriers in order to break them!

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Travel

- Put a jump rope in your suitcase.
- Walk the halls and climb the stairs in hotels.
- Stay in places with swimming pools or exercise facilities.

Know the barriers in order to break them!

Family obligations

- **Share babysitting time.**
  - Share babysitting time with a friend, neighbour, or family member who also have children
- **Exercise with the kids.**
  - Go for a walk together, play running games, do aerobic dance and exercise together
- **Use home exercise equipment.**
  - Jump rope, ride a stationary bicycle while the kids are busy playing or sleeping.
- **Exercise when the kids are not around.**
  - e.g. during school hours or their nap time

Know the barriers in order to break them!

www.exerciseright.com.au

Retirement years

- **Retirement as an opportunity to become more active**.
  - Spend more time gardening, walking the dog, and playing with grandchildren

- **Learn new skills**.
  - e.g. ballroom dancing, swimming etc.

- **Make regular PA a part of every day**.
  - Go for a walk every morning or every evening before dinner.

Conclusions

5

Interventions for people with SMI …

Exercise training programmes should be designed

- to improve exercise capacities and cardiorespiratory fitness
- to provide the necessary levels of supervision or assistance for each patient to overcome personal or socio-ecological barriers and achieve their goals .

(Firth, Rosenbaum, Stubbs et al., 2016)

Conclusions

- There are implications of poor physical health in SMI

- Need to monitor the physical health of this clinical population and

- Need to provide advice on how to increase levels of physical activity.

- PA programmes that include professional and peer support may be more likely to facilitate physical activity uptake and adherence (Faulkner et al., 2007a).

- Need for a structured day programme - available 5 days/week

- It will run by a multidisciplinary team and

- It includes individual and group activities

➔ Support to each patient may need not only to engage with, but also to maintain regular physical activity.

Conclusions with regard the barriers toward PA

(Firth, Rosenbaum, Stubbs et al., 2016)

People with SMI

Value exercise for its ability

• to improve physical health

• to improve their appearance

• And the psychological benefits.

Valued outcome - Meta-syntheses of qualitative literature:

• Improving self-identity

• Improving body
(Mason & Holt, 2012; Soundy et al., 2014a)

However,

• Many barriers arise for their participation in PA:

  - Mental health symptoms

  - Tiredness

  - Insufficient support

present substantial barriers for the majority of patients.

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