MOTIVATION TECHNIQUES IN THE TREATMENT OF OBESITY

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SYNOPSIS

Recent developments in motivational techniques relevant to weight reducing are surveyed. Motivation is a complex, little understood phenomenon, determined by both internal and external influences. Techniques used to motivate individuals to reduce weight must take into account therapy for modification of learned behaviour. Common tools to motivation are the use of strong monetary contracts for weight reduction and the involvement of trained spouses in their treatment program. Other motivational influences are fear of health risks, appearance, and opinion of friends. It is concluded that before implementation of motivation techniques, the dietitian has to have a caring attitude and be thoroughly schooled in the cues that stimulate people to action.

INTRODUCTION

"A man always has two reasons for doing anything — a good reason, and the real reason."

— J. P. Morgan

Most people are unaware of their own motivations; they do not question the reasons for acting as they do (1). This is what makes the process of stimulating another to action — motivating them — such a complex, difficult task.

Consider the fact that every year, millions of people struggle to lose weight. When the situation is examined logically, the behaviour of eating is completely under the control of the individual and therefore regulating it should be easy to accomplish. Yet people who insist they are highly motivated to diet find it extremely difficult to do so.

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The dietitian faced with motivating a client has the challenging task of learning about both the external and internal influences that determine behaviour pattern. He or she then has to learn how to make use of these to modify the behaviour of the client such that optimum compliance to the prescribed dietary regime is achieved.

Weight control is one of the biggest areas of dietetic management, and motivation one of its central issues. If both the positive and negative factors that motivate the overweight individual can be isolated, maximum use can be made of the various techniques available to provide stimulus to the patient.

This discussion reviews the present techniques in motivation, relevant to management of weight reduction. Also covered are the factors affecting motivation and the close relationship between motivation and the modification of behaviour.

DEFINITION OF MOTIVATION

By motivation is meant those processes that influences the arousal, strength, of direction of a certain type of behaviour (1). For example, attractively displayed, conveniently located food arouses the individual to consume it. Depriving oneself of food for a long time results in an increased strength in the tendency to approach the food. The direction of the behaviour can be influenced by the relative attractiveness of the two potential choices — to eat or not to eat.

Motivation has to be differentiated from learning. Much of behaviour is influenced by data gathered as a result of past experiences and formed into habits which are as hard to break as it is to motivate someone to break them. However, the key factor is: Learning is permanent (or relatively so), whereas motivation is not. A person is sometimes hungry or motivated to eat, and sometimes is not.

MOTIVATIONAL DATA

Perhaps the first step in providing motivation is to utilize the individual himself and try to determine what factors influence his eating behaviour.

Mason et al (2), call this 'motivational data'. It includes finding out the actual stimulus cues that result in food intake, thoughts and attitudes that influence behaviour, feelings after eating, the number of meals consumed daily and the consequences of the behaviour, with respect to guilt feelings or feelings of satisfaction that come about as a result of eating (2).

TECHNIQUES

From this point the dietitian and the client can examine the stimulus cues and decide which ones can be altered. If the cues are environmental, keeping certain food items out of sight and out of reach may decrease the unwanted behaviour.

Thought

Another means of motivating the patient may be to help him to re-adjust his thought patterns (2). Negative thought patterns and attitudes are easily re-inforced by falling into the trap of behaving as we have always done. If we can influence someone to stop thinking "that's the way I am and will always be" and change this to "I don't have to be like tha', and I don't want to be", we have in effect 're-programmed' habitual thinking into more positive attitudes about behaviour. This could have a tremendous effect on compliance to a dietary regime.

Consequences

The consequences of their present behaviour can also be examined and discussed with the client (2). Health risks of being obese have been found to be a large motivational factor in some individuals, especially those above 40 years of age (3). However, with younger patients, health does not seem a great stimulus to losing weight, and appearance, (a powerful stimulus in all age groups (3)), sex appeal and opinion of friends all take on an important role. In a study by Berman (3), surveying reasons for wanting to lose weight, 30% of people in the younger age group interviewed (25 years) cited health as a strong motivation compared with 72% in the oldest age group (56 years). It stands to reason that the younger person is more strongly affected by friend's opinion and external pressures and the older person by the threat of disease and its consequences if untreated. As a general rule however, the best motivating force to reach and maintain a desired weight is the possibility of improved health, appearance and efficiency.

Contingency Contracts

This is relatively undocumented field of weight loss therapy. However, the few studies that have been done have had conflicting results. The more effective studies have utilized very strong monetary contigencies for weight loss, both during treatment and maintenance. Mann (5, 6) appears to have pioneered the research in this area. He reported astounding successes, the main reason probably being the strong motivation provided by signed contracts in which clients' valuables were returned or forfeited contingent on progress toward specified weight reduction goals (6). Mann's study was not exemplary in its technique however, as no control group was included and clients were not given training in weight loss techniques. Even though results were among the best ever reported for outpatient techniques, eating habits were not changed, and Mann acknowledged in a later study (5) that some of his original subjects started to gain weight after treatment had been completed.

Several studies were conducted after this with numerous modification. Christenson and Barricus (1975) (5) randomly paired overweight participants (each) week during treatment, and monetary deposits were partially returned each week contingent upon weight loss of both partners. But the anticipated supportive relationship between the partners did not develop and results after 5 weeks of treatment were not significantly better than those of control groups.

Jeffrey et al (6) in 1978 published findings of a study where substantial amounts of money was used as a motivational tool, and contracts were signed where client's money was refunded contingent on weight reduction, caloric restriction or attendance. All participants were given instruction in techniques for weight loss and a group with no monetary deposits served as a control for the effects of financial commitment. It was found that on the whole, powerful monetary contracts provided an increased incentive to weight loss regardless of the contingent. Clients whose money was refunded contingent on either weight reduction or caloric restriction, lost an average of 20 lbs (which is nearly double what is normally seen in the literature) (6). Even the attendance contract group lost about 11 lbs, showing that it in itself is a viable behavioural program.

Wing and colleagues (7) used strong monetary contingencies during both treatment and maintenance phase of a weight control program. They found that

contrary to the results of Jeffrey et al, contracts contingent on weight loss were significantly more effective than those for attendance. However, their clients lost significant amounts of weight during both treatment and maintenance, suggesting that prolonged use of monetary contracts may facilitate long term weight loss. They conclude that procedures are needed to prevent relapse when the contracts are no longer in effect and spouse support may be a useful tool in maintaining behavioural changes (7).

Involving Spouses

To offer additional motivation to a weight loss candidate, the inclusion of a significant other person has been shown to produce additional weight loss compared with procedures in which clients attend alone (8). Because severe obesity is often associated with marital dysfunction, a program in which spouses are cooperative and supportive of their partners and trained in the treatment of obesity would appear to provide a greater stimulus to weight loss than one where the husbands are non-cooperative and uninvolved in the programme.

Brownell and associates (9) conducted a study to evaluate the effect of couples training and partner cooperativeness in obesity treatment. Participants were divided into 3 groups. The first one comprised clients with trained spouses who attended all meetings with subjects. The second involved subjects with cooperative spouses who participate in the program. It was found that subjects in the spouse training condition lost significantly more weight than those in the other two conditions, and in the absence of spouse training, subjects with cooperative spouses did no better than subjects with non-cooperative spouses. Their finding suggest that training and involvement of spouses may have a potent motivational influence in facilitating weight reduction and long-term weight loss. Their findings are consistent with several other reports (9).

CONCLUSION

There is no technique at present with which one can motivate an individual to lose weight successfully, which does not involve a behavioural modification programme. For long term weight loss, use of monetary contracts and spouse training both require counselling and care to ensure that the individual is educated with regards weight loss techniques, and unhealthy dietary practices are not used.

Motivation itself is a vast field that is little understood (1). No one motivational scheme that encompasses all behaviours has been found and probably never will be. As such, the dietitian who wants to help motivate a person has to take the time to learn about people and the cues that stimulate them to action. Then and only then can the various techniques be implemented with a hope of long-term success. But above all, care for the patient has to be upper most in the mind of the counsellor and positive recognition and deserved praise always be made ready tools for improving results.

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