The Development and Validation of an Eating
Self-Efficacy Scale

Shirley M. Glynn¹ and Audrey J. Ruderman¹-²
University of Illinois at Chicago

Following from Bandura's (1977a) self-efficacy theory, an Eating Self-Efficacy Scale (ESES) was developed and its psychometric properties established. Factor analysis of the 25-item scale yielded two reliable factors— one concerned with eating when experiencing negative affect (NA) and the other with eating during socially acceptable circumstances (SAC). The ESES demonstrated good internal consistency, test-retest reliability, and convergent validity. A clinical study using this measure found that increases in ESES scores were significantly related to weight losses among weight loss program participants. A laboratory study using a mood induction procedure found that NA subscale scores predicted food consumption irrespective of whether negative affect was induced. This finding may indicate that people have difficulty accurately discriminating the specific circumstances under which their eating difficulties occur and/or that eating difficulties tend to be global in nature. The significant correlation of the two ESES subscales (r = .39, p < .001) supports these possibilities. The clinical and research utility of the ESES and the implications of the findings are discussed.

KEY WORDS: self-efficacy; overeating; weight reduction.

Bandura (1977a, 1977b) has proposed that behavior change requires both the belief that the changes will result in the desired outcomes (outcome expectancies) and the belief that one is capable of making the change (efficacy expectancies). These later expectancies have been termed "self-efficacy." Bandura believes that psychotherapy results in behavior change to the extent that

¹Listing of authors is alphabetical. Authorship of this paper is shared equally.
²Address all correspondence to Audrey J. Ruderman, University of Illinois at Chicago, Department of Psychology, Box 4348, Chicago, Illinois 60680.
it enhances clients' self-efficacy. Self-efficacy is distinguished from self-esteem in that the former describes confidence in coping ability in a specific situation while the latter is a judgment of self-worth. Accurately assessing self-efficacy requires a detailed analysis of the components of the desired behavior and the circumstances under which it must be performed—a "microanalysis" (Bandura, 1977a). Ideally, the behavior of interest is broken down into separate components and ordered by level of difficulty so that individuals can indicate their expectancies about each component. These expectancies can then be related to individuals' subsequent coping efforts when faced with each activity.

Self-efficacy theory has generated substantial research. Bandura and his associates have concentrated their investigations on the relations between self-efficacy and avoidance/phobic behaviors (e.g., Bandura, Adams, & Beyer, 1977; Bandura, Reese, & Adams, 1982), while others have extended research into the relations between self-efficacy and career choice and development (Betz & Hackett, 1981; Hackett & Betz, 1981), ability to tolerate pain during childbirth (Manning & Wright, 1983), social skills (Pentz & Kazdin, 1982), and physical skills (Feltz, 1982; Ryckman, Robbins, Thornton, & Cantrell, 1982). Generally, these studies have found that level of self-efficacy significantly predicts future behavior, and often does so better than past behavior (e.g., Bandura, et al., 1977, 1982; Ryckman et al., 1982).

Recently, investigators have begun to examine the role of self-efficacy in the treatment of addictive disorders, such as cigarette smoking, with promising results. Condiotte and Lichtenstein (1981) found that self-efficacy with regard to smoking was enhanced by smoking cessation treatment, and both DiClemente (1981) and Condiotte and Lichtenstein (1981) found a positive relation between postcessation efficacy and abstinence during follow-up. DiClemente found a significant relation between postcessation efficacy and relapse at 5-month follow-up, while Condiotte and Lichtenstein were able to predict length of abstinence during a 12-week posttreatment follow-up period ($r = .69, p < .001$). Condiotte and Lichtenstein also found a significant correspondence between activities on which individuals felt least confident about remaining abstinent at posttreatment and the conditions under which they later relapsed. For example, an individual least certain about controlling smoking when experiencing negative emotions was most likely to relapse when feeling those emotions. McIntyre, Lichtenstein, and Mermelstein (1983) recently found that posttreatment self-efficacy predicted smoking status at both 3- and 6-month follow-ups. Thus, there seems to be a strong relation between self-efficacy and initiation and maintenance of smoking cessation.

The smoking studies suggest that self-efficacy theory may provide a useful model for investigating the treatment of other addictive behaviors.