

Getting Motivated

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In the past we talked about the commonly used formulation of the mental pathway to making changes in personal behavior, the ProchaskaDiClemente "Stages of Change Model." We finished up the last column by posing the question, "how do we do all this?" That is, how does one get started on, and how does the practitioner help a patient/client get started on, the Pathway to Change? As noted, essential to progress through the Stages of Change is the ability to mobilize motivation. And it is that subject to which we turn our attention here.

Most people have a general idea of what they mean when they say "I've got to get motivated," or "my motivation is high for this one." But few of us can immediately put into words exactly what we mean when we use the term. Indeed, even professionals, many who use it frequently, don't bother to define it. Possibly this is because the assumption is made that everyone just knows how it is defined, even though that is often not true. But since motivation is so important in achieving success in behavior change, familiarity with a written definition is useful. One such definition is: "Motivation is a mental process that links an emotion, feeling, desire, idea, or intellectual understanding, or a recognized psychological, physiological, or health need, to the taking of one or more actions." In the short form, motivation is a process of the mind that connects a thought or a feeling to an action.

When we talk about either "being motivated" or "lacking motivation" to engage in a behavior change, such as learning how to eat a more balanced diet or become a regular exerciser, we are referring to the mental process that will impel us to undertake that action (or, in the case of negative motivation, hinder us from doing so). Thus, motivation is always related to action.

It is important to understand that motivation is not a thing, not something tangible, that can or must be acquired somewhere or from someone else. In other than self-destructive persons, that process, even if inactive, is always present; for the striving to be healthy is essen-

tial both to self- and species-preservation. Thus, "getting motivated" is not a matter of importing a mind-state. It is a matter of activating a presently inoperative process of the mind, of locating it, of mobilizing it, of removing barriers to its activation.

External vs. Internal Direction of Motivation

The scientific literature tells us that if it is to be effective motivation must be, in most cases, inner-directed, the scientific literature tells us. Some typical thoughts that will help to activate the motivational process include:

"I want to do this for me, to look better, feel better, feel better about myself, get healthier, for me, not for anyone else."

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With inner motivation it is possible to take control of how one uses one's body, eats, uses substances such as nicotine and alcohol, manages stress, and so on and so forth, and make health promoting/disease preventing changes in the way one lives. It is the taking control of one or more health-related behaviors, for internal reasons, that are key to activating the motivational process, for establishing and maintaining that active link between the thought feeling and the action.

Externally-originated motivation, as expressed by "I'm doing this for my [spouse, significant other, boy/girl friend, children/parents, employer/co-workers]" almost invariably leads to feelings of guilt, anxiety, anger, and frustration, and is often followed by quitting. The one exception to the inner-directed rule is when the person can honestly say: "I'm doing this for someone else because it will make me feel good and feel good about myself to make him/her happy." But even in this case the primary motivation-mobilizer is still internal.

Guilt-Feelings as a Motivator

When contemplating a positive lifestyle/behavior change, some people have such thoughts as: "I ought to," "I have to," and "I should" (in contrast with "I would like to" and "I want to"). "Have to," "ought to," and "should" are all representations of a potential feeling of guilt, which *Webster's Dictionary* defines as "a painful feeling of self-reproach resulting from a belief that one has done something wrong or immoral"

There has been a good deal of experience showing that this guilt-inducing "you-gotta" approach, whether self- or other-inflicted, is for the most part counter-productive. Guilt feelings do not work very well as motivators³. For one thing, guilt feelings often elicit "resistance" and/or "denial." In lay language, those terms translate as "I don' wanna," and "Problem? What problem?"

Furthermore, feeling guilty about anything without fairly quick resolution of those feelings often leads to frustration and then anger. Most of us don't like feeling either frustrated or angry. If feeling guilty is the reason we started changing a health-related behavior, then those kinds thoughts are likely to lead us to quit the process, for doing so will be the easiest way to get rid of the anger and frustration.

So, in summary, on the subject of motivation, you may find it helpful to tell your patients/clients that: it is a mental process; that it's always there in most of us but frequently needs to be activated; internal factors are usually much more effective in mobilizing motivation than are external ones; feelings of guilt usually don't work over the long run to effectuate the activation process; and that the key to "getting motivated", in most cases, is taking control of the situation and setting doable goals for oneself first, before doing anything else. We shall return to the central matter of goal-setting in a future column.

References

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3. Miller, W.R., and Rollnick, S., *Motivational Interviewing: Preparing People to Change Addictive Behavior*. New York: The Guilford Press, 1991.