

2020

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Recommended Citation

Wardian, Jana L. PhD, "Doesn't Everybody Want to Be Healthy?" (2020). *Journal Articles: Hospital Medicine*. 5.

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Doesn't Everybody Want to Be Healthy?

Jana L. Wardian

Recently, I was talking with someone and picked up on a common judgment that I often hear that implies that adopting healthy behaviors is simple; therefore, when someone is not engaging in a healthy lifestyle, there must be a lack of desire to be healthy. She stated that people with diabetes “just don’t want to be healthy—push away from the table and get some exercise!”

I internally winced and engaged this young woman, sharing with her that I start with some basic assumptions that help me to avoid judgment. She was listening as I stated, “I believe everybody wants to be healthy.”

She rolled her eyes and I could tell I was on the verge of losing her. I persevered.

“We may not necessarily *do* what leads to health, but we aren’t *trying* to be unhealthy,” I said.

She reflexively nodded. In fact, we discussed our own behaviors inconsistent with optimal health. For example, I eat dark chocolate nearly every day. I mused, “I can make a solid case that dark chocolate is a vegetable!” She was disarmed and laughing. She became more empathic when confessing her own actions that pull her away from making healthy decisions. Exactly!

Even though we all want to be healthy and may even have sufficient information, we tend to do things that are inconsistent with health promotion and even defend our behavior. This is the heart of cognitive dissonance, which describes the discomfort we feel when our cognitive beliefs do not align with our actions (1). This kind of thinking is relatively common and is often unacknowledged. Consider the thought process when you are trying to lose weight but nonetheless find yourself eating a doughnut (not the healthiest choice) and justify this behavior by telling yourself, “It’s just one doughnut. It won’t hurt me.” Or you may think, “I deserve

a treat. I worked out really hard this morning.” This common type of rationalization is natural and human. Recognize it, but try not to be too hard on yourself (or others) when it arises.

Haidt (2) offers another compelling hypothesis about why we struggle to engage in healthy behaviors. He suggests a metaphor to better understand the relationship among rational cognition (rider), emotional appeal (elephant), and environmental factors (path) (2,3). The rider and the elephant may want radically different things, and the significant size differential between them can be difficult to manage. If there is disagreement, the elephant is likely to overpower the rider. The path can contribute to the complexity of the decisions depending on the difficulty of the route the elephant and rider must take to reach the destination. The key to sustained behavior change is continual concordance among rider, elephant, and path.

The American Diabetes Association suggests that while diabetes self-management education is important, ongoing support is also valuable to enable patients to overcome barriers to making healthier lifestyle choices (4). Support may be in the form of local community health promotion programs such as those offered through the YMCA, church groups, the TOPS (Taking Off Pounds Sensibly) program, or online virtual support groups such as Diabetic Connect (5) or Facebook groups.

My hope is to help you understand what may be happening when you are tempted to be judgmental toward patients using cognitive dissonance to rationalize their behaviors or wrestling with their rider, elephant, and path. Perhaps we can all engage in a bit more empathy for those struggling to improve their health and understand the human frailty inherent in us all. I’m not saying it’s okay to keep engaging in behaviors that are adversely affecting health. I’m just suggesting that we all extend a little grace and understanding to those who are struggling. Maybe humor will allow crucial walls to come down and expose the need for genuine consistency between knowledge and behavior.

DUALITY OF INTEREST

No potential conflicts of interest relevant to this article were reported.

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<https://doi.org/10.2337/cd19-0017>

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