

The Right Why: The Surprising Start to Cultivating Sustainable Behavior Change

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Abstract

Motivation refers to the drive and desire people feel to pursue their goals and values. A more helpful way to think and talk about motivation is to consider that it is the fuel people need to push themselves toward their goals. Most people don't realize that whether their energy source is external or internal is fundamentally important. However, research shows that whether they are externally or internally motivated or, perhaps, that new Nutrisystem ad. While external fuel sources effectively help them initiate behaviors, such as getting more exercise and sleep, or changing their diet, being fueled by external forces is not optimal for retaining behaviors over time. Thus, if their drive for self-care depends upon other people or events, they are dependent upon a foreign source of fuel. While counterintuitive, the author's research has suggested that health isn't really the goal people all think they want. They believe they want to be healthy. But good health only is valuable because it helps them live their daily lives well.

Headnote

Immediate rewards are at the root of sustainable motivation. For people older than age 50, sustaining motivation to be physically active and practicing other self-care behaviors is especially important, given the plethora of evidence-based enhancements to mood, cognitive function, and balance. But why do most people who want to change their behavior, sometimes even desperately so, eventually lose their motivation and

stop? The answer to this question reflects the fundamental solution to helping individuals take charge of their motivation so they are fueled for a lifetime of fitness, meaning, well-being, and health.

Fuel as a Metaphor for Motivation

While I use it in my work, I've come to believe that the word "motivation" might not be helpful without first explaining how it works. Motivation refers to the drive and desire we feel to pursue our goals and values. While the word is tossed about regularly, the ubiquitous usage doesn't really get at motivation's core meaning and the crucial role it plays in our long-term success (Segar, in press).

A more helpful way to think and talk about motivation is to consider that it is the fuel we need to push ourselves toward our goals. If there is no fuel, it means there is no energy to pursue what is most important to us. If we are not energized to persevere toward our goals, then we will not be able to realize what is most important to our lives.

Most people don't realize that whether their energy source is external or internal is fundamentally important. However, research shows that whether we are externally or internally motivated has implications for our success in achieving our goals (Ryan and Deci, 2000).

Externally motivated people get their fuel from a clinician's admonition or, perhaps, that new Nutrisystem ad. While external fuel sources effectively help us initiate behaviors, such as getting more exercise and sleep, or changing our diet, being fueled by external forces is not optimal for retaining behaviors over time. Thus, if our drive for self-care depends upon other people or events, we are dependent upon a "foreign" source of fuel.

Externally fueled energy not only is less likely to lead to success, but it is costly for everyone: individuals, practitioners, patients, and organizations. If individuals seek external sources of fuel to "motivate" them, then they are investing their precious energy and inspiration pursuing something that will likely lead to disappointment. When we invest energy and money in approaches that are less effective over time, we are not investing in the most strategic approach. This has an

exponentially negative effect. Not only do we fail to achieve the longterm results we want, but also we wind up being deflated, with our core intentions undermined.

Practitioners prescribing and advocating that patients or clients adopt healthier lifestyles to achieve clinical "gold standards" (e.g., in blood pressure, cholesterol, or weight) hinges the behavioral process on something that is, to a great extent, irrelevant to daily pressures and roles. Once patients leave the context in which they were motivated (i.e., a clinician's office), their tank quickly empties, setting both practitioner and patient up to fail. This joint failure kills the desire and energy to change, possibly even influencing future decisions to not seek care, which can leave those involved feeling frustrated and ineffective.

The cost of externally fueling also is expensive for organizations. Incentivizing employees to take a Health Risk Assessment (HRA) or sign up for a lifestyle change program with financial rewards (an externally sourced fuel) are both popular in the health promotion industry. While there is research showing that incentives work to help some of the population to get started, there is little evidence that these participants sustain lifestyle changes (Volpp, 2014; Paul-Ebhohimhen and Avenell, 2008). Without sustainable behavior, optimal healthcare savings and performance benefits cannot be achieved. Thus, offering incentives without having a specific plan in place to help patients or employees convert this external source of motivation into an internal one is a short-sighted and expensive strategy.

Because external reasons for change tend to set people up for short-term motivation and behavior, I call these reasons the Wrong Why. Starting out with the Wrong Why (for example, clinical numbers that are abstract, or future benefits you won't see for many years) guides most to remain stuck in the Vicious Cycle of Failure- continuously seeking change, but doing so for reasons that eventually result in failure.

Why Are the Wrong Whys Wrong?

Through our culture, we've been socialized to think that taking care of ourselves means losing weight and preventing disease. Most everyone wants better health and more effective weight control, and our physicians and employers want us to remain healthy. So, having these motivations for behavior change as Wrong Whys is counterintuitive. But let me explain.

Weight loss is a Wrong Why for many because often it comes out of unrealistic assumptions about ideal weight. In addition, we really might want to lose weight, but this desire to change is frequently accompanied by shame, a sense of failure, self-rejection, and guilt—all of which are known to undermine motivation (Segar et al., 2007; Ryan and Deci, 2000). Inevitably, most people who try to lose weight regain it and often add more pounds—making losing weight a Wrong Why. But what's wrong with "better health" as a goal? Targeting better health as our motivation for behavior change is misguided because behavioral economics has taught us that people have a present-focus bias, meaning we choose things that will reward us immediately rather than selecting rewards that will pan out in the future (Hariri et al., 2006; Loewenstein, Brennan, and Volpp, 2007). Larger distant rewards (such as "better health") are not as motivating as smaller rewards that can be immediately experienced, such as increased energy.

Health Is Not the Goal We Think It Is

While counterintuitive, my research has suggested that health isn't really the goal we all think we want. We believe we want to be healthy. But good health only is valuable because it helps us live our daily lives well.

Health is valuable because without it we lack energy. Lack of vitality challenges our happiness, sense of well-being, and ability to fulfill the daily roles and responsibilities that make life meaningful. Health really is just a proxy for the outcomes and experiences that make our lives meaningful and satisfying.

Research on goal-striving and behavioral self-regulation (how we manage and negotiate goals in our busy lives) clearly shows that if

people are to continue to strive toward their goals, they need feedback that they are approximating them (Carver and Scheier, 2001). Without evidence that they are making progress, people quit. While there are biomarkers that can show people that they are progressing toward their health and disease prevention goals (e.g., regulating blood pressure), consider whether or not this type of feedback is compelling enough to motivate the many decisions most people have to make every day that are necessary for sustaining healthy lifestyles.

In contrast, when individuals make decisions to practice self-care behaviors as ways to feel good, increase well-being, and have more energy, they get immediate feedback that they have achieved their goal.

My contention is that we need a better hook than health if we want to successfully sustain self-care behaviors permanently.

Rebrand Health as Well-Being

Health and self-care behaviors have been branded as "medicine," and are promoted in clinical, instrumental, and uninspiring ways. Instead of branding health or self-care behaviors as medicine, it would more strategic to rebrand them as direct vehicles that ignite daily success, well-being, and fulfillment (Segar and Richardson, 2014).

Many behaviors that improve health (getting more sleep, moving more, making better eating choices) also lead to experiences (reduced stress, feeling strong, lifted mood) that help us better succeed in our roles and responsibilities- all of which contribute to happier lives.

Look no further than Big Pharma to see that marketing outcomes like "happiness" and "quality time with family" are smarter strategies. Big Pharma has been doing it for years. Oprah Winfrey understands the value of this idea: In 2010, she changed the name of a column in O, The Oprah Magazine from "Health" to "Feeling Good."

A 2012 (updated in 2013) article in The Wall Street Journal also reported that having a "focus on quality of life helps medical providers

see the big picture-and makes for healthier, happier patients" (Landro, 2013). This article addressed helping patients with chronic illness. Even individuals who have lost their "health" are more motivated by feeling good and an improved daily quality of life. Research among individuals between ages 65 and 90, another group we might assume to be hyper-focused on health, also showed that "feel good" reasons to exercise motivated more participation than reasons tied to staying healthy (Gellert, Ziegelmann, and Schwarzer, 2012).

Prior to 2006, I would have been one of the strongest advocates of health being a great motivator for self-care behaviors. I hypothesized that health as the primary reason to exercise would be among the optimal motivations for participation in a longitudinal study among working individuals. I could not have been more wrong. Individuals who exercised to benefit their health were among the least active and also had non-optimal motivation profiles (Segar, Eccles, and Richardson, 2008).

Sustainable self-care behaviors are made up of multiple decisions every day. Research shows that people often don't do what is in their best interest, and that willpower depletes with use (Ariely, 2009; Vohs and Heatherton, 2009). Logic doesn't motivate us; emotions do. To better motivate consistent decisions that favor self-care and health, it is helpful for people to notice immediate, experiential rewards, which can be tied to well-being and enhance the areas of life that are most meaningful. Consider these as better reasons, or Whys, for creating sustainable behavior.

Motivation is not the cause we think it is. It is the result. Luckily, we can create highquality motivation and cultivate lasting change simply by going to the source: the primary reason for initiating any desired behavior change, The Why.

The Successful Cycle of Motivation

In contrast to the Vicious Cycle of Failure, the Successful Cycle of Motivation starts with the Right Why-feelings and rewards from behavior that we can immediately experience.

The Right Whys are reasons for adopting a new behavior that deliver positive experiences, like improved mood, feeling connected to others, having fun, feeling proud of our efforts, feeling less stress, etc. A behavior that delivers these experiences becomes a "gift" we want to give ourselves because it helps us to feel and live better. High-quality and more stable motivation results from starting the behavioral cycle with the Right Why. This commonsense cycle is supported by research on the neuroscience of reward.

The neuroscience of reward is rooted in two systems: "wanting" and "liking" (Berridge, Robinson, and Aldridge, 2009). The "liking" system reflects hedonic, pleasurable feelings. Wanting reflects the desire for a salient reward or action, something that motivates us to approach this reward. Like a Pavlovian response, we learn there is a positive association between a specific behavior (e.g., taking a walk with our family) and rewards such as pleasure and connection (e.g., "liking") and this triggers us "wanting" to walk with our family.

If ongoing daily decisionmaking in favor of self-care is the goal, we must reconsider which Whys for behavior are the most motivating. Research is showing more and more that self-care activities like exercise result in adults ages 55 to 79 years old functioning more like younger adults with respect to balance, reflexes, metabolic health, and memory than their same-age peers (Pollock et al., 2015). If you or your clients are interested in such results, it is important to discover which Whys will make regular self-care behaviors personally relevant and compelling to sustain (Segar, in press).

Sidebar

Whatever we are externally or internally motivated has implications for our success in achieving goals.

Our desire to change is frequently accompanied by shame, a sense of failure, self-rejection, and guilt- all of which are known to undermine motivation.

People often don't do what is in their best interest, and willpower depletes with use-logic doesn't motivate us; emotions do.

Author's Note

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References

- Ariely, D. 2009. *Predictably Irrational: The Hidden Forces that Shape our Decisions*. New York: Harper Perennial.
- Berridge, K. C., Robinson, T. E., and Aldridge, J. W. 2009. "Dissecting Components of Reward: 'Liking,' 'Wanting,' and Learning." *Current Opinion in Pharmacology* 9(1): 65-73.
- Carver, C., and Scheier, M. 2001. *On the Self-Regulation of Behavior*. New York: Cambridge University Press.
- Gellert, P., Ziegelmann, J. P., and Schwarzer, R. 2012. "Affective and Health-related Outcome Expectancies for Physical Activity in Older Adults." *Psychology & Health* 27(7): 816-28.
- Hariri, A. R., et al. 2006. "Preference for Immediate Over Delayed Rewards Is Associated with Magnitude of Ventral Striatal Activity." *Journal of Neuroscience* 26(51): 13213-17.
- Landro, L. 2013. "The Simple Idea that Is Transforming Health Care: A Focus on Quality of Life Helps Medical Providers See the Big Picture-and Makes for Healthier, Happier Patients." *The Wall Street Journal*, February 14. online.wsj.com/article/SB10001424052702304450004577275911370551798.html. Retrieved February 9, 2015.
- Loewenstein, G., Brennan, T., and Volpp, K. G. 2007. "Asymmetric Paternalism to Improve Health Behaviors." *Journal of the American Medical Association* 298(20): 2415-17.
- Paul-Ebhohimhen, V., and Avenell, A. 2008. "Systematic Review of the Use of Financial Incentives in Treatments for Obesity and Overweight." *Obesity Reviews* 9(4): 355-67.
- Pollock, R. D., et al. 2015. "An Investigation into the Relationship Between Age and Physiological Function in Highly Active Older Adults." *The Journal of Physiology* onlinelibrary.wiley.com/doi/10.1113/jphysiol.2014.282863/abstract. Retrieved January 23, 2015.

Ryan, R. M., and Deci, E. L. 2000. "Self-determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-being." *American Psychologist* 55(1): 68-78.

Segar, M. L. In press. *No Sweat: How the Simple Science of Motivation Can Bring You a Lifetime of Fitness*. New York: AMACOM. (Forthcoming in 2015.)

Segar, M. L., and Richardson, C. 2014. "Prescribing Pleasure and Meaning: Cultivating Walking Motivation and Maintenance." *American Journal of Preventive Medicine* 47(6): 838-41.

Segar, M. L., Eccles, J. S., and Richardson, C. R. 2008. "Type of Physical Activity Goal Influences Participation in Healthy Midlife Women." *Women's Health Issues* 18(4): 281-91.

Segar, M. L., et al. 2007. "Mid-life Women's Physical Activity Goals: Sociocultural Influences and Effects on Behavioral Regulation." *Sex Roles* 57(11/12): 837-50.

Vohs, K. D., and Heatherton, T. F. 2000. "Self-regulatory Failure: A Resource-depletion Approach." *Psychological Science* 11(3): 249-54.

Volpp, K. G., 2014. "The Future of Financial Incentives: Where Should Employers Go Next?" Presentation from the Leadership Summit on Workforce and WellBeing: "What's Next: Innovative Practices Driving Employee Health and Performance," June 26, 2014. Washington, DC.

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