

The Use of “Lifestyle” in Health Psychology

Subjects: Psychology

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Lifestyle is a complex and often generic concept that has been used and defined in different ways in scientific research. There is no single definition of lifestyle, and various fields of knowledge have developed theories and research variables that are also distant from each other. In health psychology, the use of this concept has spread widely, especially in the preventive medicine sector, despite a definition that is not always precise and unambiguous. Indeed, it is often confused and assimilated to the health behaviours that have been defined as behavioural patterns, actions, and habits that relate to health maintenance, to health restoration and health improvement. There are two main definitions of lifestyles. The first one was formulated by the WHO, for which lifestyle is defined as “patterns of (behavioural) choices from the alternatives that are available to people according to their socio-economic circumstances and the ease with which they are able to choose certain ones over others”. The second major definition of lifestyle formulated by Cockerham is “collective patterns of health-related behaviour based on choices from options available to people according to their life chances”.

Keywords: lifestyle ; health psychology ; health practice

1. Introduction

Lifestyle is a complex and often generic concept that has been used and defined in different ways in scientific research. Currently, there is no single definition of lifestyle and the various fields of knowledge have developed theories and research variables that are also distant from each other. The term appeared for the first time in the mid-eighteenth century when the French naturalist and writer Georges Louis de Buffon (1707–1788) stated, “The style is the man himself” ^[1]. In the past, 150 years ago, the English philosopher and author Robert Burton observed, “It is most true, stylus virum arguit-our style betrays us” ^[2] (p. 122). Lifestyle was associated with these first references as a “manner of expression” ^[3].

Lifestyle has been used and explored as a construct within sociological currents, considering, for example, the theories of Weber and Bourdieu ^{[4][5]} or recently ^[6] in which it is viewed as an expression of social class. While the psychological perspective defines and analyses lifestyle on the level of thought or the level of action. In particular, lifestyle has been addressed in the context of consumer psychology ^[7], psychology of values ^{[8][9][10][11]}, and individual psychology ^{[12][13]}.

The difference between a healthy lifestyle and health behaviours appears to be subtle and not always clear.

Within the sociomedical discourse, there is a frequent tendency to use the concept of lifestyle as individual behavioural patterns, which influence the status of the disease ^[14] and can be modified with targeted educational campaigns ^{[15][16]}. Research in this area investigates lifestyle in terms of the presence or absence and frequency of “unhealthy” behaviours (smoking, alcohol, diet, and physical activity) ^{[17][18][19]}. The exclusive focus on risk behaviours reflects the typical tendency of the risk society ^[20] to identify the pursuit of health to avoid risk factors. In this scenario, the subject is responsible and the protagonist of their own health choices ^[21]. Certainly, lifestyle is a historic research topic in the field of medicine, epidemiology, and health psychology. This is justified by the modern condition of epidemiological scenarios. Indeed, the World Health Organization (WHO) has been highlighting for decades how the fight against chronic diseases represents the challenge of the 21st century; noncommunicable diseases (NCDs), such as cardiovascular disease, cancer, diabetes, and chronic respiratory diseases, represent the leading cause of death worldwide and are responsible for 70% of deaths globally ^[22]. The risk factors on which the WHO focuses are precisely lifestyles, which can be traced in the following behaviours: use of tobacco, unhealthy diet, lack of physical activity, and excessive alcohol consumption, which in turn lead to overweight and obesity, increased blood pressure, and increased cholesterol, all risk factors for the onset of a disease.

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Focusing on the preventive and risk avoidance perspective does not seem to be sufficient for implementing health promotion action and intervention strategies, especially when considering health as a complex topic, such as a state of complete bio–psycho–social wellbeing rather than just the absence of disease, as stated in the historical conception of WHO ^[26], as. Furthermore, recent revision define health as the ability to adapt and cope autonomously with life’s ever changing physical, emotional, and social challenges ^[27].

According to the WHO definition, the close relationship between health and well-being is clear. However, it is important to note that well-being is defined here as “An umbrella term for different valuations that people make regarding their lives, the events happening to them, their bodies and minds, and the circumstances in which they live” ^[28] (p. 400)

It is also essential to consider that the COVID-19 emergency has led to a significant change in people’s daily life and lifestyle, with important social, work, and educational implications. New vulnerabilities and the worsening of health inequalities have emerged, strongly affecting the individual and community on several fronts, highlighting, on the one hand, individual and social protective factors and, on the other, factors of vulnerability.

2. The Use of “Lifestyle” in Health Psychology

2.1. The Concepts of Lifestyle

Over time, several reviews have been carried out on the concept of lifestyle, among which the main ones are mentioned ^{[3][7][29][30][31]}. **Table 1** displays a collection of the most recognised and cited definitions in the literature, from the first formulations to the most recent ones, considering the ambitions of psychological and sociological research. Starting from the categorisation of the content of the definitions, three interpretative keys were proposed: internal, external, and temporal (see **Table 1**).

Table 1. Major explicit definitions of lifestyle in the psychological and sociological literature.

Reference	Definition	Research	Lifestyle Dimension
Adler (1933) ^[12]	“Their ability to show the individual living, acting, and dying as an indivisible whole in closest context with the tasks of his sphere of life rouses our admiration for their work to the highest degree” [...] “the wholeness of his individuality.”	Psychology	Internal, temporal
Allport (1961) ^[13]	“The complex propriate organisation that determines the ‘total posture’ of a mature life-system.” [...] [The lifestyle] “evolves gradually in the course of life, and day by day guides and unifies all, or at least many, of a person’s transactions with life.”	Psychology	Internal, temporal
Coleman (1964) ^[32]	“The general pattern of assumptions, motives, cognitive styles, and coping techniques that characterise the behavior of a given individual and give it consistency.”	Psychology	Internal, temporal
Schutz et al. (1979) ^[11]	“The orientation of self, others, and society that each individual develops and follow [...] [it] reflects the values and cognitive style of individual. This orientation is derived from personal beliefs based on cultural context and the psycho-social milieu related to the stages of the individual’s life.”	Psychology	Internal
Mitchell, (1983) ^[9]	“We started from the premise that an individual’s array of inner values would create specific matching patterns of outer behavior –that is, of lifestyle.”	Psychology	Internal

Reference	Definition	Research	Lifestyle Dimension
WHO (1986) ^[33]	"Lifestyles are patterns of (behavioural) choices from the alternatives that are available to people according to their socio-economic circumstances and the ease with which they are able to choose certain ones over others."		
Giddens (1991) ^[6]	"A lifestyle can be defined as a more or less integrated set of practices which an individual embraces, not only because such practices fulfil utilitarian needs, but because they give material form to a particular narrative of self-identity." "Lifestyles are routine practices, the routines incorporated into habits of dress, eating, modes of acting and favoured milieus for encountering others; but the routines followed are reflexively open to change in the light of the mobile nature of self-identity."	Sociology	External, temporal
Veal (1993) ^[29]	"Lifestyle is the distinctive pattern of personal and social behaviour characteristic of an individual or a group."	Sociology	External, temporal
Stebbins (1997) ^[7]	"A lifestyle is a distinctive set of shared patterns of tangible behavior that is organised around a set of coherent interests or social condition or both, that is explained and justified by a set of values, attitudes, and orientations and that, under certain conditions, becomes the basis for a separate, common social identity for its participants" and "lifestyle are not entirely individual [...] but are constructed through affiliation and negotiation, by the active integration of the individual and society, which are constantly [...] reproduced through each other."	Sociology	Internal, temporal
Cockerham et al. (1997) ^[34]	"Collective patterns of health-related behaviour based on choices from options available to people according to their life chances."	Sociology	External, temporal
Jensen (2009) ^[35]	"A lifestyle is a pattern of repeated acts that are both dynamic and to some degree hidden to the individual, and they involve the use of artefacts. This lifestyle is founded on beliefs about the world, and its constancy over time is led by intentions to attain goals or sub-goals that are desired. In other words, a lifestyle is a set of habits that are directed by the same main goal."	Psychology	External, temporal

- Internal dimension: Lifestyle as a synonym for personality style, an expression of cognitive styles, or a set of attitudes, interests, and values. The focus is placed on the subject and on the internal processes that guide behaviour and action;
- External dimension: lifestyle as an expression of the individual's status and social position within a given context or as an expression of behavioural patterns;
- Temporal dimension: lifestyle as a stable dimension that is expressed within daily practices; this dimension is found transversally in some sociological and psychological perspectives.

2.2. Lifestyle in the Field of Health Psychology

Currently, in the field of health psychology, there are two main definitions of lifestyles. The first one was formulated by the WHO, for which lifestyle is defined as "patterns of (behavioural) choices from the alternatives that are available to people according to their socio-economic circumstances and the ease with which they are able to choose certain ones over others" ^[33]. This definition highlights that lifestyles are behavioural patterns of individual choice, influenced by the socioeconomic context in which the person lives. On the one hand, the responsibility for one's choices is emphasised, with individual agency as the primary source of health and the prevention of pathologies; on the other, the focus is on health determinants as factors that combine themselves to define the possibilities of choice.

The second major definition of lifestyle formulated by Cockerham is "collective patterns of health-related behaviour based on choices from options available to people according to their life chances" ^[36] (p. 55). This definition formulated starting from the thought of Weber ^[37] and Bourdieu ^[5], to which the scholar refers directly in the model, postulated that lifestyle was comparable to a set of personal routines, which reflected belonging to certain social classes or groups in which the person was included. The set of healthy behaviours were thus grouped into lifestyles. The person coherently chose their lifestyle due to the fact of their choices and chances, which were structurally determined by socioeconomic status (SES), age, sex, race, collectivities (social networks associated with marriage, religion, politics, ideology, workplace, etc.), and living conditions. Choices and possibilities interacted with each other and influenced the formation of dispositions to act (i.e., habitus), leading to specific health-related practices (action) ^[5]. Both definitions have the advantage of underlining the influence of the social environment on behaviours and behavioural choices related to health, highlighting how the individual is not a monad but is inserted within a socioeconomic context that limits opportunities and personal possibilities. Therefore, these definitions align with the line of research that emphasises the importance of considering the

determinants of health as factors that influence individual possibilities [38]; moreover, they refer to the wide range of social, economic, political, psychosocial and behavioural factors that directly or indirectly affect health outcomes, which in turn contribute to health inequalities [39][40][41][42][43]. Although the two main definitions focus on the influence of contextual factors in defining the individual's possibilities of choice, the literature in this area focuses on individual behaviour at the expense of the context [44]. The main limitation of these definitions is reducing the healthy lifestyle to behavioural patterns or patterns of behavioural choice that are normatively defined and linked only to physical health; thus, little attention is given to the psychological and life cycle dimensions [45].

The theoretical models used in this research are based on individual psychology.

Healthy lifestyles are depicted mainly as individually constructed sets of behaviours. The elements of a healthy lifestyle are described as independent of each other; the only characteristic in common is pursuing health [46].

Lifestyle, therefore, appears to be characterised in terms of behavioural models to which the subject must adhere. The subject is represented as a naive scientist, who simplistically test hypotheses, or an accountants, who evaluate the costs and benefits in behavioural change theories [47].

Intervention research on lifestyles in health psychology appears to have been dominated in history by a predominantly cognitive approach, for which it is assumed that a healthy lifestyle choice depends mainly on the subject and is influenced by a series of factors all rigorously individuals, such as self-efficacy, motivation, control and subjective beliefs [21][48][49]. Crawford [50] coined the term healthism, a form of awareness and responsibility for one's own health and increased individual focus on prevention practices [51][52]. In this scenario, a morality of health is promoted containing specific norms and values that emphasise an individual's obligation to worry about their health [53]—being healthy means living a balanced and controlled existence, valuing vigilance, self-control, and risk prevention.

Although important for understanding, the individual factors underlying the adoption of a healthy lifestyle and the abovementioned approaches risk being reductive concerning the complexity of the study of health. Mielewczyk and Willig [54] argue that health behaviours take on meaning only when they are considered as social practices within a specific context, the “wider social practices of which such actions form a part” [54] (p. 829). Health behaviours are deeply impregnated with broader social meanings. Practices are interconnected with social relationships [55]. As stated earlier, health and disease are intertwined in broader social, cultural, political, and historical contexts [56][57]. Lifestyles are closely linked to the habits that affect people's daily lives. As contemporary research on intersectionality and health has shown, individuals occupy multiple social identities, or social positions, which reflect interconnected systems of power and privilege; these systems configure access to risks and resources, which ultimately shape health disparities [58][59][60]. Concerning this, Alcàntara and colleagues [39] highlight the need to adopt an evolutionary approach to the study of health disparities and how exposure to health determinants, such as marginalisation and poverty, unfold overtime on stages of development.

The development of healthy lifestyles appears to be the product of a combination of consistency and inconsistency. Healthy lifestyles are not uniformly positive or negative at different life phases and vary among sociodemographically similar people [36][61][62][63][64]. Considering health within a malaise–wellbeing continuum, it is likely to identify healthy and unhealthy behaviours within the same person. These behaviours sometimes reflect social states, such as gender, and occasionally suggest complex interactions of unmeasured social influences and human action.

As for the intervention, health promotion campaigns are often distant from the sociocultural environment of people's lives; universal strategies such as social marketing campaigns tend to work best with people who have access to a range of social and economic resources. However, studies point out that these campaigns tend to significantly generate less improvement with low socioeconomic status (SES) or other disadvantaged groups [65][66][67]. Therefore, the overall effect could be to reinforce or exacerbate inequality in health behaviour and, hence, health outcomes, as it has been found with several tobacco control campaigns [66][67][68][69]. Implicitly, in these campaigns there is the idea that people choose the lifestyles they adopt and can engage in positive health behaviours and refrain from engaging in negative health behaviours [70]. This use of positive and negative derives from norms defined by biomedical knowledge; indeed, medicine has assumed a fundamental role in the normalisation of social life, defining healthy or unhealthy behaviours or conditions that fall on one side or the other of the confines of the constructed norm. Instead, little attention has been given to community perspectives that consider how social, cultural, and economic factors can influence people's access to healthier lifestyles [71].

The three dimensions of lifestyle (i.e., internal, external, and temporal) are considered fundamental and the main elements to outline a new definition of a healthy lifestyle. A new definition of lifestyle is therefore proposed: *lifestyle as a*

system of meanings, attitudes, and values within which the subject acts, which define individual and collective models of health practices within social, historical, and cultural contexts.

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