

# Health-related and psychological motives for weight loss: Relations to age, degree of obesity, and psychological variables

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## ABSTRACT

Individuals trying to lose weight typically give as reasons for their behavior either psychological (e.g., self-esteem enhancement) or health-related (e.g., to reduce cardiovascular risk) explanations. The present study looked at the prevalence and correlates of these reasons for trying to lose weight among 1288 women in treatment for obesity (average starting BMI=32.0, SD=5.9).

Subjects completed our web-based assessment, where they were asked to indicate how important for them each of 4 reasons was in relation to their decision to try and lose weight. The four reasons included two related to Health (to be able to do more, to be more active; because of bad health and breathlessness), and two related to Psychological Well-Being (to increase self-esteem; for looks, clothing, aesthetic reasons). Subjects responded to each item on a 3-point scale, indicating that the particular reason applied to them "not really," "a little," or "yes, mostly." Subjects also completed web-administered measures of depression, stress symptoms, perfectionism and uncontrolled eating.

We found Psychological motives to be extremely common, with 79.5% of subjects giving almost or full endorsement (i.e., 5 or 6 of a possible 6). Health motives were also common, with 46.8% of subjects giving almost or full endorsement. Psychological motives were uncorrelated with Health motives ( $r=.02$ ).

Examination of correlates of motives indicated that Psychological motives were associated with higher levels of depression ( $r = .23, p<.0001$ ) and perfectionism ( $r = .28, p<.0001$ ) and more uncontrolled eating behavior ( $r = .17, p<.0001$ ), but unrelated to age, weight or stress symptoms. Health motives were associated with greater age ( $r=.17, p<.0001$ ), higher weight ( $r=.35, p<.0001$ ) and more stress symptoms ( $r=.27, p<.0001$ ), but unrelated to depression, perfectionism or uncontrolled eating.

These results indicate that Psychological and Health-related motives for losing weight are relatively independent of each other, and show very different patterns of correlates. This finding adds to our understanding of the determinants of weight loss motivation.

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## INTRODUCTION

Individuals may attempt weight loss for a variety of reasons (e.g., to reduce health risks, improve physical fitness, enhance physical appearance, obtain social reinforcement, and improve self-

esteem). The present study examined correlates of different weight loss motives among female patients in obesity treatment.

We hypothesized that the particular reasons given by an individual are a function of factors such as age, degree of obesity, and psychological variables. Specifically, we predicted that **Health-Related** reasons would be more strongly endorsed by older and heavier patients, while **Psychological** reasons would be associated with higher levels of perfectionism and depression.

## METHOD

### SUBJECTS

Participants included 1288 female patients in treatment for obesity by primary care physicians. Subjects averaged 42.74 (+/- 11.24) years of age and a body mass index of 32.00 (+/- 5.87).

### PROCEDURE

Subjects responded to 4 questions about their reasons for wanting to lose weight as part of a pre-treatment psychological assessment. The assessment, administered on our interactive web-site, included measures of depression, stress symptoms, perfectionism and uncontrolled eating behavior.

### MEASURES

**Reasons for weight loss** included two related to Health and two related to Psychological Well-Being (see Table 1). Subjects responded on a 3-point scale, indicating that the particular reason applied to them "not really," "a little," or "yes, mostly."

**Depression** was assessed with 8 items, which demonstrated a high level of internal consistency ( $\alpha = .79$ ). Items measured feelings of hopelessness, sadness, inferiority, worthlessness, and crying.

**Stress Reactions** comprised 6 items describing various symptoms commonly associated with stress (e.g., headaches, gastrointestinal complaints, difficulty concentrating, dizziness, trembling, profuse sweating and unusual fatigue). This scale had an alpha of .72.

**Perfectionism** was assessed with 8 items, tapping aspects of perfectionism such as disappointment with self, high expectations, guilt, preoccupation with mistakes, fear of failure, and need to be the best in everything. Alpha was .73.

**Uncontrolled Eating** was assessed with 12 items measuring a variety of eating behaviors, including rapid eating, eating in front of television, eating impulsively, emotional eating, eating to relax, and eating sweet and fatty foods. Alpha was .74.

## RESULTS

Patients' pretreatment characteristics are presented in Table 2.

Table 3 shows frequencies of endorsement of different response options for the "reasons" questions. It can be seen that both Health-Related and Psychological reasons are endorsed by a majority of subjects.

We found Psychological motives to be extremely common, with 79.5% of subjects giving almost or full endorsement (i.e., 5 or 6 of a possible 6). Health motives were also common, with 46.8% of subjects giving almost or full endorsement. Psychological reasons were uncorrelated with Health-Related reasons ( $r = .02$ ).

Examining correlates of the two types of motives (Table 4), we found that Health-Related reasons were associated with higher Body Mass Index, more stress reactions, and greater age. In other words, those reporting stronger endorsement of Health-Related reasons were experiencing more physical problems, which they believed would be reduced by weight loss.

Psychological reasons, on the other hand, were associated with higher levels of perfectionism, depression and uncontrolled eating, and younger age, but unrelated to BMI. Thus, subjects reporting stronger endorsement of Psychological reasons seemed to believe that weight loss would make them feel better about themselves.

## DISCUSSION

These results suggest the existence of two broad categories of weight loss motivation: Health-Related and Psychological reasons. The independence of these two categories indicates that one may be motivated by one or the other, or both reasons.

The endorsement of Health-Related reasons for losing weight is, as one would expect, related to the severity of obesity. Severely obese individuals are prone to suffer from a variety of physical problems and limitations, and these become focal in their motives for attempting weight loss.

The present results indicate that the pursuit of weight loss for Psychological reasons is unrelated to BMI. Such motives are likely to be primary among less severely obese individuals, for whom the physical costs of obesity are relatively less burdensome. Psychological reasons to lose weight reflect the distress associated with obesity, which appears to be more a function of traits such as perfectionism than actual body weight.

People strive for weight loss to relieve suffering, either physical or psychological. From a medical point of view, the improvement of physical condition and the reduction of illness risks are the main reasons for weight loss. There is a risk that a person with a BMI of 24 who feels overweight, ugly and unhappy may not be taken seriously and may even feel that their concerns are not of interest to the doctor. Such an individual has a real problem, although one which does not present a medical risk.

Individuals whose reasons for losing weight are self-esteem based may or may not need a weight loss diet, but surely would benefit from some counseling dealing with their psychological issues. Indeed, the fact that 80% of the present sample had strong Psychological motives for losing weight suggests that most patients seeking obesity treatment probably require help with weight-related psychological concerns.

## Table 1 Reasons to Lose Weight

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Why do you want to lose weight?

### [Health-related reasons](#)

1. To be able to do more for longer periods of time, to be more active.
2. Because of bad health or breathlessness

Psychological reasons

3. For self-esteem and psychological reasons.

4. For looks, clothing, aesthetic reasons.

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Note. Subjects respond on a 3-point scale: 1=not really, 2=a little, 3=yes, mostly

**Table 2**  
**Subject Characteristics (N=1288)**

	<u>Mean</u>	<u>SD</u>	<u>Range</u>
<u>Age</u>	42.74	11.24	18.8 - 69.6
<u>BMI</u>	32.00	5.87	25.0 - 65.1
<u>Stress</u>			
<u>Reactions</u> <sup>1</sup>	12.41	3.67	6 - 24
<u>Depression</u> <sup>1</sup>	14.28	3.85	8 - 31
<u>Perfectionism</u> <sup>1</sup>	20.12	4.18	8 - 32
<u>Uncontrolled</u>			
<u>Eating</u> <sup>1</sup>	25.48	5.50	11 - 41
<u>Psychological</u>			
<u>Motives</u>	5.31	0.96	2 - 6
<u>Health</u>			
<u>Motives</u>	4.43	1.27	2 - 6

Note. <sup>1</sup>Higher scores indicate more symptoms.

**Table 3**  
**Endorsement of Reasons to Lose**  
**Weight**

<u>Reason</u>	<u>% of Subjects Endorsing Option</u>		
	<u>Not Really</u>	<u>A Little</u>	<u>Yes, Mostly</u>
<u>Health-related reasons</u>			
To be able to do more for more longer periods of time, to be more active.	14.1	26.5	59.5

Because of bad health or breathlessness.	35.5	31.3	33.2
<u>Psychological reasons</u>			
For self-esteem and psychological reasons	9.5	23.0	67.5
For looks, clothing, aesthetic reasons.	3.0	20.7	76.3

Table 4  
Correlations between weight loss motives and age, BMI and psychological variables

	<u>Health-related Motives</u>	<u>Psychological Motives</u>
Age	.17**	-.09*
BMI	.35**	-.04
Stress Reactions <sup>1</sup>	.25**	.10*
Depression <sup>1</sup>	.11**	.22**
Perfectionism <sup>1</sup>	.06	.28**
Uncontrolled Eating <sup>1</sup>	.02	.17**

Note. \*p<.01 \*\*p<.0001 N=1288

<sup>1</sup>Higher scores indicate more symptoms.