

Motivation, Binge Eating, and Behavioral Change

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Abstract

The purpose of this paper is to address a social issue that can benefit from the use of motivational theories to develop a lifestyle change plan. One such issue is a person's ability to change non-clinical eating disorder related behaviors, such as binge eating, to avoid future illnesses. Without a significant understanding of the role of motivation in behavioral change success may not be achieved. Social needs, intrinsic and extrinsic motivation, self-efficacy, hope, and conclusive goal setting are all contributing theories to the success of changing behaviors.

Motivation and Binge Eating Behaviors

The purpose of this paper is to address a social issue that can benefit from the use of motivational theories to develop a lifestyle change plan. One such issue is a person's ability to change non-clinical eating disorder related behaviors to avoid future illnesses (Fairburn, 2008). The National Institute of Health (2008) defines clinical eating disorders as being anorexia nervosa, bulimia nervosa, or eating disorders not otherwise specified (EDNOS). Non-clinical eating disorders, such as occasional binge-eating or overeating, in conjunction with the positive-incentive theory of eating (eating for pleasure) (Pinel, 2006), the theory of planned behavior (self-efficacy plus social influences) (Ajzen, 2007), and our own individual cognitive style (adaptive versus innovative) (Kirton, 2003), may contribute to our ability to maintain healthy eating programs to avoid illnesses. By providing health related behavior modification programs to those suffering with binge eating disorders possibilities exist to decrease weight related diseases that are affecting residents of the United States in significant numbers (DeAngelis, 2002).

Perspectives on Motivation

Often, behaviors can not be changed if a person is lacking motivation and two grand theories of motivation that should be understood prior to implementing a behavioral change program. The first grand theory of motivation is that of the "Will." This grand theory may be looked at from a viewpoint of intrinsic motivation in that a person's underlying thinking and planning will affect the person's external actions in the world (Patall, Cooper, & Robinson, 2008). A second grand theory that applies to health related eating behaviors is that of Hull's Drive theory. This theory associates habits with behaviors and suggests that each person may have a drive that is associated with

biological behaviors of eating and survival motivation, but that learning and motivation (habit and drive) create behavior rather than just drive alone (Chaney, 2002).

Additionally, autonomy can be associated with a person's feelings of internal locus of control with regard to ability to manage eating behaviors (Baron, Byrne, & Branscombe, 2006). For example, if a person does not feel autonomous from his or her family or peers, chances exist that family behaviors will contribute negatively to a person's ability to change poor eating behaviors (Beattie, 1988).

From a competence perspective, an organismic approach to motivation eating behaviors considers a person's understanding and knowledge of nutritional values as being important to success or failure. If a person has a level of competence that allows for personal skills with eating choices to be influenced by nutritional values possibilities exist that the motivational level to improve eating behaviors may improve (Richard & Deci, 2000). Finding others who support a goal to change poor eating behaviors can be critical to success. With these theories in mind, motivations for changing eating behaviors may required an introduction into new social settings especially if existing relationships may contribute to poor eating behaviors.

Understanding Social Needs and Eating Behaviors

The concepts of mastery goals, performance-approach, and performance-avoidance can be applied to a person's ability to change or improve behavior. A psychologist should understand the motivational concepts of social needs associated with eating behaviors in order to change maladaptive behaviors. A person struggling with binge eating disorder may work to develop a mastery goal (which demonstrates a preference for challenge and for developing new skills) in the area of nutrition (Bergin,

1995). In the case of performance-approach motivated social behavior, a person may be more likely to change binge eating behaviors in an effort to display personal achievement. Additionally, in the case of performance-avoidance motivated social behavior, a person may avoid social situations where binge eating has occurred in the past to avoid the fear of failure (Barker, McInerney, & Institute, 2002). Providing health related behavior modification educational programs to those with binge eating disorders would benefit from these concepts (Shen, Chen, & Guan, 2007).

Intrinsic and Extrinsic Motivation

Choice, culture, and intrinsic and extrinsic motivation can be applied to a person's ability to change eating behaviors to avoid future illnesses (Fairburn, 2008). Individuals who are aware of their unhealthy eating behaviors have three potential response choices which are to have intrinsic motivations, extrinsic motivations, or amotivation. If a person is experiencing amotivation with regard to eating behavioral change, the person may benefit from cognitive behavioral therapy rather than motivational based changes (DeAngelis, 2002).

Understanding intrinsic and extrinsic motivations can be beneficial for those with non-clinical eating disorders (Satia & Galanko, 2007). Factors important to those who are intrinsically motivated (regarding developing positive eating behaviors) includes personal factors such as how important it was to avoid cancer and other illnesses, and the importance to be health conscious like other people observed on television, or the importance to change behavior based upon a doctor's orders. The factors important to those who were extrinsically motivated included questions regarding how important it was to change dietary behavior if a spouse, friend, or socially significant other expressed

concern regarding the person's ability to change the dietary behavior or weight. In this particular study the results demonstrated that the intrinsic motivating factors were more likely to contribute to diet related health behavior changes (Satia & Galanko, 2007). Further studies support that weight loss, as defined by keeping a desired amount of weight off for six months, is noted by internal motivations to lose weight such as self-determination theories (Elfhag & Rossner, 2005).

Self-Efficacy, Hope, and Eating Behaviors

The concepts of the self-efficacy theory are closely associated with eating behaviors and the belief in the ability to have a behavior change. Individuals who set unrealistic weight loss goals often fail in achieving them, and this may result in an abandonment of weight maintenance behaviors (Elfhag & Rössner, 2005). Understanding that this failure has an effect on effort and persistence of a person's self-efficacy of behavioral change, it would be important to work with individuals up front to ensure that realistic goal setting occurs. Additionally, behavioral changes, such as exercise to support weight loss, can be measured on a Self-Efficacy for Behaviors Scale and can be a predictor for long term motivation (Teixeira et al., 2004). Therefore, a second strategy would be to assess a person's feelings of self-efficacy up front and follow up with cognitive behavioral therapy if warranted (Fairburn, 2008).

Keeping goals simple, using prayer to enhance confidence, or having an internal locus of control based upon personal beliefs are contributors to eating behavioral changes (Reicks & Mills, 2004). Additionally, managing goal setting so there can be a small measureable success contributes to feelings of hopefulness which assists in internal locus of control (Snyder, 1995).

Happiness, arousal, and control are constructs that can affect internal locus of control, motivation, and goal achievement. For example, happiness may be associated with extroverted personalities which can influence social behaviors associated with eating (Grabe & Hyde, 2008). Extroversion has been related to overall behavioral patterns and positive moods may encourage healthy behavioral styles (Balch & Balch, 1997). Control also plays a factor through the concept of self-efficacy, extroversion, and eating behaviors in that they may all influence longer term engagement in eating behavioral programs (Grilo et al., 1997).

Creating Specific Motivation Goals with for Behavioral Change

Changing eating behaviors is a goal that many have, and it often is hard to achieve. Using the model for implementing actions which assesses situations in a micro-level, a person with this goal pursuit could follow the following sequential procedure. First, identify the objective of eating low simple-carbohydrate filled meals. Second, determine the implications of this goal. For example, the British Dietetic Association (2008) notes that high carbohydrate breakfasts should be avoided, which may be difficult for some but easier for others. Third, clarifying goal specificity is important and quantifiable data could be beneficial such as determining exactly how many carbohydrates may be consumed throughout the entire day and tracking them using mathematical scales (perhaps in an automated Excel chart). Fourth, measure the performance by reviewing the data from the mathematical scales on a regular schedule with a healthcare provider.

The importance of understanding the significance of motivational theories upon changing binge eating behaviors for the long term is significant. Based upon

understanding the theories associated with human motivations the follow actions are my recommendations to improve health eating behaviors. First, assess your level of competence. If it needs assistance change your social situation regarding eating behaviors. Second, understand your social needs and develop a mastery goal to improve your nutritional knowledge regarding the negative effects of binge eating. Then make an effort to have social change by understanding the concepts of mastery goals, performance-approach, and performance-avoidance as they relate to situations that encourage binge eating. Understand if you are intrinsically motivated or extrinsically motivated and take the appropriate steps to work with a provider to develop an appropriate strategy given this specific personality style. Lastly, recognize the role self-efficacy plays in behavioral change and determine how much self-efficacy you have with regarding eating behavioral changes.

Conclusion

Implementing behavioral changes to reduce poor eating behaviors that may contribute to health disorders may only be successful if the focus is placed upon goal setting and following up upon the actions. Without a significant understanding of the role of motivation in behavioral change, success may not be achieved. Social needs, intrinsic and extrinsic motivation, self-efficacy, hope, and conclusive goal setting are all contributing theories to the success of changing non-clinical eating disorder related behaviors to avoid future illnesses.

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