

OBESITY IS NOT A MOTIVATION PROBLEM

by Robyn Pashby, PhD

Almost daily, people come into my office asking me (and themselves) some version of the question: “Why don’t I just do IT!?” In this scenario, the “it” is often a catch-all term that ultimately means “lose weight.” I get it. Struggling with weight is hard, and it’s easy to fall into the trap of self-blame and self-criticism. But here’s the spoiler: **the goal of this article is to remind you that obesity is not a motivation problem.**





Let's start with some big picture questions. Why do we do any of the things we do? And equally importantly, why don't we do some of the things we want to do? The answer is, it depends! It partly depends on motivation, true, but it also depends on biology, access, values, health and a bunch of other factors. I may be motivated to dunk a basketball, but at 5'2", my biology makes it highly improbable. You might be motivated to eat lots of fresh fruits and vegetables, but if you live in an arctic climate, access to those foods may be limited. Someone else may be highly motivated to get a promotion at work, but if doing so requires working late hours instead of putting their kids to bed, family care may take priority. Another person may be motivated to lose weight but also have a family history of obesity, need medications that promote weight gain, be postmenopausal, and manage chronic pain and depression. As you can see, why people do some things and not others is, well, complicated.

For many decades, willpower, motivation and self-control were touted as the keys to losing weight. If only people would work harder, eat less, move more and just DO it, then they wouldn't have excess weight. Thankfully, science tells a different story, and people are starting to listen. We now understand that obesity is a chronic disease that requires long-term treatment. Yet societal weight bias, which is often internalized by people living with obesity, doesn't go away easily, and there remains a strong tendency to focus on what one isn't doing (dunking a basketball, eating fruits and veggies, getting that promotion, losing weight). When taken out of context, it's easy to fall into blame and shame.

But what if we challenged ourselves to understand that all human behaviors and conditions are deeply personal and highly complex? For example, did you know that obesity and overweight have been linked to 400 different genes? Or that traumatic childhood experiences are significantly predictive of adult obesity? Many environmental factors influence obesity rates, including communities experiencing deprivation or high crime. Sex, racial and ethnic identity and socio-economic factors also play a role, as do medical and mental health conditions and treatments, which can reciprocally influence weight.

It's clear that lifestyle factors like healthy nutrition, good sleep hygiene, thoughtful exercise routines and stress management are key components of managing obesity, and all of these require some level of motivation. But to reduce the treatment of obesity to 'motivation' alone is foolish — or should I say, biased. So the next time you question your own motivation, consider the myths below and talk back to that negative self-talk with the facts so you can keep moving forward!

COMMON ABOUT MOTIVATION AND OBESITY

Here are some common myths about motivation that I often hear when working with people living with obesity.

“If I were more motivated, I’d lose more weight.”

The truth is, weight is a highly complex biological condition affected by genetic, psychological, environmental and social factors. How these factors come together within an individual determines their weight, and motivation is just one aspect of the entire psychological component of weight. The more we focus on ‘motivation’ as the key to weight regulation, the more likely we are to feel ashamed, stigmatized and blamed for our biological condition.

“I just don’t have any motivation.”

Do you brush your teeth? Do you take care of your pets or family? Do you go to work? Yes, yes and yes — you do these things, so you have motivation. Motivation is, roughly, a psychological process that causes someone to do something. If you do pretty much anything, then you have motivation. How your motivation is used, where it is spent and how it is replenished are important to consider. But telling yourself you have no motivation is shaming and self-bullying, and you deserve better.

“If I am harder on myself, my motivation will improve.”

In fact, studies show the opposite. People tend to show the highest motivation for tasks they aren’t pushed or pressured into doing. Not surprisingly, people have higher motivation when they feel competent at the task at hand. And finally, motivation improves when there is a sense of connection to a group or larger purpose. Nowhere in the studies on human motivation do we find that self-punishment helps. Rather, self-punishment is linked to lower self-esteem, which is directly related to decreased motivation.

“Once I lose weight, I should be able to maintain my weight with motivation alone.”

Maintaining weight loss can be challenging due to factors like metabolic changes, environmental influences and psychological pressures. Long-term success often requires ongoing medical and mental health support and lifestyle management that extend far beyond any initial motivation for weight loss.

A BROADER PERSPECTIVE ON OBESITY

Managing obesity is far more complex than just questions of willpower or motivation. Motivation is one piece of a much larger puzzle that includes genetics, environment, socio-economic conditions and physical and psychological health. Viewing obesity as a motivational issue oversimplifies a very complex reality and perpetuates harmful self-blame and stigma. By embracing a broader perspective that acknowledges the many influences on obesity, we can move away from a narrative that prioritizes self-criticism and towards one that supports a compassionate, evidence-based approach. This shift fosters better understanding and self-acceptance while encouraging more effective strategies for achieving and maintaining health.

About the Author:

Robyn Pashby, PhD, is a clinical health psychologist deeply committed to the mission of the OAC. She has personal experience with obesity and comes from a family with a history of obesity. Over the past 15 years, Dr. Pashby has dedicated her work to integrating mental healthcare into obesity treatment, working in various multidisciplinary settings, and most recently through her own behavioral health group practice.



ABOUT THE OBESITY ACTION COALITION (OAC)

The Obesity Action Coalition (OAC) is a National non-profit organization dedicated to giving a voice to individuals affected by obesity and helping them along their journey toward better health. Our core focuses are to elevate the conversation of weight and its impact on health, improve access to obesity care, provide science-based education on obesity and its treatments, and fight to eliminate weight bias and discrimination.



VIBRANT COMMUNITY



NATIONAL AWARENESS CAMPAIGNS



ANNUAL CONVENTION



ADVOCACY



PUBLIC EDUCATION

LEARN, CONNECT, ENGAGE

The OAC knows that the journey with weight can be challenging but we also know that great things happen when we learn, connect and engage. That is why the OAC Community exists. Our Community is designed to provide quality education, ongoing support programs, an opportunity to connect, and a place to take action on important issues.

Through the OAC Community, you can get access to:

- Weight & Health Education • Community Blogs
 - Community Discussion Forum
 - Ongoing Support • Meaningful Connections
- AND MUCH MORE**



JOIN TODAY: GO TO [OBESITYACTION.ORG/JOIN](https://obesityaction.org/join)

info@obesityaction.org

(800) 717-3117 | (813) 872-7835 | Fax: (813) 873-7838



@ObesityActionCoalition

@ObesityAction