

New Trends and Issues Proceedings on Humanities and Social Sciences



Issue 10 (2016) 19-23

Selected Paper of 4th World Conference on Psychology and Sociology (PSYSOC 2015) 26-28 November 2015 Rome, Italy

Successful eating self-regulation: a social cognitive perspective

Andreea-Mirela Mandia **, "Alexandru Ioan Cuza" University of Iasi, Toma Cozma Street no. 3, Iasi, 700554, Romania

Suggested Citation:

Mandia, A-M. (2016). Successful eating self-regulation: a social cognitive perspective. *New Trends and Issues Proceedings on Humanities and Social Sciences*. [Online]. 10, pp 19-23. Available from: www.prosoc.eu

Selection and peer review under responsibility of Prof. Dr. Kobus Maree, University of Pretoria, South Africa © 2016 Science Park Research, Organization & Counseling. All rights reserved.

Abstract

Despite of public health efforts in many countries, more and more people have serious problems to successfully regulate eating behaviors, therefore contributing to the increasing rates of obesity and other diseases related to diet. Making unhealthy food choices and having bad eating habits represent the main factors which negatively influence the management of weight and health of people. Being successful in regulating their own eating behavior, individuals may get better control over their food experiences and boost the psychological well-being. This paper addresses the issue of the eating self-regulation and aspects of behavior change. Although these approaches have studied in parallel the self-regulatory processes, our article attempts to illustrate how they may gain from forging such a connection integrating new research and methodological lines in the current understanding of eating self-regulation. From a social cognitive view, we underlined that people appear to use the intake of others as a regulatory guide and receive from it social support characterized as being emotional, informational, and effective aid in order to adopt a healthy diet. Social and cognitive research can better explore how to help individuals change their eating behaviors more efficiently. We suggest some future directions for nutritional interventions and public health campaigns.

Keywords: eating self-regulation; social cognitive; successful regulation;

^{*} ADDRESS FOR CORRESPONDENCE: **Andreea-Mirela Mandia** "Alexandru Ioan Cuza" University of Iași, Iași 700554, Romania *E-mail address*: andreea.mandia@gmail.com / Tel.: +4-074-757-4227

1. Introduction

Although during the last years research on self-regulation in general and eating self-regulation in particular had made significant progress, more and more people find it very difficult to successfully adjust or modify their unhealthy eating habits in the long-term. There is a scientific consensus on the importance of self-regulation to human adaptation. There are, instead different views about how it can be analyzed, conceptualized and used in practice in everyday life. This paper addresses the issue of eating self-regulation highlighting a description of the successfully mediators of behavioral change, dietary intake and also revealing social influences on eating. Firstly, we aim to provide general definitions of self-regulation and eating self-regulation. Next, the specific features and advantages of the social cognitive theory are presented as well as the limits that this theoretical perspective implies.

1.1. Literature review

This work is written from a view suggested by Hofmann, Schmeichel, and Baddeley (2012). They argued that self-regulation, as an aspect of adaptive human behavior should benefit from more communication and collaboration between cognitive psychology and social and personality psychology respectively because both may complete the complex puzzle of self-regulation and contribute to a better understanding in this research area. This issue is supported by the idea that research should provide solutions and useful tools in order to solve practical problems such as obesity and weight control. In this light, controlling dietary intake and portion as well as changing eating habits represent a big challenge for many people taking into account the unhealthy environment we live in. Excessive eating and making unhealthy food choices contribute to the high rates of obesity and it raises the risk for many diseases. The psychological and medical aspects of obesity represent a continuous concern for both developing and developed societies. A systematic analysis in children and adults during 1980-2013 show nearly one-third of the world's population is obese or overweight (Murray & Ng, n.d.). Equally important, no country has successfully reduced obesity rates in 33 years. For Romania, the available data on the eating patterns, behavior and other components of lifestyle are scarce. However, according to a recent research (Roman et al., 2015) the prevalence of overweight and obesity in Romania was 31.1% and 21.3%, respectively. Therefore, because of the obesity epidemic experienced worldwide, a better understanding of how to regulate eating and the factors that influence eating selfregulation to lose or maintain a healthy weight is essential. Self-regulation is a key concept in the health programs or clinical interventions and personal projects related to weight loss. Hofmann, Schmeichel, & Baddeley, 2012 distinguished between "self-regulation" which can be generally defined as goal-directed behavior, within at least a minimum temporal perspective and "self-control" which refers to a narrower subset of self-regulatory processes; those of the resisting of an alluring desire or temptation (e.g., rich desserts). Moreover, the first concept was consistently associated with healthier eating and weight loss success (Levesque et al., 2007; Webber et al., 2010; Williams, Grow, Freedman, Ryan, & Deci, 1996 as cited in Reed et al., 2015). Concerning eating self-regulation, Reed et al., 2015 define it as involving the "one's ability to initiate goal-related behaviors, to consistently self-monitor dietary intake, to frequently apply self-regulatory strength to resist temptations (...) and finally to maintain motivation to change dietary behaviors to lose weight, maintain weight, or to decrease chronic diseases" (p. 7). One key characteristic of human beings is their social interaction. One behavioral theory that has been used successfully in programs aimed at increasing fruit and vegetable consumption (Najimi & Ghaffari, 2013; Gaines & Turner, 2009) is social cognitive theory which is unique in defining self-regulation as an interaction of personal, behavioral and environmental triadic processes (Zimmerman, 2000). This external dimension is very important because that social influences are extremely powerful, often overriding other influences on eating, including one"s prior intentions or goals. Similarly, same author concluded that a social cognitive perspective is different from traditional views because is defined in terms of context-specific processes and can explain common dysfunctions in self-regulatory system.

In this direction, social cognitive research emphasizes self-efficacy as an important antecedent for eating self-regulation, being defined as the degree to which one feels confident to enact behaviors necessary to achieve healthy eating (Bandura, 1986). Anderson, Winett and Wojcik (2007) suggested that healthy nutrition was associated with self-efficacy; participants with higher confidence in their ability making healthier choices had lower levels of fat (p < .001) and higher levels of fiber (p < .001) and fruits and vegetables (p < .001). To change eating habits and choices, individuals need to have confidence in their own resources for healthy eating to stimulate their motivation, to set healthy goals and to recover from relapses. Those with high scores in self-efficacy instruments for healthy eating were able to increase fruits and vegetables in their diets, overcome in the face of temptations, and achieve more weight loss compared with those with low self-efficacy (Anderson-Bill, Winett, Wojcik, & Winett, 2011; Annesi, 2011b; Rejeski, Mihalko, Ambrosius, Bearon, & McClelland, 2011 as cited in Reed et al., 2015). Another social cognitive variable is social support which is considered be a powerful weight-loss treatment moderator or mediator (Kiernan et al., 2011). This concept refers to the various types of support (emotional, informational, and effective aid) that people receive from others, such as family and friends to assist with eating a healthy diet (House, Landis & Umberson, 1988). Social support has been associated with better nutrition behaviors in previous studies (Ford, Ahluwalia & Galuska, 2000; McKinley, 2009). In eating behavior, this influence may be exerted by one's eating companions and in most cases, people appear to use the intake of others as a regulatory guide. Thus, Herman and Polivy (2011) indicated that people eat correspondingly more or less, with reference to the intake of those with whom sharing the food experience. Helping obese individuals modify their social environment to limit exposure to activities or cues that promote unhealthy food may be translated in successfully eating intervention (Carels et al., 2008).

2. Discussion

Social cognitive theory suggests that people learn behaviors through their interactions and observations of others, as well as their direct experience. Consequently, observational learning can be an efficient method of behavior change, as it allows the person to learn the behavior vicariously even without experimentation. Furthermore, Ahlstrom, in 2009 underlined that there are many factors that could influence fruit and vegetable intake and one of these is the availability of fruits and vegetables in the home. In addition, the lack of availability is negatively associated with fruit and vegetable consumption. Another important construct that is highlighted is behavioral capability which states that a person must have the knowledge and skills related to a behavior in order to successfully perform the behavior (Bandura, 1991). In spite of all these advantages, the social cognitive theory has important limitations in studies: these include recall bias, social desirability, and under- and overreporting of behavior. Besides, the aspect of maturation and changes over the lifespan are ignored and little attention is paid to motivation, conflict and emotion. Briefly, the social cognitive perspective does have limits and strengths but some important eating behavior mechanisms can be explained through it. The act of eating often represents more than a quotidian routine essential to a person's survival. It involves social and cultural meanings. The social dimension of eating is mirrored when food is almost always shared, people eat with other friends; mealtimes are events when the whole family comes together. In such cases, people use the intake of others as a standard which may "regulate" our intake not just by providing intake guidelines. However, one of the most challenging routes for future research involves linking data from multiple level of analysis including (but not limited to) social, cognitive, motivational, neuropsychological measures of everyday eating behavior.

3. Conclusions and future study

In order to gain a complete understanding of self-regulation of eating behavior in young, it is necessary to conduct a study that examines eating habits in real, ecological contexts such as a student restaurant for observing even the social interaction. A number of studies also show that restrained eaters differ from unrestrained eaters outside of the laboratory in their everyday food choices. In conclusion, a better understanding of the psychosocial determinants of monitoring and maintaining a healthy diet may be the key to constructing more effective nutritional interventions. This perspective can help healthcare providers when working with overweight or obese individuals in changing eating behaviors in order to lose weight and become healthier.

Acknowledgements

This work was co-funded by the European Social Fund through Sectoral Operational Program Human Resources Development 2007 – 2013, project number POSDRU/187/1.5/S/155397, project title "Towards a New Generation of Elite Researchers through Doctoral Scholarships".

References

- Ahlstrom, D. C. (2009). Social cognitive predictors of college students fruits and vegetables Intake. Unpublished Masters dissertation, Utah State University, Logan.
- Anderson, E., Winett, R. & Wojcik, J. (2007). Self-regulation, self-efficacy, outcome expectations, and social support: Social cognitive theory and nutrition behavior. *Annals of Behavioral Medicine*, 34(3), 304-312.
- Bandura, A. (1986). *Social foundations of thought and action*. Englewood Cliffs, New Jersey: Prentice
- Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational Behavior And Human Decision Processes*, *50*(2), 248-287.
- Carels, R., Konrad, K., Young, K., Darby, L., Coit, C., Clayton, A. & Oemig, C. (2008). Taking control of your personal eating and exercise environment: A weight maintenance program. *Eating Behaviors*, 9(2), 228-237.
- Ford, E., Ahluwalia, I. & Galuska, D. (2000). Social relationships and cardiovascular disease risk factors: Findings from the Third National Health and Nutrition Examination Survey. *Preventive Medicine*, 30(2), 83-92.
- Gaines, A. & Turner, L. (2009). Improving fruit and vegetable intake among children: A review of interventions utilizing the Social Cognitive Theory, *California Journal of Health Promotion*, 7, 52-66.
- Herman C. & Polivy, J. (2015). The Self- Regulation of Eating: Theoretical and Practical Problems. In K. Vohs & R. Baumeister, *Handbook of self-regulation : Research, theory, and applications* (2nd ed.). New York: Guilford Press.

- Hofmann W., Schmeichel, B. J. & Baddeley, A. D. (2012). Executive functions and self-regulation. *Trends in Cognitive Sciences*, *16*, 174-180.
- House, J., Landis, K. & Umberson, D. (1988). Social relationships and health. Science, 241, 540–545.
- Kiernan, M., Moore, S., Schoffman, D., Lee, K., King, A. & Taylor, C. et al. (2011). Social Support for Healthy Behaviors: Scale Psychometrics and Prediction of Weight Loss Among Women in a Behavioral Program. *Obesity*, 20(4), 756-764.
- McKinley, C. (2009). Investigating the Influence of Threat Appraisals and Social Support on Healthy Eating Behavior and Drive for Thinness. *Health Communication*, *24*(8), 735-745.
- Murray, C. & Ng, M. Nearly one-third of the world's population is obese or overweight, new data show | Institute for Health Metrics and Evaluation. Healthdata.org. Retrieved 7 November 2015, from http://www.healthdata.org/news-release/nearly-one-thirdworld%E2%80%99s-population-obese-or-overweight-new-data-show.
- Najimi, A. & Ghaffari, M. (2013). Promoting fruit and vegetable consumption among students: a randomized controlled trial based on social cognitive theory. *Journal Of Pakistan Medical Association*, 63(10), 1235-40.
- Reed, J., Yates, B., Houfek, J., Pullen, C., Briner, W. & Schmid, K. (2015). Eating Self Regulation in Overweight and Obese Adults: A Concept Analysis. *Nursing Forum, n*/an/a.
- Roman G., Bala C., Creteanu G., Graur M., Morosanu M., Amorin P., Pîrcalaboiu L., Radulian G. & Timar R, Achimas Cadariu A. (2015). Obesity and Health-Related Lifestyle Factors in the General Population in Romania: a Cross Sectional Study. *Acta endocrinologica*, 11(1), 64-72.
- Zimmerman, B. J. (2000). Attaining self-regulation: A social cognitive perspective. In M. Boekaerts, P. R. Pintrich, & M. Zeidner (Eds.), Handbook of self-regulation (13–39). San Diego, CA: Academic Press.