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Original article

## The effect of autonomous and controlled motives on eating dysregulation: Implications for individuals classified as underweight, overweight or obese



*L'effet des motivations autonomes et contrôlées sur le dérèglement du comportement alimentaire : implications pour les personnes présentant un déficit pondéral, un surpoids ou une obésité*

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### ABSTRACT

**Introduction.** – Controlled and autonomous motivational factors from self-determination theory have previously been highlighted as key factors in eating regulation. The present study examined controlled motives as an overarching motivational factor in eating dysregulation and examined its effects on dieting behaviour for those who are underweight, overweight or obese.

**Objective.** – To examine whether the influence of controlled motives on dieting behaviour would be moderated by body mass index (BMI). Specifically, it was hypothesised that controlled motives would be associated with high levels of dieting behaviour in underweight individuals and low levels of dieting behaviour in individuals classified as overweight or obese.

**Method.** – One hundred and thirty-seven participants completed the measures of height, weight, and motivation and intentions towards watching their diet and subsequently completed a measure of dieting behaviour two weeks later.

**Results.** – Moderated regression and simple slopes analyses provided support for the hypothesised effects at underweight, overweight, and obese range BMIs.

**Conclusion.** – The effect of controlled motives on dieting behaviour is dependent upon BMI and therefore varies across underweight, overweight, and obese individuals. The implications of controlled motives and external pressures to watch one's diet are discussed.

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### RÉSUMÉ

**Introduction.** – Les facteurs de motivations contrôlées et autonomes issus de la théorie de l'autodétermination ont été précédemment mis en évidence comme des paramètres essentiels de la régulation de l'alimentation. La présente étude s'est intéressée aux motivations contrôlées en tant que facteur de motivation fondamental pour le dérèglement de l'alimentation ainsi qu'à ses effets sur le comportement alimentaire des personnes présentant un déficit pondéral, un surpoids ou une obésité.

**Objectif.** – Déterminer si l'influence des motivations contrôlées sur le comportement alimentaire serait modérée par l'IMC. Plus spécifiquement, on a émis l'hypothèse selon laquelle les motivations contrôlées seraient associées à des niveaux élevés de comportement alimentaire chez les personnes présentant un déficit pondéral et, à l'inverse, à des niveaux peu élevés de comportement alimentaire chez les personnes en surpoids ou obèses.

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*Méthode.* – Cent trente-sept participants ont mesuré leur taille et leur poids, ainsi que leur motivation et leur volonté à surveiller leur régime alimentaire. Ils ont réalisé une évaluation de leur comportement alimentaire deux semaines plus tard.

*Résultats.* – Les analyses de régression avec variables modératrices et des pentes simples justifient l'hypothèse de l'effet de l'IMC sur les personnes présentant un déficit pondéral, un surpoids ou une obésité.

*Conclusion.* – L'effet des motivations contrôlées sur le comportement alimentaire dépend de l'IMC et varie par conséquent selon que les personnes présentent un déficit pondéral, un surpoids ou une obésité. Les implications des motivations contrôlées et des pressions externes sur la surveillance du régime sont abordées.

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Over the past few decades a paradox has emerged in which we have observed simultaneous increases in overly restricted eating and increases in overweight and obesity (Ogden, 2010; Verstuyl, Patrick, Vansteenkiste, & Teixeira, 2012). In 2007 almost 25% of adults in England were classified as obese (Craig & Shelton, 2008) and 6.4% of the general population of England, and, more specifically, 20.3% of women aged 16–24, screened positive for an eating disorder (McManus, Meltzer, Brugha, Bebbington, & Jenkins, 2009). In light of the physical and psychological problems associated with such problematic eating regulation, there has been increased impetus to develop a deeper understanding of factors that influence eating regulation and to develop public health initiatives to prevent and reduce eating dysregulation (Verstuyl et al., 2012). Consequently, there is a clear need to investigate psychological factors that are differentially associated with overweight, obesity, and overly restricted eating.

In line with this observed paradox, research in the area of eating regulation has developed in a somewhat fragmented manner and some approaches have received more attention than others with regards to particular groups or forms of eating dysregulation (Verstuyl et al., 2012). Verstuyl et al. highlighted the need to develop a generalised framework for the study of eating regulation. They further emphasized the importance of identifying global factors and particularly of identifying motivational processes that would impact upon various forms of eating behaviour. Indeed, a number of studies have provided support for the influence of the motivational processes presented within self-determination theory (Deci & Ryan, 1985, 2002) on dieting behaviour (e.g., Edmunds, Ntoumanis, & Duda, 2007; Hagger, Chatzisarantis, & Harris, 2006b). However, research has found that the proposed optimal and adaptive effects of self-determination theory constructs (See Deci & Ryan, 2002) on dieting behaviour are not always evident and can sometimes run counter to prediction (Hagger, Chatzisarantis, & Harris, 2006a). The current study expands upon this research by investigating whether the direction of the effects of self-determination theory constructs on dieting behaviour are dependent upon body mass index (BMI). Specifically, the study examined whether the relationships between controlled motives and dieting behaviour are different for individuals who are underweight, overweight, or obese.

## 1. Self-determination theory and motivation

Self-determination theory is a humanistic approach to motivation in which the satisfaction of basic psychological needs and autonomous motivational styles are viewed as necessary for optimal, healthy functioning (Deci & Ryan, 1985, 2002; Ryan, 1995; Vallerand, 1997). According to this theory, motivation lies upon a continuum of self-determination from intrinsic motives, where individuals are motivated by feelings such as enjoyment and interest, to external motives, where individuals are motivated by feelings of external control such as monetary reward (Deci & Ryan, 2002). According to the self-determination continuum, next to

intrinsic motivation lie several subtypes of extrinsic motivation, the most autonomous of which is *integrated regulation*. A behaviour governed by integrated regulation has become assimilated and is consistent with one's goals, values, and aspirations. *Identified regulation* is slightly less self-determined and involves performing a behaviour due to it being deemed personally important. *Introjected regulation* is another form of extrinsic motivation that is partially internalised and involves performing a behaviour in order to avoid feelings such as guilt or shame. *External regulation* is the least autonomous and most controlled form of extrinsic motivation. It is a prototypical form of extrinsic motivation whereby an individual acts due to external contingencies such as social pressures, punishment, and incentives. At the extreme end of the continuum is a *motivation*, which is considered a state, which lacks intentionality and motivation (Ryan & Deci, 2000b). External and introjected motives are considered to be controlled forms of motivation, whereas identified, integrated and intrinsic motives are considered autonomous forms of motivation.

There is a wealth of research documenting differences in the quality of consequences that result from controlled and autonomous forms of motivation (e.g., Vallerand, 1997; Deci & Ryan, 2002). Such research generally demonstrates that autonomous forms of motivation lead to more positive outcomes and controlled forms of motivation lead to more negative outcomes. For example, there is a general consensus that people who engage in behaviours due to autonomous motives are more likely to continue in the absence of any external control (Deci & Ryan, 2002). Studies have also demonstrated that autonomous and controlled forms of motivation result in different consequences with regards to well-being, effort, affect, and persistence (Benware & Deci, 1984; Deci, 1971; Deci & Flaste, 1995; Deci & Ryan, 1985; Grolnick & Ryan, 1987; Nix, Ryan, Manly, & Deci, 1999; Vansteenkiste, Niemiec, & Soenens, 2010; Weinstein, Przybylski, & Ryan, 2012).

## 2. Autonomous and controlled motives and dieting behaviour

Given the differences in the quality of outcomes associated with controlled and autonomous forms of motivation, the investigation of these motivational dynamics are important within the context of many health behaviours. It is felt that this is a particularly pertinent area of research for eating regulation as individuals are subjected to numerous external pressures encouraging them to restrict what they eat in order to possess a more lean, sleek or muscular body (Dittmar, 2008). Individuals may therefore perceive these external pressures to watch their diet and, as a result, may foster controlled motivation towards this behaviour. According to self-determination theory, if an individual holds controlled motives towards watching their diet, rather than more internalised and autonomous reasons, they will experience suboptimal or maladaptive consequences.

Research examining the effects of controlled motives on eating dysregulation has generally formed two separate strands. The

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