

# Health supportive and health threatened behavior: determinants, models, consequents

**Key words:** health supportive behavior, health threatened behavior, optimism, personality

The research project supported by Czech Grants Agency in 2013 – 2016 achieved four main aims in accordance with the plan:

1. A model of optimism was created with respect to the dimensions of the constructs of dispositional optimism, defensive pessimism, unrealistic optimism and hope. Another goal was to examine the relationship between the constructs of optimism and the construct of hope. Both constructs have been confirmed as independent constructs.

We have subsequently expressed the dependency of individual components of health-related behaviour on variables *dispositional optimism* and *defensive pessimism* and verified possible intergenerational differences in these relationships in 4 cohorts of Czech adult respondents. Defensive pessimism was not related to any of the above factors. Dispositional optimism was confirmed only as a predictor of mental hygiene.

2. The aim of the second task was detailed analysis of variables entering the self-regulation process regarding the protecting or endangering of one's own health and the creation of a model of health-promoting and health-threatening behaviour. Selected models of health (unifactorial and three variants of multifactorial models) have been examined, all of which met the psychometric criteria of a good model.

Another partial study in accordance with the research goals focused on examining the links between the extent of mental health, subjectively perceived state of health, health-related behaviour and social support. A positive relation was confirmed between the total extent of mental health and subjectively perceived general state of health.

3. The neuropsychological portion of the research was dedicated to examining the assumption that there is a connection between neurophysiological phenomena and psychological phenomena. The research examined two different groups of respondents showing primarily health-promoting (n=20) or health-threatening behaviour (n=20) and we have proven differences between the two groups in psycho-neurophysiological interactions using psychomarkers (psychodiagnostic methods) and biomarkers (EEG and fMRI).

4. Performing cross-cutting research allowed us to describe and compare health-related behaviour in adolescence, young, middle and mature adulthood, and old age, with emphasis on identifying the main predictors of health-related behaviour for the individual stages of ontogenesis. The extensive research group included 2,821 people (1,353 adolescents between 11 and 19 years of age and 1,468 adult persons aged 20 to 93). The results showed that as age grows, so does the health care. However, the extent of physical activity is a component of health-promoting behaviour which gradually decreases with more advanced age in both men and women. Therefore, preventive programmes should primarily focus on supporting physical activity in middle and old age.

The results of the research were presented in periodicals as well as on domestic and foreign conferences over the course of the entire project. In the last year, a summary professional monograph was prepared and it is in print.