

Identification and Ranking of Motivational Factors Influencing the Tendency Toward a Health-Promoting Lifestyle in Women with Eating Disorders

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Article Info

Article type:

Original Research

How to cite this article:

Gorji Azandariyani, H., Shakerinia, I., & Hosseinzadehmahdavi, M. (2026). Identification and Ranking of Motivational Factors Influencing the Tendency Toward a Health-Promoting Lifestyle in Women with Eating Disorders. *Psychology of Woman Journal*, 7(2), 1-11.
<http://dx.doi.org/10.61838/kman.pwj.4683>



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ABSTRACT

Objective: This study aimed to identify and rank the key motivational factors that influence women with eating disorders in adopting and maintaining a health-promoting lifestyle.

Methods and Materials: The research employed a sequential mixed-methods design consisting of a qualitative and a quantitative phase. In the qualitative phase, an extensive literature review was conducted until theoretical saturation was achieved to identify major motivational themes related to health-promoting behaviors in women with eating disorders. Qualitative data were analyzed using NVivo 14 software through open, axial, and selective coding, which resulted in seven main motivational categories. In the quantitative phase, the identified factors were operationalized into a structured questionnaire and administered to 200 women with eating disorders in Tehran. Participants were selected purposively from counseling and treatment centers. Data were analyzed using SPSS-26, applying descriptive statistics and mean-score ranking to determine the relative importance of each motivational factor.

Findings: The results revealed that among the seven identified motivational dimensions, intrinsic motivation ($M = 4.56$) ranked highest, followed by emotional regulation ($M = 4.47$) and social support ($M = 4.31$). Cognitive awareness ($M = 4.25$) and environmental and cultural factors ($M = 4.11$) occupied intermediate ranks, while behavioral regulation ($M = 4.02$) and physical and health awareness ($M = 3.89$) ranked lower.

Conclusion: Strengthening internal motivation, self-efficacy, and emotional regulation should be central to intervention programs aimed at sustainable behavioral change in this population.

Keywords: Health-promoting lifestyle; eating disorders; motivation; emotional regulation; intrinsic motivation; social support; women's health.

1. Introduction

The promotion of a health-oriented lifestyle has become a central concern in contemporary public health research, particularly as eating disorders continue to escalate among women worldwide. Eating disorders, including anorexia nervosa, bulimia nervosa, and binge-eating disorder, represent a complex interplay of psychological, physiological, and social variables that disrupt individuals' eating behaviors and overall well-being. These disorders are not only associated with severe physical consequences but also with profound emotional and motivational disturbances that impede adherence to a balanced, health-promoting lifestyle (Irandoost et al., 2024). In recent years, scholars have emphasized the significance of understanding the motivational and cognitive mechanisms that influence behavioral choices in populations vulnerable to disordered eating, particularly women who face unique sociocultural pressures regarding body image, diet, and self-regulation (Panão & Carraça, 2019).

Women's engagement with food and exercise is often shaped by intrinsic motivations, cultural norms, and individual perceptions of self-worth. Studies show that motivation plays a pivotal role in both the onset and treatment of eating disorders, mediating the relationship between self-perception, health literacy, and lifestyle behaviors (Liu & Cao, 2022). Within this framework, lifestyle interventions focusing on motivational enhancement and self-regulation have demonstrated long-term benefits, including improved emotional processing, reduced relapse rates, and sustained weight stabilization (Babakhanlou, 2023; Irandoost et al., 2024). The concept of a "health-promoting lifestyle" extends beyond mere physical activity or dietary management; it incorporates psychological resilience, self-efficacy, emotional regulation, and social connectedness—all of which collectively contribute to physical and mental equilibrium (Teymouri Yeganeh, 2022).

A growing body of literature highlights the centrality of **self-efficacy** and **belief systems** in shaping healthy behaviors. Individuals with higher confidence in their ability to maintain nutrition and exercise routines are more likely to demonstrate persistence and resistance against emotional or situational triggers that lead to maladaptive eating (Akdeniz Kudubas et al., 2022). For adolescents and adults alike, the belief that health-promoting behavior leads to positive emotional and physical outcomes serves as an essential cognitive foundation for sustainable change. Moreover,

attitude formation toward nutrition and physical activity is often influenced by culturally ingrained health beliefs and perceived social expectations (Tan et al., 2021). These attitudes shape the cognitive schema through which individuals evaluate lifestyle choices, thus influencing both intention and action.

In populations suffering from eating disorders, emotional dysregulation often manifests as a key barrier to adopting consistent health-promoting habits. Emotional eating—defined as consuming food in response to negative affect rather than physiological hunger—has been linked to deficits in self-regulation and emotional awareness (Babakhanlou, 2023). When emotional management strategies are maladaptive, individuals may oscillate between extremes of dietary restriction and overconsumption, resulting in a cyclical pattern of guilt, frustration, and relapse. Therapeutic models increasingly target emotional regulation as a gateway to behavior change, emphasizing mindfulness and reflective awareness as mechanisms to reestablish a balanced relationship with food (Gidugu & Jacobs, 2019). These approaches align with the emerging consensus that emotional and cognitive processes, rather than dietary guidelines alone, determine long-term adherence to healthy lifestyles.

At the same time, sociocultural environments exert powerful influence on women's lifestyle tendencies. Cross-cultural research has shown that societal expectations regarding femininity, slimness, and self-control intensify pressure to conform to unrealistic body standards, leading to anxiety and self-criticism (Kalinina et al., 2017). This external pressure may initially motivate dieting behaviors but often transitions into compulsive and harmful eating patterns. Conversely, societies that promote holistic well-being and emotional self-acceptance tend to report lower rates of disordered eating and higher engagement in physical and recreational activities that promote both body and mind wellness (Kibayashi, 2022). Moreover, as digital environments increasingly mediate exposure to health information, body ideals, and fitness culture, the motivational landscape for women's health behaviors is becoming ever more complex. The influence of media on eating habits can serve as both a risk and a resource, depending on whether the messaging fosters awareness or perpetuates perfectionism (Tan et al., 2021).

Physiological and psychological models have sought to explain how motivation, self-regulation, and emotional processing interact to influence lifestyle patterns in individuals with eating disorders. Neural imaging research

suggests that both reward sensitivity and self-control mechanisms are implicated in the cognitive regulation of eating and exercise behaviors (Ling, 2024). These findings indicate that emotional and behavioral dysregulation in eating disorders may correspond to functional disruptions within neural pathways governing motivation, reinforcing the need for interventions that address both brain-based and psychological determinants. Moreover, the **interaction between motivation and emotional control** plays a crucial role in shaping healthy or maladaptive outcomes. For example, individuals who approach exercise with intrinsic motivation—seeking enjoyment, stress relief, or vitality—tend to exhibit more balanced eating patterns than those motivated by external appearance-related concerns (Panão & Carraça, 2019).

Emotional regulation and motivation are further connected through **self-regulatory capacity**, a psychological construct describing an individual's ability to manage impulses, set goals, and persist in the face of setbacks (Mason et al., 2021). Research among adults and adolescents demonstrates that enhancing self-regulatory skills significantly improves adherence to health-related routines and reduces emotional vulnerability (Rejeski et al., 2011). Similarly, studies on workplace stress and health outcomes have identified chronic stress as a mediating factor in disordered eating, linking emotional exhaustion with tendencies toward compulsive food control or overeating (Nishitani et al., 2009). These findings underscore the necessity of integrated interventions that strengthen psychological resilience while addressing external stressors influencing health behavior.

The motivational constructs influencing lifestyle are not solely internal but are also shaped by **environmental and social contingencies**. The **protection motivation theory**, for example, posits that individuals engage in health-promoting actions when they perceive a significant threat to well-being combined with confidence in their ability to avert it through specific behaviors (Chamroonsawasdi et al., 2021). This framework has proven effective in predicting preventive health behaviors such as physical activity and balanced nutrition across diverse populations. Likewise, personalization and hedonic motivation—key concepts in behavioral science—play an increasingly recognized role in the adoption of health behaviors, particularly as interventions become more digital and self-directed (Tyrväinen et al., 2020). Personalized lifestyle programs that integrate pleasure, autonomy, and individual goals are more

likely to sustain engagement than prescriptive or punitive models.

Lifestyle modification requires an understanding of both **psychological drive** and **behavioral reinforcement mechanisms**. Recent advancements in behavioral neuroscience suggest that reward-based motivation and habit formation share overlapping pathways with emotional regulation circuits, meaning that changes in daily behavior can be reinforced through emotional satisfaction and cognitive restructuring (Ling, 2024). This interplay has direct implications for treatment design in eating disorders, where long-term adherence to healthy routines demands both emotional stability and motivational clarity. Furthermore, research demonstrates that motivation toward exercise and healthy eating operates synergistically; individuals who are internally driven to exercise also tend to improve dietary habits and exhibit reduced anxiety and guilt around food (Liu & Cao, 2022). These interconnections reveal that health-promoting lifestyle changes must be conceptualized as multidimensional, addressing mind, emotion, and body simultaneously.

From a preventive health standpoint, promoting motivation for health-enhancing behavior among women with eating disorders can significantly mitigate both psychological distress and physical complications. Integrative frameworks such as **self-determination theory** and **cognitive-behavioral models** suggest that fostering autonomy, competence, and relatedness contributes to higher internal motivation and sustainable behavioral change (Akdeniz Kudubes et al., 2022; Panão & Carraça, 2019). For individuals at risk of disordered eating, interventions that strengthen emotional resilience and self-regulation can also improve metabolic outcomes, psychological well-being, and quality of life (Chamroonsawasdi et al., 2021; Teymouri Yeganeh, 2022). In addition, cross-sectional and longitudinal studies utilizing computational and predictive models have demonstrated the long-term effectiveness of lifestyle interventions in reducing the recurrence of disordered eating patterns (Irandoost et al., 2024). These findings support a growing interdisciplinary effort to integrate psychological, behavioral, and neurobiological insights into lifestyle intervention frameworks.

Cultural, behavioral, and environmental conditions in modern societies—especially urban contexts such as Tehran—further complicate the motivational structure surrounding women's eating and health behaviors. Fast-paced lifestyles, limited access to balanced food options, and

exposure to media-driven ideals contribute to a climate of chronic stress and body dissatisfaction (Kalnina et al., 2017; Tan et al., 2021). Thus, understanding the motivational determinants of health-promoting lifestyles in women with eating disorders requires a contextualized, multidimensional approach that considers internal drives, emotional capacities, and external influences. The integration of behavioral motivation, self-regulation, and social support into comprehensive models offers not only theoretical insight but also practical pathways for intervention and policy.

Given this background, the present study aims to identify and rank the motivational factors influencing the tendency toward a health-promoting lifestyle in women with eating disorders.

2. Methods and Materials

2.1. Study design and Participant

This research employed a mixed-methods design conducted in two sequential phases. The first phase adopted a qualitative exploratory approach, while the second phase utilized a quantitative ranking analysis. The study population consisted of women with eating disorders residing in Tehran. The qualitative phase aimed to identify motivational factors influencing the tendency toward a health-promoting lifestyle through an extensive literature review. The quantitative phase sought to prioritize the identified factors using a structured questionnaire. In total, 200 participants were selected using a purposive sampling method to ensure representation of women with varying types of eating disorders, including anorexia nervosa, bulimia nervosa, and binge-eating disorder.

2.2. Measures

In the first phase, data collection was based exclusively on a comprehensive literature review of domestic and international studies addressing motivational determinants of health-promoting behaviors among women with eating disorders. The review continued until theoretical saturation was achieved, ensuring that no new motivational categories emerged. Qualitative data were analyzed and coded using NVivo 14 software, which facilitated the identification, categorization, and integration of motivational themes.

In the second phase, the motivational factors derived from the qualitative analysis were transformed into measurable indicators and incorporated into a survey questionnaire. This instrument was distributed among 200 women with eating disorders in Tehran, either through specialized treatment centers or online support networks, depending on accessibility and ethical considerations. The participants completed the questionnaire voluntarily after providing informed consent.

2.3. Data Analysis

The qualitative data from the literature review were analyzed using a thematic analysis approach, focusing on the extraction of recurring motivational patterns and their conceptual relationships. Coding was conducted in three stages—open, axial, and selective—to ensure conceptual depth and validity.

For the quantitative phase, the collected data were statistically analyzed using SPSS version 26. Descriptive statistics (mean, standard deviation, and frequency distribution) were used to summarize participant characteristics and variable trends. The motivational factors were then ranked based on their mean scores to determine their relative importance in influencing women's tendency toward a health-promoting lifestyle. Reliability and validity of the instrument were assessed using Cronbach's alpha and expert judgment, respectively.

3. Findings and Results

In the qualitative phase of this study, a thematic analysis was conducted to identify and classify motivational factors influencing the tendency toward a health-promoting lifestyle among women with eating disorders. Data were derived from an extensive systematic literature review that continued until theoretical saturation was achieved. Using NVivo 14, the extracted data were coded through open, axial, and selective coding procedures to conceptualize underlying motivational patterns. The analysis revealed seven main themes (categories) encompassing multiple subthemes, each supported by several conceptual indicators (open codes). These themes represent psychological, social, cultural, behavioral, and environmental determinants that motivate or hinder the adoption of a health-promoting lifestyle in women with disordered eating patterns.

Table 1
Qualitative Categories, Subcategories, and Concepts (Open Codes)

Main Categories (Themes)	Subcategories	Concepts (Open Codes)
1. Intrinsic Motivation	Self-acceptance Self-efficacy	Body satisfaction; self-worth; emotional stability; reducing body shame; internal peace Confidence in behavior change; perceived control; commitment to goals; perseverance; overcoming relapse
2. Emotional Regulation	Goal orientation Coping mechanisms	Health-focused priorities; setting realistic targets; internalized purpose; personal growth Adaptive coping; emotional resilience; mindfulness; reducing impulsivity; managing anxiety
3. Social Support	Stress management Emotional awareness Self-compassion Family encouragement Peer relationships Professional guidance	Relaxation training; breathing control; journaling; emotional awareness Recognizing emotions; labeling feelings; linking emotions to behavior Forgiveness of self; non-judgmental attitude; reducing guilt; emotional warmth Parental involvement; spousal support; family communication; empathy within family Friendship bonds; shared experiences; emotional validation; support networks Therapist influence; nutrition counseling; medical follow-up
4. Cognitive Awareness	Health literacy Belief restructuring Mindset change Reflective thinking	Understanding nutrition; recognizing harmful behaviors; accurate information seeking Challenging body myths; reducing perfectionism; correcting cognitive distortions Growth mindset; adaptive thinking; cognitive flexibility Self-observation; journaling; meta-cognitive awareness
5. Environmental and Cultural Factors	Media influence	Exposure to body ideals; role of influencers; digital health campaigns
6. Behavioral Regulation	Cultural norms Accessibility to resources Habit formation Self-monitoring Reward systems	Family expectations; traditional beauty standards; collectivist values Availability of healthy food; gym access; community health programs Routine scheduling; gradual substitution; reinforcement of healthy habits Tracking eating behavior; using mobile apps; progress reflection Self-reinforcement; celebrating small achievements; non-food rewards
7. Physical and Health Awareness	Time management Body perception Physical vitality Preventive attitude Nutrition awareness	Prioritizing health behaviors; reducing procrastination; daily planning Awareness of physical needs; acceptance of body diversity; understanding hunger cues Energy awareness; fitness motivation; sleep quality Early detection; regular check-ups; avoiding relapse; health responsibility Balanced diet knowledge; portion control; hydration importance

1. Intrinsic Motivation

Intrinsic motivation emerged as a foundational driver in the tendency toward adopting a health-promoting lifestyle among women with eating disorders. This theme reflects the internal psychological forces that encourage behavioral change, particularly the pursuit of self-acceptance, self-efficacy, and purposeful goal orientation. Women who cultivated a sense of self-worth and internal peace were more likely to engage in consistent health-enhancing behaviors, even when facing setbacks. The development of self-efficacy — the belief in one's ability to regulate eating habits and maintain healthier routines — reinforced persistence despite relapse tendencies. Likewise, goal orientation provided individuals with a structured sense of direction, helping them transform vague aspirations into concrete, achievable health-related objectives. These findings highlight the pivotal role of inner motivation in sustaining long-term lifestyle modification beyond temporary compliance or external pressure.

2. Emotional Regulation

Emotional regulation was identified as another critical motivational factor influencing lifestyle adherence. Women with eating disorders often reported emotional dysregulation as a barrier to maintaining balanced eating patterns and healthy routines. Subthemes such as coping mechanisms,

stress management, emotional awareness, and self-compassion revealed the necessity of emotional literacy in mitigating maladaptive behaviors like emotional eating or food restriction. The ability to recognize and process emotions effectively—supported by mindfulness, relaxation, and self-compassion—helped participants replace impulsive reactions with reflective decision-making. Enhancing emotional resilience not only reduced vulnerability to stressors but also encouraged sustained commitment to health-promoting practices, signifying that emotional regulation serves both preventive and restorative roles in recovery.

3. Social Support

The theme of social support underscored the irreplaceable role of interpersonal relationships in motivating women toward health-promoting behaviors. Family encouragement, peer relationships, and professional guidance collectively created a psychosocial safety net that enhanced motivation and accountability. Support from family members, particularly spouses or parents, offered emotional reassurance and normalized healthy routines within the home. Similarly, peer networks provided a sense of belonging and shared understanding, which mitigated feelings of isolation common among individuals with eating disorders. Professional support, including therapists and

nutritionists, added a structured layer of motivation through personalized interventions and ongoing feedback. Altogether, social connectedness served as a reinforcing factor that sustained behavioral consistency over time.

4. Cognitive Awareness

Cognitive awareness emerged as a transformative factor, encompassing health literacy, belief restructuring, mindset change, and reflective thinking. Participants demonstrated that acquiring accurate knowledge about nutrition and body functioning was essential to counteracting misinformation and unhealthy cultural ideals. Cognitive restructuring — challenging perfectionistic or distorted thoughts — facilitated greater mental flexibility, reducing guilt and obsessive concerns about body image. Additionally, the cultivation of a growth mindset empowered women to perceive setbacks as opportunities for learning rather than failures. Reflective practices, such as journaling and self-observation, deepened self-understanding and enhanced commitment to behavioral change. Overall, cognitive awareness acted as a cognitive scaffold supporting rational and sustainable engagement in health-promoting activities.

5. Environmental and Cultural Factors

Environmental and cultural influences were found to either strengthen or undermine motivational efforts toward a healthy lifestyle. The pervasive impact of media in shaping beauty standards and lifestyle ideals emerged as a dual-edged factor: while exposure to unrealistic body images often triggered negative self-comparison, positive digital health campaigns could promote empowerment and education. Cultural expectations within families and communities influenced women's health perceptions, sometimes encouraging self-care and sometimes reinforcing restrictive ideals of femininity. Access to supportive environments—such as fitness centers, nutritious food options, and public health initiatives—further determined the feasibility of lifestyle adherence. Hence, structural and

cultural contexts operate as external motivators that frame individual choices and behavioral possibilities.

6. Behavioral Regulation

Behavioral regulation captured the strategies through which women translated motivation into consistent action. Subthemes included habit formation, self-monitoring, reward systems, and time management, emphasizing the practical dimension of lifestyle change. Women who established structured routines, tracked their eating patterns, and celebrated small milestones were more likely to maintain healthy habits. Self-monitoring tools such as journals and mobile applications promoted self-awareness and accountability, while positive reinforcement (e.g., non-food rewards) strengthened motivation. Effective time management, meanwhile, enabled the integration of health-oriented activities such as meal planning and physical exercise into daily life. Together, these mechanisms highlight that disciplined behavioral structures can sustain intrinsic motivation and prevent relapse.

7. Physical and Health Awareness

The final theme, physical and health awareness, reflected participants' recognition of their bodies' physiological needs and limits. Subthemes such as body perception, physical vitality, preventive attitude, and nutritional awareness revealed a growing sensitivity to holistic well-being. Women who shifted from viewing their bodies as objects of control to valuing them as systems requiring care demonstrated higher adherence to health-promoting practices. Awareness of bodily signals like hunger, fatigue, and energy levels encouraged more intuitive and balanced nutrition. Additionally, adopting a preventive attitude—through regular check-ups and self-care behaviors—signaled an internalized sense of health responsibility. This theme emphasizes that sustained well-being arises from integrating physical awareness with psychological self-respect and informed self-care.

Table 2

Ranking of Motivational Factors Influencing a Health-Promoting Lifestyle

Motivational Factors	Mean Score	Rank
Intrinsic Motivation	4.56	1
Emotional Regulation	4.47	2
Social Support	4.31	3
Cognitive Awareness	4.25	4
Environmental and Cultural Factors	4.11	5
Behavioral Regulation	4.02	6
Physical and Health Awareness	3.89	7

The results show that intrinsic motivation received the highest mean score (4.56), signifying that internal factors

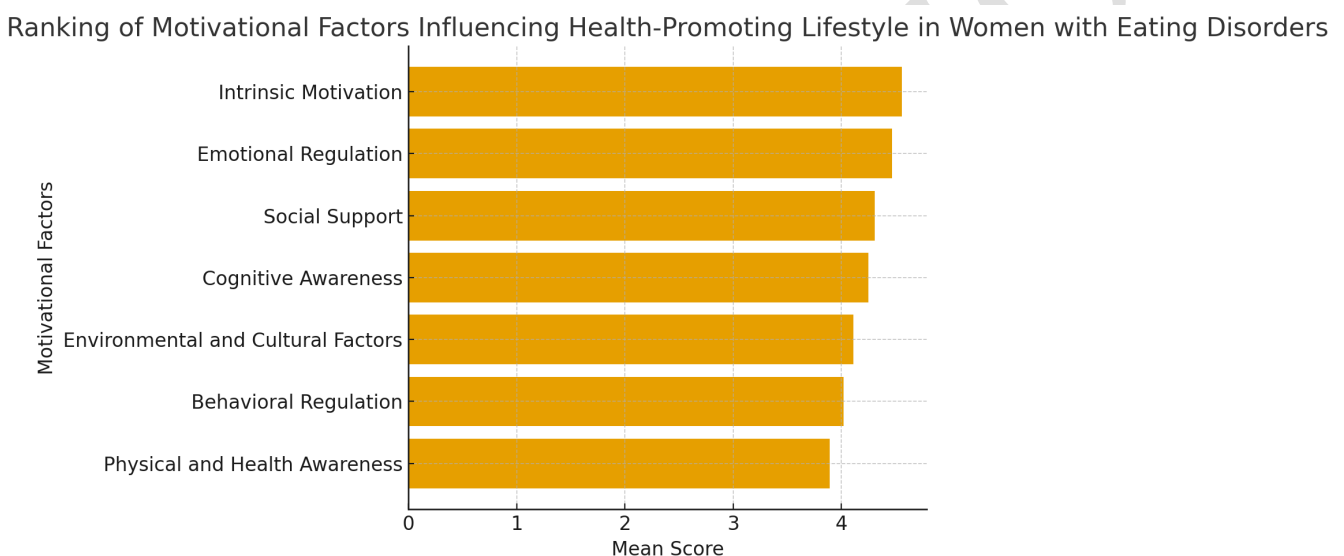
such as self-acceptance, self-efficacy, and personal goal orientation play the most substantial role in motivating

women with eating disorders to adopt a health-promoting lifestyle. Emotional regulation ranked second (4.47), underscoring the critical influence of emotional stability, stress management, and self-compassion on sustaining healthy habits. Social support was ranked third (4.31), reflecting the importance of family, peers, and professional networks in reinforcing behavioral change. Cognitive awareness (4.25) and environmental and cultural factors (4.11) followed, highlighting the interplay between knowledge, belief restructuring, and the sociocultural

environment. The relatively lower scores for behavioral regulation (4.02) and physical and health awareness (3.89) suggest that while these factors are important, they may function more as outcomes of prior motivational processes rather than as primary drivers. Overall, the findings suggest that sustainable lifestyle modification in this population depends heavily on the integration of psychological and emotional motivators with supportive social and cognitive structures.

Figure 1

Ranking of Motivational Factors Influencing a Health-Promoting Lifestyle in Women with Eating Disorders



4. Discussion and Conclusion

The present study aimed to identify and rank the motivational factors influencing the tendency toward a health-promoting lifestyle in women with eating disorders, using a sequential mixed-methods approach. The qualitative phase revealed seven primary motivational dimensions — intrinsic motivation, emotional regulation, social support, cognitive awareness, environmental and cultural factors, behavioral regulation, and physical and health awareness — while the quantitative results ranked intrinsic motivation as the most influential factor, followed by emotional regulation and social support. This ranking highlights the psychological and emotional underpinnings of health-related behavioral change among women affected by disordered eating. The findings resonate with an expanding body of literature emphasizing that motivation and self-regulation are core psychological resources that determine adherence to health-

promoting behaviors (Akdeniz Kudubes et al., 2022; Irandoust et al., 2024).

The dominance of intrinsic motivation in the ranking demonstrates that self-directed, internalized motivation is more effective than externally imposed behavioral regulation. Women who exhibit higher levels of intrinsic motivation are more capable of engaging in sustained, meaningful health behaviors because such motivation aligns with internal goals, values, and self-acceptance rather than external expectations. This finding corresponds with self-determination theory, which asserts that behaviors driven by autonomy and personal endorsement yield greater persistence and satisfaction (Panão & Carraça, 2019). Previous evidence shows that individuals with higher intrinsic motivation for exercise and balanced eating demonstrate lower relapse rates and improved mental health outcomes compared to those motivated primarily by appearance-related goals (Liu & Cao, 2022). The current study reinforces that fostering autonomy and self-efficacy in

women with eating disorders is a necessary foundation for sustainable recovery and lifestyle transformation. Furthermore, these findings are consistent with machine learning-based analyses demonstrating that psychological and motivational variables significantly predict the long-term impact of lifestyle interventions among populations with eating disorders (Irandoost et al., 2024).

The second-highest ranked theme, emotional regulation, provides a crucial insight into the interplay between emotional stability and lifestyle maintenance. Emotional regulation refers to the ability to identify, understand, and manage emotions effectively, reducing impulsive behaviors and promoting adaptive coping mechanisms. Women with eating disorders often experience heightened emotional reactivity, which contributes to maladaptive coping strategies such as restrictive dieting, binge eating, or purging. Emotional dysregulation has been recognized as both a cause and a consequence of disordered eating patterns (Babakhanlou, 2023). The present results align with prior findings that highlight the mediating role of emotional processing in self-regulation and health-promoting behavior. Interventions that target emotional awareness and mindfulness have been shown to enhance self-control and promote healthier relationships with food (Gidugu & Jacobs, 2019). These results suggest that emotional regulation is not merely an adjunct to behavioral change but a central mechanism that determines whether motivation can be effectively translated into action.

The third-ranked category, social support, underscores the importance of interpersonal and contextual factors in promoting sustainable health behaviors. Social support functions as both an emotional buffer and a behavioral reinforcement mechanism, influencing self-perception and persistence in health-oriented behaviors (Teymouri Yeganeh, 2022). Family members, peers, and professionals can encourage individuals to maintain regular routines, reduce self-stigmatization, and provide accountability structures that reinforce intrinsic motivation. The significance of social context in shaping eating behaviors has been repeatedly validated in cross-cultural studies, indicating that collective encouragement and emotional belonging foster more consistent adherence to health-promoting lifestyles (Kalinina et al., 2017; Kibayashi, 2022). In collectivist cultural contexts, such as Iran, the family unit and community norms play a particularly powerful role in determining health behavior patterns. Thus, enhancing family education and peer-based interventions could amplify the motivational impact on women with eating disorders.

The fourth-ranked factor, cognitive awareness, revealed that knowledge, belief restructuring, and reflective thinking are instrumental in shaping health-promoting intentions. Participants with higher health literacy demonstrated a greater ability to identify harmful eating patterns and to distinguish between physiological hunger and emotional appetite. This finding aligns with previous studies indicating that nutrition-related knowledge and belief correction improve self-regulation and facilitate healthier food choices (Akdeniz Kudubes et al., 2022). Similarly, research has shown that modifying maladaptive cognitive schemas — such as perfectionism and negative body image — contributes to improved emotional balance and motivation for positive lifestyle change (Mason et al., 2021). The interplay between cognitive restructuring and motivation indicates that psychological interventions must not only educate but also address the distorted cognitive beliefs that maintain maladaptive behaviors.

The next category, environmental and cultural factors, was also found to influence women's tendency toward adopting a healthy lifestyle, though to a lesser extent compared with internal psychological constructs. This moderate ranking may be due to the fact that while environmental factors such as accessibility to resources, cultural expectations, and media exposure can either enable or hinder health behaviors, they often operate indirectly by shaping motivation and belief systems. Studies indicate that media messages promoting unrealistic body ideals can exacerbate disordered eating tendencies, while campaigns that emphasize balance, well-being, and self-compassion can foster motivation for change (Tan et al., 2021). Cultural and environmental influences thus act as both constraints and facilitators of behavior, reinforcing the idea that sustainable health promotion requires environmental restructuring alongside individual psychological intervention. Moreover, environmental personalization and hedonic motivation—where health behaviors are integrated with pleasure and personal meaning—have been shown to significantly increase adherence (Tyrväinen et al., 2020). Therefore, contextual sensitivity remains a vital component of successful public health strategies.

The sixth-ranked factor, behavioral regulation, highlights the operational dimension of lifestyle change. Although it received a lower ranking, behavioral regulation plays an indispensable role in maintaining long-term health behaviors once motivation and awareness are established. Self-monitoring, goal setting, and reinforcement systems form the behavioral architecture that sustains progress. Evidence

suggests that when individuals apply structured strategies such as daily tracking, small goal reinforcement, and routine scheduling, they are more likely to sustain positive lifestyle changes (Rejeski et al., 2011). However, as observed in this study, the impact of behavioral regulation may be secondary to emotional and cognitive readiness, implying that effective self-management arises after motivational and emotional foundations are in place.

The lowest-ranked category, physical and health awareness, though comparatively less influential, still represents a meaningful component in the hierarchy of motivational factors. Participants demonstrated awareness of their physical state, health needs, and preventive behaviors, but these factors appeared to operate more as outcomes of psychological growth rather than initial motivators. Similar results have been reported in studies suggesting that individuals often develop physical awareness after psychological and behavioral stabilization (Nishitani et al., 2009). Awareness of body signals, hunger cues, and physiological balance becomes more evident once individuals achieve emotional regulation and cognitive clarity. This indicates that physical awareness should be seen as a reinforcing element in the continuum of lifestyle change rather than a primary driver.

Overall, the findings collectively indicate that motivation for a health-promoting lifestyle among women with eating disorders is a multifaceted construct rooted in psychological, emotional, and social mechanisms. The alignment between intrinsic motivation and emotional regulation underscores the need to focus on internal transformation rather than external enforcement. Previous studies have shown that emotionally supportive environments that nurture self-compassion and reflective awareness yield greater behavioral sustainability (Babakhanlou, 2023; Gidugu & Jacobs, 2019). Furthermore, integrating motivational psychology with environmental and cultural contexts creates a holistic framework capable of addressing both personal and systemic determinants of health (Chamroonsawasdi et al., 2021). The present results thus contribute to existing research by empirically validating that internal motivation, supported by emotional stability and social relationships, is the most potent predictor of sustained lifestyle modification.

Finally, the convergence of results across multiple domains — psychological, emotional, social, and environmental — supports the conceptualization of health-promoting lifestyle as an integrated biopsychosocial system. Psychological motivation provides direction, emotional regulation provides stability, cognitive awareness ensures

understanding, and social and environmental contexts offer reinforcement. When these dimensions align, women are more likely to adopt and sustain positive lifestyle changes that mitigate the psychological and physiological consequences of eating disorders (Irandoost et al., 2024; Liu & Cao, 2022; Panão & Carraça, 2019). These findings underscore the necessity of holistic and interdisciplinary approaches in clinical interventions, bridging behavioral science, nutrition, and mental health domains to foster resilient and self-sustaining lifestyle transformations.

5. Limitations and Suggestions

Despite the valuable insights gained from this research, several limitations should be acknowledged. First, the study relied on self-reported data during the quantitative phase, which may be subject to social desirability bias and self-perception distortions common among individuals with eating disorders. Second, while the sample size of 200 participants from Tehran provided a sufficient basis for ranking, it may not fully represent women in diverse sociocultural or economic contexts within Iran or other countries. Third, the study's reliance on a literature-based qualitative phase, while methodologically appropriate for theoretical saturation, may have limited the inclusion of unique contextual motivations specific to different demographic subgroups. Moreover, causal inferences cannot be drawn due to the cross-sectional nature of the quantitative phase. Finally, while the mixed-methods design enriched data interpretation, integrating additional longitudinal or clinical follow-up data could better capture the dynamic evolution of motivational factors over time.

Future research should expand the scope of inquiry by including longitudinal designs to examine changes in motivational structures over time among women recovering from eating disorders. Further studies could explore how digital health platforms, social media environments, and virtual support communities influence motivational hierarchies and behavioral adherence. Cross-cultural comparisons would also be valuable, particularly in contrasting collectivist versus individualist societies, to explore the role of cultural norms in shaping motivation and emotional regulation. Moreover, the integration of neuroscientific tools such as fMRI and neurofeedback could illuminate the neural correlates of intrinsic motivation and emotional regulation in this population. Finally, intervention-based studies testing motivational enhancement, self-regulation training, and family-based

therapeutic models could help translate theoretical insights into clinical application.

Practitioners and policymakers should prioritize interventions that strengthen intrinsic motivation and emotional regulation as central pillars of recovery and prevention in women with eating disorders. Counseling and therapy programs should incorporate mindfulness, self-compassion, and cognitive restructuring to foster sustainable internal motivation. Family and community education programs can amplify social support structures and normalize discussions around body image and emotional health. Additionally, integrating health literacy education into schools and community centers may enhance cognitive awareness and preventive attitudes among young women. At the policy level, designing supportive environments—through accessible fitness programs, balanced nutrition options, and responsible media messaging—will ensure that individual motivation is reinforced by conducive social and cultural conditions.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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