



Big Five traits, affect balance and health behaviors: A self-regulation resource perspective



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ABSTRACT

Despite the relatively consistent finding that Conscientiousness, Agreeableness and low Neuroticism are associated with the practice of health-promoting behaviors, the reasons for these linkages are not well understood. This prospective study addressed this gap by taking a self-regulation resource perspective on why these traits relate to health-promoting behaviors by examining the role of higher positive relative to negative state affect. Students completed baseline ($N = 330$), and two week follow-up ($N = 195$) surveys. Bootstrapping analyses of the indirect effects of each of the three traits on Time 2 health behaviors were significant in the expected directions, with Kappa squares ranging from .11 to .13. In the full longitudinal analyses controlling for Time 1 health behaviors, the indirect effects of Conscientiousness and Agreeableness through affect balance on Time 2 health behaviors were positive and significant, whereas the indirect effects through Neuroticism were negative and significant after accounting for the Time 1 practice of health behaviors. These findings provide a process-oriented understanding of how Big Five traits are linked to health-promoting behaviors and extend previous research supporting a self-regulation resource perspective on personality and health behaviors.

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1. Introduction

Despite the known benefits of engaging in health-promoting behaviors for current and long-term health and well-being, many individuals have difficulty regulating these important behaviors while others are more successful at reaching and maintaining their health behavior goals, perhaps due to intra-individual factors such as personality and mood. Indeed, current theory and research highlight personality as a key factor for understanding health behaviors and related outcomes (e.g., Smith, 2006). The Big Five trait taxonomy (Costa & McCrae, 1985; John & Srivastava, 1999) is one commonly used model for understanding how personality relates to health behaviors, with considerable evidence supporting the role of three particular personality factors. Both Conscientiousness and Agreeableness have been linked to the practice of health promoting behaviors (Booth-Kewley & Vickers, 1994; Hampson, Goldberg, Vogt, & Dubanoski, 2007; Ingledew & Brunning, 1999; Lemos-Giraldez & Fidalgo-Aliste, 1997), whereas Neuroticism is associated with fewer health promoting behaviors (Booth-Kewley & Vickers, 1994; Ingledew & Brunning, 1999).

However, the reasons proposed for these relations have focused more on the qualities associated with these traits than on the underlying self-regulation processes that may be involved. Engaging in health behaviors can be viewed as the prototypical self-regulatory task (Baumeister, Heatherton, & Tice, 1994), in part, because it requires monitoring and regulating emotional states to maintain focus on the long term consequences of behavior rather than giving in to the immediate rewards of unhealthy choices (Sirois & Pychyl, 2013; Tice & Bratslavsky, 2000). Viewing the relation between personality factors and health behaviors from such a self-regulation lens may contribute to a better understanding of why certain traits may promote or prevent the practice of health-promoting behaviors.

The Self-Regulation Resource Model (SRRM) (Sirois, 2015a,b) is a previously tested conceptual framework for understanding the links between personality and health behaviors, which may be useful for understanding why the personality traits of Conscientiousness, Agreeableness, and Neuroticism are differentially related to the practice of health-promoting behaviors (Fig. 1). Building on cybernetic (Carver & Scheier, 1998) and strength models of self-regulation (Baumeister, Vohs, & Tice, 2007), the SRRM focuses on the central role of resources such as affective states, future orientation, and perceptions of control in facilitating successful self-regulation of health behaviors, and the increased likelihood of misregulation of these behaviors when

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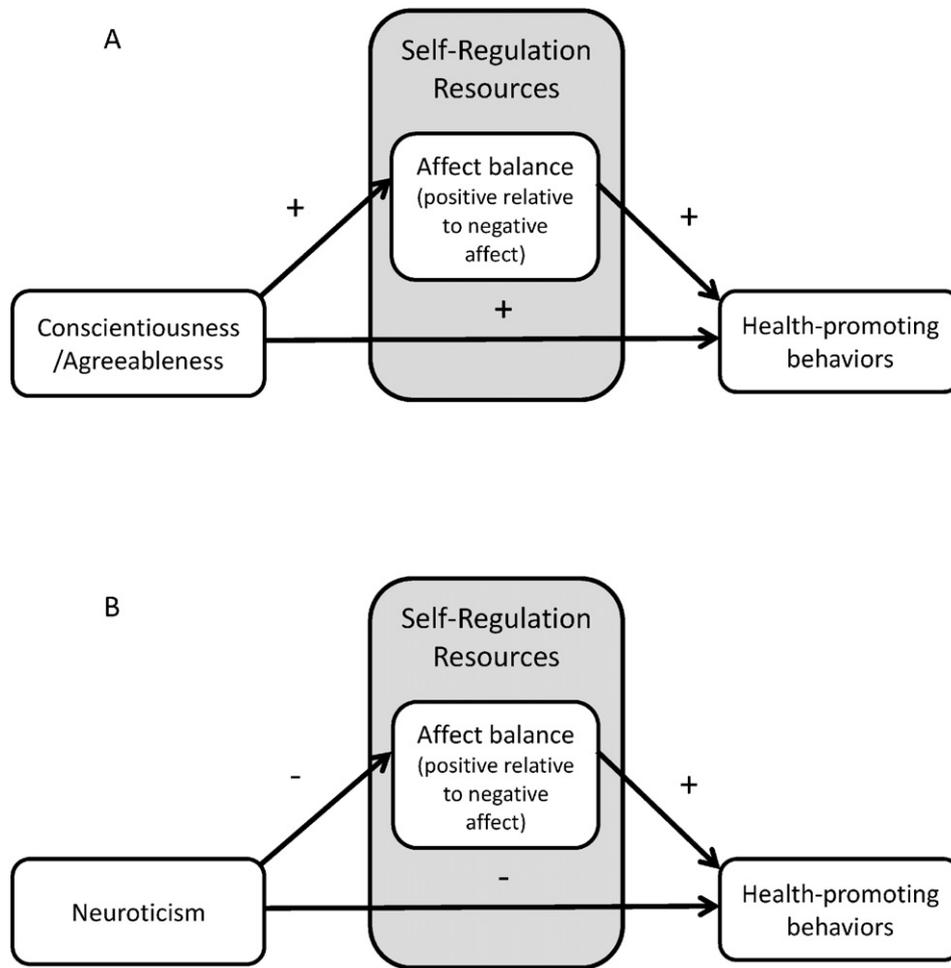


Fig. 1. Conceptual diagram of the self-regulation resource model linking Conscientiousness and Agreeableness (panel A), and Neuroticism (panel B) to health-promoting behaviors through affect balance.

resources are absent or depleted. In line with the SRRM, resources refer to factors which serve as aids or tools that can be used in times of need to bolster self-regulation but which, nonetheless, are limited (Sirois, 2015a). Certain personality traits may therefore promote the practice of health behaviors to the extent that they are also associated with self-regulation resources.

Affect, and specifically the relative balance between positive and negative affect, is considered a core component of the SRRM (Sirois, 2015a). Positive affect is posited to serve as a self-regulatory resource by promoting a broad, future-oriented mindset critical to the practice of health behaviors (Sirois, 2014), and through its attenuating effects on stress and negative affect (Fredrickson, 2001), two states that can interfere with the regulation of health behaviors (Wagner & Heatherton, 2015). Experimental studies have also demonstrated the restorative effects of positive affect when self-regulation capacity is depleted (Tice, Baumeister, Shmueli, & Muraven, 2007) and, importantly, positive affect is associated with health-promoting behaviors cross-sectionally and longitudinally (Conner, 2013; Pressman & Cohen, 2005; Sirois, Kitner, & Hirsch, 2015; Steptoe, 2010).

The assertion that negative affect plays a central role in self-regulation failure is widely accepted (e.g., Wagner & Heatherton, 2015). The SRRM posits that negative affect can threaten self-regulation in either of two ways: 1) by redirecting limited self-regulatory resources to prioritize short-term mood repair over long-term behavior, thus consuming the self-regulatory resources that would otherwise be directed toward goal-directed activity (Sirois & Pychyl, 2013; Tice, Bratslavsky, & Baumeister, 2001); and, 2) by narrowing the temporal scope and foreshortening the temporal horizon of one's behavior because

of the activation of brain areas associated with threat detection (Sirois, 2014), which makes it easier to choose short-term rewards associated with unhealthy behaviors (Sirois, 2015a; Wagner & Heatherton, 2015).

Evidence supporting the value of the SRRM for explaining why certain traits relate to the practice of health-promoting behaviors is promising, but limited. In one cross-sectional study of a large sample of emerging adults, the association of self-compassion to intentions to engage in health-promoting behaviors, via positive and negative affect and controlling for current health behaviors, yielded a significant indirect effect for negative but not positive affect (Sirois, 2015b). However, in a meta-analysis of the indirect effects of positive and negative affect linking self-compassion to the frequency of health behaviors across eight studies ($N = 1635$), both positive and negative affect were significant mediators (Sirois et al., 2015). The SRRM has also been applied to explain the differential relations of perfectionistic strivings and perfectionistic concerns with health behaviors, with the latter being linked to fewer health-promoting behaviors, and the former being unrelated to health-promoting behaviors (Sirois, 2015a). In one study, perfectionistic striving was positively associated with both positive and negative affect, essentially neutralizing the proposed effects of each on the self-regulation of health behaviors (Sirois, 2015a). Within this same study, in a more direct test supportive of the SRRM, both low positive and high negative affect explained the link between perfectionistic concerns and less frequent health-promoting behaviors, over and above the effects of future orientation.

There are several reasons to expect that the SRRM will also be useful for understanding how higher-order personality traits relate to health

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