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Research Article

Intuitive Eating Correlates of Dieting Motivation Among Undergraduate Women

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Abstract

Objective

Weight loss is a common pursuit for university students, yet long-term success remains elusive. Some research suggests that motivations to lose weight in order to improve one's health may facilitate a gentle, flexible approach to dieting compared to motivations to improve one's appearance. Intuitive eating (IE) is an anti-dieting philosophy that promotes adaptive eating and is associated with psychological well-being and long-term weight management. Understanding whether dieters engage in any facets of IE could provide insight into sustainability and mental health implications of dieting motivations.

Participants and Methods

This study examined relationships between dieting motivation, IE, body appreciation, and depression among 227 undergraduate women at a higher education institution in the United States who were attempting weight loss.

Results and Conclusion

Health-focused dieters more often chose foods that met their body's needs, had fewer weight fluctuations, and endorsed higher body appreciation compared to appearance-focused dieters. Research should explore the role IE may play in fostering psychologically beneficial eating behaviors among university students who pursue weight loss.

Keywords: Intuitive eating, Dieting, Weight loss, Diet motivation

Introduction

Worldwide, nearly 42% to 45% of people report trying to lose weight [1]. Behavioral weight loss strategies, often referred to as dieting, include reducing the amount or type of food eaten, counting calories, skipping meals, eating more fruits and vegetables, and consuming "diet" foods [1]. Some evidence shows that these types of interventions often result in a clinically meaningful reduction in weight [2], and they frequently are promoted as one possible method of reducing the prevalence and burden of lifestyle-related disease.

However, "going on a diet" may incur numerous disadvantages, prompting a growing movement to avoid placing emphasis on caloric restriction. In general, dieting has been identified as a risk factor for eating disorders and subclinical disordered eating behaviors [3]. This is especially concerning for university students, given that young adults are already at a heightened risk for developing eating disorders (Ward et al., 2019). Indeed, women at institutions of higher education have reported increased negative self-evaluation and greater difficulties with food as a result of dieting (Weinstock et al., 2024), with frequency of dieting attempts being further associated with greater depression and body image issues [4]. Moreover, the overall efficacy of self-directed dieting remains dubious. For instance, Singh and colleagues (2023) found that in a sample of overweight and obese adults, dieting be-

haviors such as counting and restricting calories, fasting, and diet pill use were not significantly associated with desired weight change over 12 months. Nonetheless, many dieters *do* lose weight, and a subset even maintain the weight loss [5]. These findings highlight two main camps regarding dieting: one that emphasizes it as an opportunity for health improvement, and another that considers it an ineffective and harmful practice. Conceivably, maintaining weight loss may depend less on the specific strategies individuals use, and more on the personal factors underlying their approach. Successfully achieving and sustaining healthy weight loss may be associated with the "why" behind dieting, not just the "how." Some research indicates that more flexible approaches to weight loss, rather than rigid dieting rules, are associated with more sustainable weight management outcomes [6]. These findings suggest a potential role for intuitive eating (IE), an anti-dieting philosophy which proposes that individuals can maintain a healthy weight by listening to internal cues and honoring the needs of their bodies rather than following strict rules (Tribole & Resch, 2020). This approach has been strongly associated with a decreased risk of disordered eating, better body image, and greater psychological well-being compared to traditional dieting methods [7]. Though the ethos of IE clearly rejects dieting as a whole, weight loss remains a common goal for young adults. Thus, understanding the factors that promote healthier and more adaptive eating behaviors among university students who still attempt to diet is crucial.

One such factor might be one's motivation for dieting. There is evidence that motivations for exercise and weight loss (i.e., whether driven by health concerns or the desire to change one's appearance) are related to both psychological well-being and weight loss outcomes [8-10]. Early research found that women who dieted for appearance reasons (as opposed to health reasons) were more likely to endorse body dissatisfaction, low self-esteem, and disordered eating behaviors such as skipping meals, binge eating, and purging [11]. Importantly, type of motivation was not associated with differences in self-reported intake of healthy foods or calorie restriction. In a longitudinal study, Guertin and Pelletier (2023) found that eating in pursuit of health-focused, intrinsic goals was associated with planning and monitoring food *quality* (i.e., eating nutritious foods) [12]. Eating in pursuit of appearance-focused, extrinsic goals was associated with planning and monitoring *quantity* (i.e., calories) and was more predictive of future bulimic symptoms. Both Verstuyf et al. (2016) and Burnette et al. (2020) found that appearance-focused weight loss was related to greater endorsement of dietary restraint, disordered eating and thin ideal internalization compared to health-focused weight loss [13,14]. These findings align with the Psycho-Behavioral Dieting Paradigm which posits that high-intensity [15], appearance-focused dieting predicts worse outcomes, including increased eating pathology and potential depressive symptoms (Gitimu et al., 2016).

Regarding weight loss outcomes specifically, one study showed that women with strong motivation to lose weight to improve their appearance (in relation to themselves) at baseline were more likely to lose less weight (or gain more weight) at 30 months compared to women without this motivation [9]. A recent study from Wren and colleagues (2023) found that health-motivated participants in a behavioral weight loss program lost more weight and were less likely to drop out compared to appearance-motivated participants [16]. Together, these findings suggest that dieting motivated by appearance may be less effective and more difficult to sustain over time than dieting motivated by health-related goals.

It should be noted that dieting in general has been associated with lower body appreciation, which is the respect and acceptance one feels towards their body regardless of how it looks [17], while intuitive eating behaviors have been shown to correlate with greater body appreciation [18]. However, it is possible that the former relationship might be nuanced in a way that has not yet been identified empirically. Ostensibly, body appreciation would be more related to health-motivated dieting than appearance-motivated dieting given the emphasis on function and acceptance over appearance, but no existing research appears to have evaluated this assumption empirically.

The current study examined whether female university students who engaged in health versus appearance-motivated dieting exhibited differences in intuitive eating constructs, as well as in other important correlates of dieting, such as dietary restraint, body appreciation, and general mood. We hoped to further expand the current body of dieting literature, given significant evidence that one's motivations for dieting (and the rigidity with which they undertake a diet) may influence potential health outcomes. Examining differences in intuitive eating subscales could reveal whether health-focused dieters exhibit more adaptive eating behaviors compared to appearance-focused dieters, potentially offering some insight into the psychological factors underpinning dieting outcomes. For example, individuals with a health-based focus may be better at recognizing internal hunger and satiety cues or may more frequently choose foods that meet their body's physical needs, potentially because they prioritize how they *feel* during weight loss attempts rather than what they hope to look like in the future. We hypothesized that those dieting for health reasons would report higher IE, both globally and across the four subscales, and that these individuals would also endorse less dietary restraint, weight fluctuation, and depression, and greater body appreciation than those dieting for appearance reasons.

Method

Participants

A total of 227 undergraduate women from a public university in the southwestern United States who completed online

surveys as part of a larger study were included for secondary analyses. Inclusion criteria were that participants were female (endorsed being assigned female at birth), ages 18-25, fluent in English, not currently pregnant, and responded 'Yes' to the following single-item question: "Are you currently on a diet (for example, reducing calories or portion size, avoiding certain foods) for the purpose of losing weight?". Participants were recruited via advertisement on a secure university-specific research credit system, and were informed that the purpose of the study was to better understand health-promoting behaviors in college women.

The sample had an average age of 19.37 years (SD=1.54, range: 18-24) and was racially and ethnically diverse. As far as race, 70.9% (n=161) identified as White, 10.1% (n=23) identified as Asian, 9.3%(n=21) identified as American Indian/Alaska Native, 4% (n=9) identified as black, and 5.7% (n=13) identified as another race. Of the total sample, 52% (n=118) identified as Hispanic ethnicity. Average BMI was 25.50 (SD=5.23) with 51.1% (n=116) falling into the "normal" range, 25.1% (n=57) falling into the overweight range, 19.8% (n=45) falling into the obese range, and 4.0% (n =9) falling into the underweight range.

Measures

Demographics Questionnaire. Participants self-reported their identified gender, assigned sex at birth, age, height, weight, race, ethnicity, marital status, and history of eating disorder diagnoses/treatment.

Dieting Motivation Items. Two items assessed current dieting status and motivation. Using a yes/no response style, participants indicated whether they were currently dieting with the intention of losing weight, and if yes, whether their primary motivation was to become healthier or change their appearance.

Restraint Scale [19]. This 10-item measure was used to assess dieting for weight loss or maintenance. The RS measures weight fluctuation and subjective concern for dieting and predicts disinhibitory eating [20]. Higher RS scores are prospectively associated with fluctuating body weight and failed dieting attempts [21]. The RS has shown good internal consistency in normal-weight non-disordered eating individuals and good reliability in college students [22]. Cronbach's alpha for this scale within the current study was 0.82.

Dutch Eating Behavior Questionnaire (DEBQ; [23]. The DEBQ is a 33-item measure with three subscales that assess restrained eating (deliberate weight control behavior), emotional eating (the desire or drive to eat in response to unpleasant emotions), and external eating (the consumption of food in the presence of food-related stimuli). The DEBQ has shown high internal consistency and validity among college students (Lowe & Thomas, 2009). Cronbach's alpha for the current study was 0.95.

Intuitive Eating Scale (IES-2; (Tylka & Kroon Van Diest, 2013). This 23-item questionnaire measures four factors of intuitive eating: eating for physical reasons rather than emotional reasons, unconditional permission to eat (eating all foods without guilt or restriction), reliance on hunger and satiety cues, and body-food choice congruence (choosing foods that feel good and support bodily function). The IES-2 is shown to be reliable and valid in college students, is positively correlated with body appreciation and self-esteem, and is negatively related to eating disorder pathology [24]. Cronbach's alpha for the current study was 0.86.

Body Appreciation Scale-2 (BAS-2; (Tylka & Wood-Barcalow, 2015). The BAS-2 is a 10-item measure that asks participants to reflect on the extent to which they appreciate or hold their bodies in positive esteem. Higher scores indicate higher body appreciation. The BAS-2 has demonstrated good internal consistency, construct validity, and test-retest reliability [25]. Cronbach's alpha for the current study was 0.96.

Patient Health Questionnaire-9 (PHQ-9; Kroenke et al., 2001). The nine-item PHQ-9 measures depression symptoms and severity. Items correspond with DSM-5 criteria for major depressive disorders. Increasing scores indicate mild, moderate, moderately severe, and severe depression, respectively [26]. The PHQ-9 is a reliable and valid measure of depressive symptoms among college students across ethnic groups [27]. Cronbach's alpha for the current study was 0.92.

Procedure

Procedures were approved by the XXXXXXXX's Institutional Review Board (#13021). Informed consent was obtained which emphasized the voluntary nature of the study and that participants could stop at any point. Recruited participants were given a URL link and asked to complete assessment measures via the online survey platform Opinio. Measures were administered in a single session of approximately one hour, and participants were debriefed and awarded research credit upon completion.

Data Analytic Strategy

Of the 227 participants, 24 had missing data (1-2 items per participant) from a single measure (DEBQ) due to the fact that the option to prompt a response for missing items before continuing to the next page of the survey was inadvertently disabled. Little's MCAR test was used to determine if data were missing at random, specifically between the two motivation groups. Once data were determined to be missing at random, multiple imputation was used to create five datasets using a fully conditional specification method, which were then separately analyzed for outliers, normality, and other assumptions necessary for MANCOVA. The datasets were found to meet the necessary assumptions for pooling, and analyses were conducted on the pooled results to obtain unbiased estimates.

All analyses were conducted in SPSS 23.0. Assumptions of planned analyses (i.e., the linearity, homogeneity of regression slopes, multicollinearity, and normality of the residuals)

were checked. Descriptive statistics were calculated. A one-way analysis of variance (ANOVA) was used to determine if BMI significantly differed between weight loss categories. Although not statistically significant at the conventional threshold, BMI (p = .089) was retained as a covariate given its theoretical relevance and a potential trend toward association.

A MANCOVA was used to determine whether there were statistically significant differences between groups of individuals motivated to diet for appearance reasons versus those motivated to diet for health reasons. Dependent variables were the three individual subscales of the DEBQ, two individual subscales of the RS, four individual subscales of the IES-2, and global scores on the BAS, and PHQ-9. Global scores for the DEBQ, RS, and IES-2 were not included in the MANCOVA due to concerns of multicollinearity. A separate ANCOVA was run to assess differences between motivation groups on global IES-2 scores. In sum, 11 dependent variables were run in a single MANCOVA. For our post hoc power analysis, the G*Power 3.1 program was used.

Results

Among those currently endorsing being on a diet, 60.8% were motivated to lose weight to change their appearance (n=138) and 39.2% were motivated to lose weight to improve their health (n=89). Prior to conducting the MANCOVA, the assumptions of normality, homogeneity of variance-covariance matrices, and multicollinearity were tested; Box's M test was non-significant (p = 0.53), the assumption of homogeneity of regression slopes was met, and no significant multicollinearity was found between the covariate and the dependent variables.

The MANCOVA was performed after adjusting for BMI. The multivariate test using Wilk's Lambda and Pillai's trace (reported due to concerns regarding unequal group sizes) found that there was a significant difference between motivation groups on the combined dependent variables after controlling for BMI, $F(12, 213) = 5.16$, $p < .0005$, Wilk's $\Lambda = .775$, Pillai's trace = .225, partial $\eta^2 = .225$. Levene's test of equality of error variances for each dependent variable was non-significant except for the RS diet concern subscale (p = 0.03).

As shown in Table 1, and contrary to our primary hypothesis, there was no difference between motivation groups on global IES-2 scores. However, a significant effect was observed for the IES-2 subscale eating for body-food choice congruence (i.e., choosing foods that support how one wants their body to feel physically), but not for the remaining IES subscales. As expected, a significant effect was also observed such that appearance-motivated dieters reported greater weight fluctuations and more restrained eating. Also in line with our hypothesis was the finding that body appreciation was significantly higher in health-motivated dieters. Contrary to our hypothesis, no significant difference between groups was observed for depressive symptoms.

Measure	Independent Variable (Dieting Motivation)				BMI Covariate	
	Appearance (n = 138) M (SD)	Health (n=89) M (SD)	F (1, 224)	η^2	F (1, 224)	η^2
IES up2e	2.93 (0.63)	3.08 (0.56)	3.35	0.015	0.06	0.000
IES eprer	3.18 (0.86)	3.14 (0.84)	0.43	0.002	7.94**	0.034
IES rohs	3.12 (0.85)	3.28 (0.80)	1.95	0.009	0.23	0.001
IES bfcc	3.37 (0.69)	3.61 (0.67)	5.40*	0.024	3.92*	0.017
IES globala	3.12 (0.53)	3.22 (0.49)	1.40	0.006	4.94*	0.022
RS DC	10.43 (2.93)	9.63 (3.40)	2.87	0.013	2.53	0.011
RS WF	8.44 (3.36)	6.51 (4.03)	12.73***	0.054	15.78***	0.066
DEBQ emo	2.73 (1.07)	2.57 (1.01)	0.92	0.004	2.90	0.013
DEBQ ext	3.23 (0.74)	3.13 (0.72)	0.97	0.004	0.00	0.000
DEBQ rest	3.56 (0.80)	2.87 (0.82)	38.90***	0.141	3.21	0.014
BAS	3.03 (0.97)	3.54 (0.86)	14.24***	0.060	5.18*	0.023
PHQ-9	15.09 (7.91)	14.41 (7.53)	0.23	0.001	2.19	0.010

Table1: *Means, Standard Deviations, and Multivariate Analysis of Covariance of Restraint Scale subscales, Dutch Eating Behavior Questionnaire subscales, Intuitive Eating Scale-2 subscales, Body Appreciation Scale, Binge Eating Scale, and Patient Health Questionnaire-9*

Note: IES up2e = Intuitive Eating Scale-2 Unconditional Permission to Eat subscale; IES eprer = Intuitive Eating Scale-2 Eating for Physical Rather than Emotional Reasons subscale; IES rohs = Intuitive Eating Scale-2 Reliance on Hunger and Satiety Cues subscale;

IES bfcc = Intuitive Eating Scale-2 Body-Food Choice Congruence subscale; IES global = Intuitive Eating Scale-2 global score; RS DC = Restraint Scale Dieting Concerns subscale; RS WF = Restraint Scale Weight Fluctuations subscale; DEBQ emo = Dutch Eating Behavior Questionnaire Emotional Eating subscale; DEBQ ext = Dutch Eating Behavior Questionnaire External Eating subscale; DEBQ rest = Dutch Eating Behavior Questionnaire Restrained Eating subscale; BAS = Body Appreciation Scale-2; PHQ-9 = Patient Health Questionnaire-9.

[a] A separate ANCOVA was run to compare global scores from the Intuitive Eating Scale-2.

**p<.05. **p<.01. ***p<.001*

A post-hoc power analysis was conducted using G*Power 3.1 (Faul et al., 2007). The analysis was based on a medium effect size ($f^2 = 0.15$), an alpha level of .05, and a total sample size of 227 participants. Given 12 response variables, the power to detect a significant difference was 0.99, indicating adequate statistical power.

A chi-square test of independence was conducted to examine whether the distribution of BMI categories (underweight, normal weight, overweight) differed between health- and appearance-motivated dieters. The analysis revealed a non-significant association between dieting motivation and BMI category, X^2 (2, N = 227) = 4.80, p = .19, Cramér's V = .15.

Discussion

Dieting has been proposed as either a method of reducing the burden of lifestyle-related diseases or a maladaptive, ineffective practice that could lead to disordered eating. Nonetheless, women enrolled in institutions of higher education across the weight spectrum persist in their efforts to lose weight, and previous research has indicated that the reasons one has for dieting may be related to both weight outcomes and psychological well-being [16]. The current study aimed to compare differences in IE attitudes, restrained eating, body appreciation, and depression among undergraduate women who self-identified as either appearance- or health-motivated dieters in order to determine whether the mindset with which one approaches dieting might be differentially related to aspects of intuitive eating behavior.

No differences were observed between groups in terms of self-endorsed IE as a whole, which likely indicates that dieting coincides with lower IE regardless of motivation. Notably, the average IE global scores in our sample (M = 3.22 for health-motivated dieters; M = 3.12 for appearance-motivated dieters) were lower than the average score observed in a normative college women sample (M = 3.38; Tylka et al., 2013), though higher than scores reported in a sample with subclinical eating pathology (M = 2.93; Burnette et al., 2020). This suggests that dieting university students may already experience some disconnection from internal cues, even if their eating behaviors are not clinically disordered. However, appearance-motivated dieters endorsed less body-food choice congruence compared to their counterparts, which suggests the possibility that external motivations for weight loss can detract from one's relationship with their body's internal cues. One explanation is that appearance-motivated dieters may prioritize food choices (e.g., low-carb or low-fat foods) based on external aesthetic goals and prescriptive rules, intentionally choosing to override their body's nutritional needs [28,29]. Indeed, Guertin and Pelletier (2023) found that health-motivated dieters were more concerned with diet quality rather than quantity compared to appearance-motivated dieters [12]. Furthermore, health-motivated dieters may be more attuned to the many benefits of a variety of nutritious foods and balanced meals. Work from Jackson et al. (2022) has also found that body-food choice congruence is associated with higher diet quality.

Appearance-motivated dieters also endorsed greater restrained eating and greater weight fluctuations compared to health-motivated dieters. These findings are congruent with prior research demonstrating that more rigid control over food intake often leads to cycles of restriction and overcompensation [30,31]. Additionally, the group differences in body appreciation may reflect the possibility that individuals who pursue weight loss to improve their health may feel more respect towards their bodies and are more willing to be patient losing weight in a gentler manner. For example, they might notice that cutting out carbs completely, though effective for reducing weight in the short-term, decreases their energy levels over time. These findings indicate that future research exploring the relationship between dieting and body image and disordered eating could benefit from asking about motivations for dieting rather than simply whether participants engage in dieting at all.

All participants in this study reported engaging in dieting behaviors with the intention of losing weight, despite the fact that 55% of the sample were classified as either underweight or within the normal weight range based on BMI. The proportion of underweight, normal weight, and overweight individuals was not significantly different between appearance or health-motivated dieting groups. For appearance-motivated dieters, this pursuit of weight loss regardless of weight status is unsurprising, as they reported lower body appreciation compared to health-motivated dieters. Lower body appreciation is linked with body dissatisfaction, appearance evaluation, body preoccupation, and eating disorder symptoms (Avalos & Tylka, 2005). It is somewhat surprising, however, that a subset of participants who were not overweight endorsed dieting (to lose weight) for health reasons. Weight loss is frequently recommended to individuals with overweight or obesity to improve health markers and well-being, but typically not for individuals who are classified as having a healthy weight [32]. One possibility is that health-motivated

dieters in our sample had a skewed perception of health or a healthy weight. This would align with research conducted by Malinauskas et al. (2006) which found that college women dieters perceived a healthy weight to be lower than their current weight, regardless of actual weight status [33]. It is also possible that some individuals experienced a bias that influenced them to state they were dieting primarily for health reasons. A social desirability bias has been demonstrated for individuals reporting on health-related behaviors such as dietary intake and physical activity [34,35]. An "identity" bias that influences individuals to report behaviors consistent with their own (health conscious) values might also have played a role [36]. These findings highlight the complexity of motivations for dieting and warrant additional investigation.

Interestingly, no differences were observed between groups for depressive symptoms, nor for the three other IE subscales. This might reflect shared dieting behaviors between groups, such as consciously avoiding treats and indulgences (IES-2 subscale: unconditional permission to eat) viewing food as a source of fuel more so than a source of comfort or indulgence (IES-2 subscale: eating for physical rather than emotional reasons), or ignoring feelings of hunger to maintain a caloric deficit (IES-2 subscale: reliance on hunger and satiety cues). Although health-motivated dieting seems related to some IE qualities, both groups appear to restrain their eating to a degree that would make being an intuitive eater, in the full sense of the term, highly unlikely. Notably, appearance-motivated dieters in our university sample had an average DEBQ restraint subscale score (3.56 ± 0.80) on par/greater than a clinical sample of patients with Anorexia Nervosa (3.22 ±1.32; Baños et al., 2014), suggesting a potentially concerning level of cognitive control over eating [37]. In contrast, although health-motivated dieters had a lower average restraint score (2.87 ± 0.82), it was still higher than general population norms for normal weight women (2.61 ± 0.83; van Strien et al., 2007) [20]. This pattern highlights a potential tension: even health-focused dieters, who might be presumed to have more adaptive approaches, appear to rely on restraint levels that may carry risk. Underscoring the appeal of alternative weight management strategies, evidence from several randomized controlled trials tentatively suggests the potential that mindful eating (a major facet of IE) has to produce modest weight loss [38-40], which may make the practice more appealing to individuals who would like to manage their weight without using restriction as their primary tool.

This study includes several limitations, such as relying on two single-item questions to assess dieting status and motivation. Still, this approach is commonly used in similar research [41]. Furthermore, it is likely that for many individuals, the desire to lose weight is motivated by both appearance and health [9]. It is also possible that additional motivational dynamics not explicitly captured in this study are at play. Knowing whether dieting goals and motivations are influenced by personal conviction and intrinsic values (e.g., to prevent future chronic illnesses, support mental health, or improve athletic performance) or by external rewards, punishments, or pressure may shed light on differences between appearance-focused and health-focused dieters [13]. In addition, the cross-sectional nature of this study precludes interpretations of cause and effect.

We believe our study is the first to look at differences in IE factors based on dieting motivation, which offers potential contributions to a biopsychosocial understanding of dieting. This aligns with recent work emphasizing the need to assess psychological processes underlying dietary behavior (such as motivation and congruency between goals and desires) as distinct targets of interest [42]. Future research should attempt to replicate these findings with a larger, more diverse sample that includes men as well, and explore why body-food choice congruence is more sensitive to dieting motivation compared to other IE factors. Because body-food choice congruence reflects the ability to select foods that both nourish and satisfy, it may play an important role in reducing the physical and psychological burden of restrictive dieting. Finally, longitudinal studies may wish to examine how dieting motivations interact with eating behaviors over time, beginning in late adolescence and into adulthood. Assessing IE provides a unique lens for sustainable, health-focused practices in a world where the desire to lose weight may never be fully eliminated.

Statements and Declarations

Ethics Approval

The authors confirm that the research presented in this article met the ethical guidelines, including adherence to the legal requirements, of the United States and received approval from the Institutional Review Board of XXXXXXXXXXXXXXXXXX (Ethics approval number:13021). The procedures used in this study adhere to the tenets of the Declaration of Helsinki.

Consent to Participate

Informed consent was obtained from all individuals who participated in this study.

Funding Statement/Competing Interests

No funding was provided for this study. The authors have no conflicts of interest to declare that are relevant to the content of this article.

Data Availability Statement

Data will be made available upon request.

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