

THE ROLE OF AUTONOMOUS MOTIVATION IN LONG-TERM WEIGHT STABILISATION AS PART OF OBESITY TREATMENT

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Abstract: *The obesity pandemic represents a challenge for the healthcare system. Obesity is considered a multifactorial disease with a strong tendency to recur in the form of renewed weight gain after weight loss. Autonomous motivation appears to play a significant role in overcoming this recurrence dilemma. Based on a literature review, the findings on autonomous motivation as an assumed predictor are examined, taking into account self-determination theory (SDT), and motivational interviewing (MI) is investigated for its complementary benefits for sustainable behaviour modification. The results indicate that autonomous motivation is an efficient predictor or mediator of long-term weight stabilisation and should therefore be integrated into treatment concepts. An orientation towards SDT assumptions and MI as an accompanying measure pointed to hopeful evidence.*

Keywords: *obesity treatment; recurrence problem of weight stabilisation; autonomous motivation; self-determination theory (SDT); motivational interviewing (MI)*

INTRODUCTION

The obesity pandemic represents a challenge for the healthcare system with a steadily growing prevalence and is associated with an increased risk of morbidity and mortality. The causes of obesity are multifactorial (Becker, Rapps and Zipfel 2007). Sustained weight reduction would have a demonstrably positive impact on most comorbidities (de Zwaan and Müller 2014). The treatment of obesity is based on conservative, multimodal therapies (Klein et al. 2016). However, there are currently no sufficiently effective interventions that enable long-term weight stabilisation (Bischoff et al. 2018). Teixeira et al. (2012) refer to theoretical and empirical evidence that attributes renewed weight gain to the involvement of motivational processes. In this respect, studies of motivational involvement in behavioural regulation appear to be worthwhile (Santos, Silva and Teixeira 2016). Due to the relapse dilemma described above and the findings, the investigation of motivational processes and their involvement in the process of weight stabilisation is indicated.

RESEARCH METHODOLOGY

A literature review of publicly available databases has examined current motivational research findings related to the problem of inadequate weight maintenance in obesity. Studies have shown that interventions for sustainable behaviour modification are more successful if they are embedded in an empirically supported and theoretically sound concept (Keller 2004). For this reason, the SDT is used as a guide in order to gain additional insights. Finally, it is examined whether the MI can serve as an accompanying measure for weight stabilisation.

RESULTS

Self-Determination Theory (SDT)

SDT is considered as a macro theory of human motivation. According to SDT, three universal basic needs for extrinsic and intrinsic motivation are postulated as determining behaviour: Needs for competence, autonomy and social belonging (Fig. 1) (Deci and Ryan 1993, p 229). Autonomous motivation includes both intrinsic forms and 2 extrinsic forms of motivation. Satisfying the 3 needs promotes autonomous motivation. Intrinsic motivation can refer to actions where the motivation lies in the behaviour itself and is a reward (Deci, Olafsen and Ryan 2017, pp. 20-21). Extrinsically motivated behaviour begins with a request that is followed in anticipation of a reward (Deci and Ryan 1993, p. 227). SDT differentiates between 4 forms of extrinsic motivation on a continuum. External regulation is the least autonomous. Behaviour is perceived as controlled by rewards and punishments. Introjected regulation, which is relevant in cases of approval or disapproval, is perceived as slightly more autonomous. With identified regulation, behaviour is personally identified and more autonomously self-regulated. With integrated regulation as the most mature form of extrinsic motivation, the identifications are assimilated and integrated (Deci, Olafsen and Ryan 2017, pp. 21-22). The basis for self-determined behaviour is made up of integrated regulation style and intrinsic motivation (Deci and Ryan 1993, p. 227).

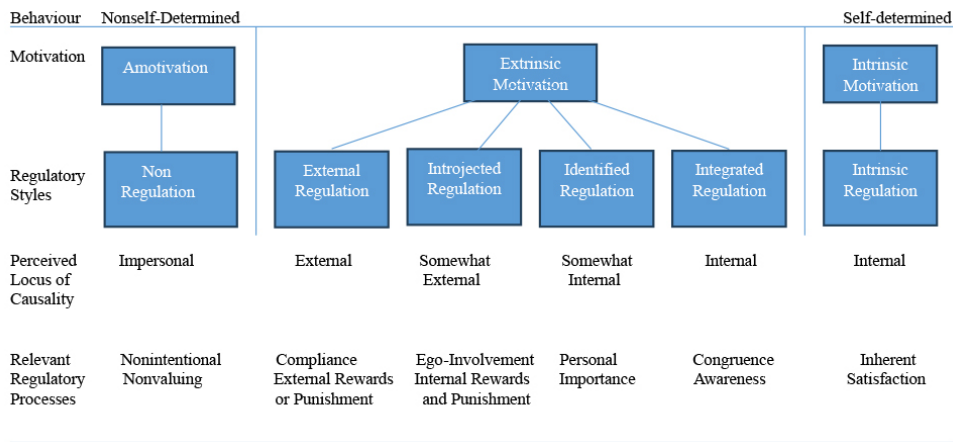


Figure 1. Self-Determination Continuum Showing Types of Motivation with Their Regulatory Styles, Loci of Causality (adapted from Ryan and Deci 2000)

Findings on SDT and autonomous motivation in the context of weight stabilisation

Studies have shown that controlling behaviours undermine intrinsic motivation, whereas autonomy enhancing behaviours maintain and increase intrinsic mo-

tivation (Deci and Ryan 1993). Consequently, if behavioural recommendations can be internalised, changes are more likely to be permanent (Deci and Ryan 2012). Studies on the degree of autonomy allow a qualitative characterisation of motivation with important implications for the promotion and maintenance of behavioural initiation. According to SDT, the same goal can be realised differently depending on the degree of autonomy of motivation, from externally controlled to autonomous regulation (Teixeira et al. 2012). A systematic review has shown that a higher level of autonomous motivation is an important mediator and best predictor of medium/long-term successful weight control (Teixeira et al. 2015). High autonomous motivation to exercise was found to be the strongest predictor of maintaining weight loss after 3 years in a randomised trial (Santos et al. 2015). One study has supported the assumption that long-term weight maintainers had already developed more autonomous forms of motivation as they experienced pleasure in health-promoting behaviours (Pedersen et al. 2018). SDT assumptions were supported by further studies on weight stabilisation. For example, obese people stabilised their weight more successfully if they decided to do so out of inner motivation (Elfhag and Rössner 2005). In a survey study, the autonomous motivation factor played a key role in weight stabilisation (Metzgar et al. 2015). One way of promoting autonomous motivation and establishing healthy behavioural patterns could also be the use of MI, which is presented below.

Motivational Interviewing (MI)

SDT and MI can be seen as overlapping approaches to understanding behaviour change and health-related interventions and there are various conceptual overlaps (Patrick and Williams 2012). According to Miller and Rollnick (2009, cited in Keifenheim et al. 2013, pp. 152-155), MI is a client-centred, directive treatment approach for improving intrinsic motivation and analysing and resolving ambivalence. The interventions are orientated towards the phases of readiness to change. The basic attitude of the therapist is understanding and accepting. Expert opinions are dispensed with and the patient's self-determination is emphasised. The basic practical behaviour of the MI practitioner is characterised by 4 basic principles: Express Empathy, Develop Discrepancy, Rolling with Resistance and Support Self-Efficacy. MI is divided and practised in two phases: In first phase, the willingness to change is still ambivalent and motivation is insufficient to bring about a change in behaviour. In the second phase, the initial willingness to change is evident and is supported. Specific interaction techniques such as the four basic strategies (OARS) are used across all phases: "open-ended questions", "affirmations", "reflective listening", "summaries". The "change talk" strategy is intended to promote motivation for change.

MI achieved good evidence in various obesity studies and represents a comprehensive motivational communication method (Keifenheim et al. 2013, p. 156).

DISCUSSION

Based on the findings on motivational processes, lasting behavioural change and weight stabilisation cannot succeed if only external requirements for change are to be met. Successful long-term behavioural change and weight stabilisation requires the internalisation of behavioural goals into one's own identity construct. The use of MI appears to be recommended as a complementary approach to SDT on the basis of good evidence. According to the empirical findings presented, autonomous motivation was found to be either a mediator or an efficient predictor of weight stabilisation. The results thus emphasise the importance of autonomous motivation in combating the problem of relapse in obesity treatment.

CONCLUSION

In view of the steadily increasing prevalence of obesity and the corresponding problem of recurrence, the role of autonomous motivation as a possible predictor of successful weight stabilisation was examined, taking into account the perspective of SDT. MI was then presented as a potential flanking measure. The assumptions were confirmed in such a way that autonomous motivation acts as both a mediator and a predictor in the process of weight stabilisation. As the potential of the motivational factor in treatment concepts is not considered to be exhausted on the basis of the findings, the implementation of autonomy-promoting motivational measures in treatment concepts for weight stabilisation is recommended. Using specific initial diagnostics (questionnaire analyses) and MI, qualitative and quantitative levels of motivation could be analysed at the outset and support provided if necessary. This could stimulate a sustainable motivation for change and the permanent establishment of healthy behavioural patterns. The promotion of autonomous motivation could also contribute to minimising costs in the healthcare system, as in addition to fewer relapses, patient self-management would be stimulated and external cost-intensive measures would probably have to be used less.

Given the multiple causes of the relapse dilemma in obesity, the author is aware that there are other predictors besides autonomous motivation that influence and predict long-term weight stabilisation. For this reason, a qualitative survey study is currently being conducted as part of her doctoral dissertation to examine other potential predictors and strategies for successful weight loss maintenance (WLM) in addition to motivational processes.

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РОЛЯТА НА ЛИЧНАТА МОТИВАЦИЯ ЗА ТРАЙНОТО СТАБИЛИЗИРАНЕ НА ТЕГЛОТО ПРИ ЛЕЧЕНИЕТО НА ЗАТЛЪСТЯВАНЕ

Резюме: Пандемията от затлъстяване представлява предизвикателство за здравеопазването. Затлъстяването се счита за мултифакторно заболяване със силна склонност към рецидив под формата на повторно натрупване на тегло след отслабване. За преодоляването на този рецидив автономната мотивация, изглежда, играе важна роля. Въз основа на литературен анализ се разглеждат констатациите за автономната мотивация като предполагаем прогнозен фактор, като се взема предвид теорията за самоопределяне (SDT) и се проучва мотивационното интервюиране (MI) за неговата допълнителна полза за устойчива промяна на поведението. Резултатите сочат, че автономната мотивация представлява ефективен прогнозен фактор или медиатор за трайно стабилизиране на теглото и следователно следва да бъде интегрирана в концепциите за лечение. Затова ориентирането към постулатите на SDT и MI като съпътстваща мярка сочи обещаващи резултати.

Ключови думи: лечение на затлъстяване; проблемът с рецидиви, стабилизиране на теглото; лична мотивация; теория за самоопределянето (SDT); мотивационно интервюиране (MI)

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