A qualitative study: Exploring the experiences and motivations of adults who have tried intermittent fasting

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Abstract

Background: Intermittent fasting is a dietary practice that can help people lose weight where the time in which people can eat is restricted. It can also improve the overall health of individuals, including their metabolism, and reduce the risk of developing diabetes or cancer. However, it can be difficult to adhere to intermittent fasting.

Aim: This research aims to determine what motivated people who experienced interruptions with intermittent fasting to start this dietary practice, what benefits they experienced, and what factors made it difficult for them to adhere to intermittent fasting.

Methods: Purposive, snowball and convenience sampling method was used to recruit participants. Eight interviews were conducted with adults who had practised IF and had at least one interruption. Interviews were recorded and transcribed and analysed using the software ATLAS.ti version 25.0.1. 32924. Thematic analysis was conducted to identify underlying themes, employing both inductive and deductive approaches using the Health Belief Model and Social Cognitive Theory to gain a deeper understanding of people's experiences with IF.

Results: The analysis yielded one theme related to motivational factors for starting IF, namely health-related motivation to start IF. Two themes emerged regarding perceived benefits, which were categorised into perceived physical and perceived mental benefits. The difficulties in adherence to IF resulted in three themes which included personal barriers, external barriers and reasons for stopping IF.

Conclusion: The study offers insights into several factors that lead people to start intermittent fasting, including a willingness to lose weight, improve overall health and the benefits people experience from IF, such as increased energy. Moreover, the study provides insights into factors that made adherence to IF difficult, such as social pressure. These insights can help to develop interventions that increase adherence to IF. Future research could investigate, through quantitative analysis, the impact of these factors on adherence to IF.

Keywords: *Intermittent fasting, weight loss, health improvement, motivation, adherence, qualitative research*

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The incidence of obesity and overweight has increased over the past years, affecting more than 2 billion people worldwide (Rathomi et al., 2024). According to Fanti et al. (2021), the Global Burden of Disease reported in 2015 that 107.7 million children and 603.7 million adults worldwide were obese, and the numbers continue to rise. Obesity and overweight can be risk factors for several health issues, such as insulin resistance, inflammation and hypertension (Brogi et al., 2024). Moreover, the risk of diabetes and cancer increases (Freire, 2019). According to OECD/WHO (2020), obesity also increases the mortality rate. The main cause of obesity is that people have more access to nutrient-poor and processed foods, which are often more heavily marketed and cheaper than healthier foods (Rubino et al., 2025). Other causes of obesity can be the increase in stress and poorer quality of sleep (Ildiko Lingvay et al., 2024). Another reason for obesity and overweight is that people have a higher calorie intake than they expenditure, but various factors can play a role here, such as genetics, biological, social and psychological influences (Freire, 2019).

Therefore, weight loss interventions are necessary to reduce the risks of getting long-term diseases such as cancer or type 2 diabetes (Birch et al., 2022). Specifically, behavioural weight loss interventions, with or without medical support, have been proven effective for people to lose their weight and maintain the desired weight (LeBlanc et al., 2018). The most common weight loss practice is reducing daily calorie intake to create a calorie deficit of usually 500 kilocalories (Tchang et al., 2021). There are different diets with which this can be achieved, such as low-fat, low-carbohydrate, or Mediterranean diets. Furthermore, an increase in physical activity can help to create a calorie deficit. For interventions to be successful, it is necessary that people adhere to their diet plan, calorie deficit and physical activity (Johnston et al., 2018). However, adherence can be challenging to maintain for various reasons, such as a lack of motivation to start a diet, insufficient time for food preparation, or dissatisfaction with a specific diet (Trujillo-Garrido & Santi-Cano, 2022).

Intermittent fasting (IF) is another way to manage weight, as it can help to reduce the daily calorie intake and thus create a negative calorie balance where one has a lower calorie intake than expenditure, as people have a shorter time frame in which they can eat (Nowosad & Sujka, 2021). Therefore, unlike conventional diets, less emphasis is placed on calorie intake or on the diet, however, a healthy diet is still necessary to achieve the health benefits (Jefcoate et al., 2023). Several types of IF are known, and the most common types are alternate-day fasting, 5:2 fasting, time-restricted eating and religious fasting. Alternate day

fasting (ADF) means people eat normally one day and restrict their food intake the next (Gudden et al., 2021). 5:2 fasting describes eating for five days normally, and people restrict their food intake for two days. In time-restricted eating (TRE), people only eat in a specific time frame; for instance, abstain from eating for 16 hours and eat within 8 hours of the day. This can be, for instance, that someone eats their first meal at 11 am and their last meal at 7 pm. All these methods have different advantages and disadvantages, for example, ADF is easy to use if someone is already on a diet, but it can have a negative impact on social life (Brogi et al., 2024). The 5:2 fast, for example, has the advantage that a person can decide for themselves when they want to reduce their calorie intake, but there is a risk of overeating on other days. TRE has the advantage that it is easy, as no calorie restriction is required, but it can be stressful for some people to implement. According to Reddy et al. (2024), IF has, in many clinical studies, been proven to be a safe diet with little or no side effects.

IF can lead to several health benefits. For example, IF helps improve metabolic health and hormone balance, thereby reducing the risk of diabetes, cancer and cardiovascular disease, and can also increase life expectancy (Reddy et al., 2024). Additionally, IF can positively affect blood pressure (Paukkonen et al., 2024). Studies have shown that IF can also enhance circadian rhythm (Mandal et al., 2022). The circadian rhythm is the human biological clock that works with metabolism in a bidirectional relationship that regulates behavioural and physiological processes in the body and is important in preventing metabolic diseases (Sones & Devlin, 2024). IF also significantly changes the gut microbiome, which can lead to a better gut balance, positively affecting overall health (Teker & Ceylani, 2022). In addition, when fasting goes beyond 16 hours, it can trigger the so-called autophagy process, which means cell renewal in the body.

According to Jefcoate et al. (2023), the adherence rate in TRE with an eating window of 12 hours or longer and people who are not obese is about 59%, which indicates that there are people who struggle with adherence to IF. For some people who believe that skipping meals such as breakfast is unhealthy, IF can make it difficult for them to snack less during the day when they break their fast at breakfast, which can have a negative impact on their adherence to the diet (Potter et al., 2019). Adherence means to what extent a person follows the dietary requirements (Freire, 2019). According to Varady et al. (2022), the dietary requirement for IF is that people adhere to the fasting period during which eating is prohibited. Adherence to IF is crucial to have sustainable achievements with IF methods such as TRE (Sones & Devlin, 2024). Although TRE is easy to implement in everyday life, many people find it difficult to stick to it because it can affect their social and working lives and

requires changes to their lifestyle and behaviour (O'Neal et al., 2023). According to O'Neal et al. (2023), when attending social events, some people eat outside their eating window to avoid getting negatively perceived, which can therefore negatively affect their ability to adhere to TRE.

To develop an intervention that increases adherence to IF in general, it is important to understand the factors that lead to adherence or hinder it. One model that can help to understand those factors is the Health Belief Model (HBM). It was developed to understand why people fail to undertake preventive strategies for diseases and screening tests to detect asymptomatic conditions early and, therefore, helps to develop effective interventions to promote healthy behaviours (Janz & Becker, 1984). The model focuses on the perceived health risks, the goals they formulate to counteract them, and the probability they perceive that their actions will successfully achieve these goals.

The HBM will be used to explore motivational factors for adults to obtain IF and the perceived benefits during the practice of IF. According to Raman et al. (2024), perceived severity, cues to action and perceived self-efficacy were associated with the willingness to start losing weight. This study on understanding motivational factors for starting IF focuses on the determinant 'cues to action'. However, it should be noted that cues to action is an underdeveloped construct in the HBM and, therefore, make operationalisation difficult (Rohayah Adiman et al., 2024). Nevertheless, according to Rohayah Adiman et al. (2024), this construct is relevant in terms of the predictability of health behaviour, as various triggers can prompt health behaviour, which the construct is intended to reflect. Moreover, the study by Rathomi et al. (2024) found that the difficulty of losing weight using other methods led them to try TRE, which they attributed to the HBM determinant 'cues to action'. Another determinant of the HBM that will be used is perceived benefits. Hereby, it will be explored what benefits people perceive when doing IF. It may be that a person feels that they feel more energised or that their metabolism has improved, as was frequently cited as a benefit of TRE in the study by Rathomi et al. (2024), which they attributed to the HBM determinant 'perceived benefits'. However, as this study focussed specifically on TRE, it is yet unknown whether this applies only to TRE or other IF methods as well.

The HBM has been criticised for not addressing social factors sufficiently (Alyafei & Easton-Carr, 2024). In the study conducted by Rathomi et al. (2024), many participants mentioned that their social life impacted their ability to adhere to TRE. For this reason, social

cognitive theory (SCT) is used to explore the barriers to adherence with IF and to explore social life in terms of the ability to adhere to IF.

The SCT consists of determinants that influence health promotion and disease prevention (Bandura, 2004). One relevant determinant in the SCT is self-efficacy, which refers to the individual's belief in being able to perform a desired behaviour. Self-efficacy can mean that a person feels that the simplicity of IF helps them to integrate it into their everyday life (Rathomi et al., 2024). It should be noted that self-efficacy was added to the HBM later, having originally been assigned to perceived barriers (Alyafei & Easton-Carr, 2024). However, due to the more comprehensive nature of SCT in relation to behavioural, environmental and personal influences, the focus will be on self-efficacy in this theory to explore barriers (Bandura, 2004). Outcome expectation is another determinant in SCT, which describes what an individual thinks and what consequences their acting or non-acting in the desired behaviour will have. Furthermore, the outcomes people can expect from their behaviour can be either physical or social, such as that people approve or disapprove their behaviour or self-evaluative, such as how they would feel when performing a specific behaviour. One expected outcome of IF may be that it is difficult to adhere to IF when participating in social events that involve eating together and take place outside of the eating window, as was often mentioned in the study by O'Neal et al. (2023) for TRE.

Since previous studies such as Jefcoate et al. (2023) or Rathomi et al. (2024) focused on individuals who had specifically tried the TRE method, there is limited evidence on what motivated individuals to try different types of IF and what prevented them from adhering to IF. Due to the different advantages and disadvantages of IF (Brogi et al.,2024), this study will focus on all types of IF to obtain a broader overview and to see if there are different factors regarding adherence to IF. Consequently, the research aims to answer the question of which psychosocial factors make adherence to IF more difficult for people who have failed attempts with IF. These findings could help to develop interventions to improve health through IF to increase adherence. For this reason, the following research questions were formulated.

RQ1: What factors motivated adults who had interruptions in intermittent fasting to start?

RQ2: What perceived benefits do these adults associate with intermittent fasting during engagement?

RQ3: What barriers did they encounter that made it difficult for them to adhere to intermittent fasting?

2. Methods

2.1 Design

The current study was conducted as a qualitative research study to assess the psychosocial factors that impact adherence to IF among individuals who had previously tried it but had at least one unsuccessful attempt. Qualitative research was chosen to gain an in-depth understanding of people's experiences with IF and their motivation and barriers to adherence (Creswell & Creswell, 2018). This was conducted through semi-structured interviews.

2.2 Participants

The present study aimed to recruit 8-10 participants who had tried IF before but had at least one failed attempt or interruption and were at least 18 years old. All types of IF for health purposes were included except for religious fasting. Purposive, snowball, and convenience sampling were used to recruit participants. This was achieved through posts on social media platforms, including Facebook, LinkedIn, and Reddit. Furthermore, the researcher's acquaintances were asked whether they were interested in participating in the study. In addition, acquaintances were asked whether they also knew people who could be interested in participating in this study.

2.3 Materials

A semi-structured interview was used to gain in-depth insights from the participants about their experience with IF (Karatsareas, 2022). This ensured that important questions were asked during the interview and having flexibility to ask appropriate follow-up questions when necessary.

An interview scheme was created based on the HBM and SCT, which can be seen in Appendix B (Bandura, 2000; Bandura, 2004; Janz & Becker, 1984). This ensured that the necessary determinants of these models were covered in the interviews. Participants were first asked about their demographical information. Afterwards, open-ended questions were asked that dived deeper into the motivation of IF and the perceived benefits of the interviewee. Open-ended questions were then asked about barriers during IF and reasons that led the person to quit IF. After completing all the questions, interviewees had the opportunity to ask questions or add comments that they considered important.

2.4 Procedure

Before the study began, ethical approval was obtained from the Ethics Committee BMS / Domain Humanities & Social Sciences at the faculty of Behavioural, Management and Social Sciences (No. 250408).

Potential participants were then approached, and those interested in participating in the study received a written consent form that they were asked to read and sign if they wanted to participate (see Appendix A). This way, the participants could find out before the interview what the interview is about, how it will be conducted, that they will be recorded, how the data will be handled, and that they have the right to cancel the interview at any time without consequences. If participants decided to take part in the study, a suitable date and time was arranged. The interview was either held online via Microsoft Teams or in a one-on-one conversation. The interviews had a duration of approximately 13 to 34 minutes, with an average of 22 minutes. The interviews were recorded and transcribed using Microsoft Teams and then stored securely in the University of Twente's OneDrive folder. After each interview, the researcher checked the transcripts of Microsoft Teams with the recordings to ensure accuracy. Sentences that were not accurate were corrected by the researcher. After the transcripts were finished, recordings were permanently deleted.

2.5 Data analysis

After completing the data collection, the transcripts were evaluated using thematic analysis. This method is frequently used in qualitative analysis due to its flexibility, which helps to identify underlying patterns or themes (Braun & Clarke, 2006). The six-step approach by Braun and Clarke (2006) was employed for the analysis, utilising both deductive and inductive methods. First, the researcher familiarised themselves with the transcripts and created initial codes using a deductive method, with the help of the determinants of the HBM and the SCT. Using an inductive approach, further codes were created to explore unexpected themes and patterns in the transcripts that could not be directly attributed to the determinants of the HBM and the SCT. This contributed to a more nuanced understanding of the participants' experiences with IF. Next, the researcher compiled the codes and created themes, which were then reviewed. Finally, the researcher defined and named these developed themes, which were then reported. The software for qualitative analysis, ATLAS.ti version 25.0.1.32924, was used to analyse the transcripts and to develop and organise themes and codes.

3. Results

Eight participants in total participated in the study. Seven participants identified as female, and one participant as male. The age of the participants ranged between 23 and 57 (M = 40.4, SD = 13.77). 5 Participants had a nationality of German, one had German and Danish nationality, one participant had British nationality, and one participant had U.S. citizenship. The most frequent method of IF mentioned by participants was 16:8, which 5 participants followed. One participant mentioned that they skipped either breakfast or dinner without specifying a specific time period. One participant followed the 5:2 method, and one participant followed the one meal-a-day method and 48 hours of fasting at a time. 6 Participants stopped entirely with IF, one participant is doing it occasionally, and one participant is currently following it. Table 1 provides an overview of the participants.

Table 1

Demographics and IF characteristics of participants

Participant	Age	Gender	Nationality	Method of IF	Current practice of IF	Duration of practice
1	39	Female	British	One Meal a Day and 48 hours fasting	No current practice	Two to three years with breaks
2	23	Female	German	16:8 hours fasting	No current practice	One to two weeks
3	24	Female	U.S. citizen	Skipping either breakfast or dinner	No current practice	Two months with a break
4	56	Female	German	16:8 hours fasting	Occasional practice	A few weeks, not specified
5	29	Male	German	16:8 hours fasting	No current practice	Six months
6	49	Female	German	16:8 hours fasting	No current practice	A few weeks, not specified
7	57	Female	German	5:2 fasting	No current practice	Six months
8	46	Female	German/Danish	16:8 hours fasting	Current practice	One year and 4 months

3.1 Motivational factors to start IF

First, motivational factors were explored to understand the subsequent problems with adherence to IF. One theme was identified as motivational factors that led people to decide to start IF. Table 2 shows an overview of theme and the related codes, and the frequencies among the participants.

Table 2

Theme about motivational factors to start IF among participants (n=8)

Theme	Codes	Frequencies (n=8)
Health-related motivation to start IF	Willingness to lose weight	8
	Healthier Lifestyle	7
	Detoxify the body	4

Health-related motivation to start IF

Willingness to lose weight

Willingness to lose weight was the main reason for people choosing IF. All participants said that they tried to lose weight with IF "*Just to lose weight and to get fitter since my weight was too high during this time." (P5, 29 years, male, 16:8 fasting experience, no current practice, practised for six months).* This answer shows that weight loss alone was not the only reason why people wanted to start IF but also to improve other aspects such as their fitness.

Healthier lifestyle

Another frequent reason was that people wished to obtain a healthier lifestyle such as to improve fitness and be more energised "*Well, I realise that when you're approaching 60 soon and all that, you naturally want to manage as long as possible without medication and so on, and that's my main reason for wanting to stay fit for as long as possible. If I have any ailments that prevent me from living my life the way I want to, yes, that's actually the most important thing to think about, or diet and exercise and so on, yes, that's so complicated for me." (P7, 57 years, female, 5:2 fasting experience, no current practice, practised for 6 months).*

Detoxify the body

Some participants also mentioned that they wanted to give the body a break from eating through IF to regenerate *"I think in January it is a really good time to do that but also after Christmas to give the body a chance to purify and to detox as I notice especially during Christmas you drink more alcohol and I think that this is actually a good idea to give the body a rest and to detox basically." (P4, 56 years, female, 16:8 fasting experience, occasional practice for few weeks).*

3.2 Perceived benefits in engagement with IF

In terms of the perceived benefits that people have experienced from participating in IF, two themes emerged: physical and mental benefits. Table 3 gives an overview of the themes, related codes and frequencies among participants.

Table 3

Themes of perceived benefits during engagement with IF among participants (n=8)

Themes	Codes	Frequencies (n=8)
Perceived physical benefits of IF	General Health Improvement	6
	Higher energy level	5
	Weight loss	2
Perceived mental benefits of IF	Mindfulness about eating behaviour and body	7
	Control of eating behaviour	4
	Improved mood	3

Perceived Physical benefits of IF

General Health Improvement

Six participants said that they noticed their health improved in general through IF *"I also have trouble sleeping, which wasn't so bad when I was fasting." (P1, 39 years, female, One Meal a day and 48 hours fasting experience, no current practice, two to three years occasional practice experience).* Another health improvement was that Participant 1 noticed a better digestion *"I wasn't as bloated as much."*. Another health improvement was a better immune system "*... I work in a kindergarten and the children are constantly snotty and I work*

with the very young ones so yes, somehow my immune system is also strengthened by the fact that I haven't been ill once for over a year and a half. Can I just say that I've had a cold? I can't even find a cold or anything like that." (P8, 46 years, female, 16:8 fasting experience, current practice of IF, practicing for one year and a half).

Higher energy level

One participant also noticed that they felt more energized *"…also more stamina I could breathe better as weight didn't press too much on the body." (P5, 29 years, male, 16:8 fasting experience, no current practice, practised for six months).*

Weight loss

Two participants also experienced that they were able to lose weight through IF *"That I lost weight in moderation that it was step by step and not too big so that it was unhealthy, so that there was no loose skin on my belly if my weight went too quick down so that I was lucky that the fat that I gained through weight gain got reduced." (P5, 29 years, male, 16:8 fasting experience, no current practice, practised for six months).*

Perceived mental benefits of IF

Mindfulness about eating behaviour and body

One mental benefit that was frequently mentioned by participants was that they felt they were more aware of themselves, such as that they were more aware when feeling hungry *"That you can get to know your body better. You start listening to your body, am I actually hungry now or do I eat now just because its eating time? So that you also push yourself to your limits and notice that your stomach starts to growl, and now I really need to eat something." (P4, 56 years, female, 16:8 fasting experience, occasional practice for few weeks).*

Control of eating behaviour

When it comes to mental benefits perceived by participants, one benefit that was mentioned was that people felt that they were more in control of their own eating behaviour during the practice of IF *"I wasn't raving for food. It was almost kind of all right. It's coming up. That's fine. It's very chilled, very calm and it meant like, mentally, I wasn't, like, stressing or thinking about food all the time. I was a bit calmer." (P1, 39 years, female, One Meal a*

day and 48 hours fasting experience, no current practice, two to three years occasional practice experience).

Additionally, people became more aware of their nutrition *"... when you go grocery shopping, you're also more aware of the fact that you always think you'll always have yoghurt in the house, nuts in the house, things like that, that's changed so much that we always have vegetables. We're also looking to eat a bit more protein, yes, that's what we've read now, that we should eat more protein." (P8, 46 years, female, 16:8 fasting experience, current practice of IF, practising for one year and a half).*

Improved mood

Another mental benefit that was mentioned was that people noticed that their mood was better *"The main thing was that it made you feel better, and you also felt really hungry, and you were looking forward to eating and it tasted really good somehow, it tasted different somehow, otherwise it's kind of like that. You eat it, and sometimes you don't really notice it what you eat, and I thought it was somehow delicious, even if it was something really banal like yoghurt and a bit of fruit or something. It made you really happy." (P7, 57 years, female, 5:2 fasting experience, no current practice, practised for 6 months).*

3.3 Difficulties in adherence with IF

The difficulties in adherence to IF emerged in three themes. Table 3 gives an overview of these themes and their related codes as well as their frequencies among the participants.

Table 4

Themes of difficulties in adherence with IF among participants (n=8)

Themes	Codes	Frequencies (n=8)
Personal barriers	Low self-efficacy for IF adherence	7
	Physically exhausting	5
	Mental stress	3
External barriers	Social pressure from friends	4
	Family obligations	3
	Social pressure at work	3
Reasons for stopping IF	Lack of weight loss	4
	Falling back into old eating habits	3
	IF not compatible with daily routine	2
	Weight loss goal achieved	1

Personal barriers

Low self-efficacy for IF adherence

Seven participants reported that a main reason for them that made adherence to IF difficult was their lack of self-efficacy *"because there were some fallbacks that I ate sweets or fast food which made it difficult for me" (P5, 29 years, male, 16:8 fasting experience, no current practice, practised for six months).*

Moreover, participants said that it was difficult for them to make a plan that fit their schedule *"...if you have your everyday life, you need to plan around it as the plan of your meals is in the foreground, and that makes it difficult if you have meetings or other appointments which was definitely difficult for me." (P2, 23 years, female, 16:8 fasting experience, no current practice, one to two weeks of practice experience).*

Physically exhausting

Five participants also said that IF was physically exhausting for them "*I learned I can't go that long without food. It makes me nauseous." (P3, 24 years, female, skipping either breakfast or dinner, no current practice, two months practice with a break).*

Furthermore, it was mentioned that they felt more tired when they could not eat *"I'm squeezed into such a pattern and I can't cope with it, because somehow I get the impression that my body needs energy, when it gets tired it needs energy, then I can't wait until 10 o'clock before I'm allowed to eat and that's really annoying." (P6, 49 years, female, 16:8 fasting experience, no current practice, practised for few weeks).*

Mental stress

Three participants also mentioned that IF was mentally stressful for them *"... it was just a bit exhausting to keep an eye on the time, and then it's like oh, but now you have to make sure you have something, because otherwise it's, or then you can, if I'd only eaten at 7 pm, then I wouldn't have been able to eat again until 11 am and so on and that stressed me out if I ate later than 10 because my normal routines are actually always between 9 am and 9:30 and 10 then I get really hungry at work and then I really have to have something and if I had to eat later it was really annoying, so I always had to make an effort to eat by 18:00, yes." (P6, 49 years, female, 16:8 fasting experience, no current practice, practised for few weeks).*

External barriers

Social pressure from friends

An external barrier for four participants was that social gatherings with friends or going out for dinner made adherence difficult *"Yes, so obstacles are when you're invited somewhere for breakfast or something like that, but there might be obstacles. I also eat breakfast there or if you go out with friends at the weekend, then I have breakfast there too, so I don't sit down and say no, I'm not going to eat anything for 16 hours, so there are always days." (P8, 46 years, female, 16:8 fasting experience, current practice of IF, practising for one year and a half).*

Family obligations

For three participants, family obligations also had a negative impact on their ability to stick to IF *"... so with family, we might go out and it'll be like, again, like, we'll get lots of, like, sharing boards. And it's kind of difficult and like. My family's like quite religious and you know, like set in their ways almost. So, it's. It's a bit difficult to explain. I will, actually. I'm choosing. I'm choosing not choosing not to eat. Because they don't understand that actually there's a health reason as opposed to, I'm just choosing not to eat. You know, they don't get it. So, it's that kind of. Do I want to keep explaining myself, and do I want to keep justifying it?" (P1, 39 years, female, One Meal a day and 48 hours fasting experience, no current practice, two to three years occasional practice experience).*

Social pressure at work

Three participants also shared that their working environment made it sometimes difficult such as having special occasions at work *"Of course, when you're at work, and there are celebrations or things like that, you always have to say that you don't eat anything, and somehow society hasn't really got round to accepting that without having to explain why and why not, you just don't want to explain it. You don't want to, but you still always have to explain and justify it, which I find stupid." (P7, 57 years, female, 5:2 fasting experience, no current practice, practised for 6 months).*

Reasons for stopping IF

Lack of weight loss

Four participants stopped using IF because they did not lose weight and were frustrated as a result *"Yes, it was just that you said that because you're not losing any weight or anything like that, it doesn't help that much, so I thought, why are you doing it at all? Then you might as well leave it as it is, so to speak, the main reason why I didn't pursue it any further, yes." (P7, 57 years, female, 5:2 fasting experience, no current practice, practised for 6 months).*

Falling back into old eating habits

Three participants also mentioned that they fell back into old eating habits that led them to stop IF *"Yes, it's just that you quickly fall back into old patterns and then it creeps in a bit and suddenly you're no longer doing it." (P7, 57 years, female, 5:2 fasting experience, no current practice, practised for 6 months).*

IF not compatible with daily routine

For two participants, another reason why they did stop doing IF was that IF did not fit into their daily routine *"I notice that through my things that I do the activities that I need a lot that I need a lot of energy and I also noticed that if I don't eat in the morning that my performance is not so good when I do too much. So, working I do physically, I go for a walk with the dog, and then I drive with my bike or go to the gym or in the garden, and then I burn a lot of energy, and this energy needs to be refilled, and during the winter I don't burn so much energy as I am not doing so much. So, I really noticed that when I burn energy, then it also needs to be refilled in a healthy way." (P4, 56 years, female, 16:8 fasting experience, occasional practice for few weeks).*

Weight loss goal achieved

One participant mentioned that they stopped adhering to IF when they reached their desired weight *"Because in the end I had reached the weight I wanted and at that time it was just enough" (P5, 29 years, male, 16:8 fasting experience, no current practice, practised for six months).*

4 Discussion

The aim of this qualitative study was to investigate why people, who have interruptions in their IF practice, are motivated to start IF, what benefits they have experienced from IF, and what barriers they have encountered during their practice. The interviews and results provide insight into these questions.

The first research question dealt with the motivational factors for starting IF. During the interviews, all participants stated that weight loss was the primary reason why they wanted to try IF. This suggests that IF is often perceived as a method to lose weight, which is also reflected in other studies showing that IF is particularly popular for weight loss (Conde-Pipó et al., 2024). This can be further attributed to the HBM determinant factor 'cues to action' (Janz & Becker, 1984), where dissatisfaction with current weight prompted individuals to seek a diet that could help them lose weight.

In addition, improving health appears to be a common reason, as most participants tried to improve their lifestyle and become healthier with the help of IF, for example, to maintain good health in old age or to feel generally fitter. This is consistent with O'Connor et al. (2022), who state that TRE is not only known for weight loss but also for its health

benefits, which is why it is so popular. Moreover, this frequently cited reason is consistent with the study by Rathomi et al. (2024), in which participants reported that their knowledge of the positive effects on their health, such as increased life expectancy or improved energy, motivated them to try TRE. Additionally, some participants started IF to detoxify their body, which aligns with the study by Rathomi et al. (2024), where participants stated that giving the body a rest made IF interesting to them. According to Patterson and Sears (2017), IF is also known to improve lifestyle behaviours, such as reducing calorie intake and improving sleep. This further suggests that IF is not only seen as a method of weight loss but also as a tool for lifestyle change and associated health improvements.

The second research question dealt with the perceived benefits that people experienced during their practice of IF. Most participants reported that they noticed a general improvement in their health, such as better sleep. Moreover, participants noticed that they were more mindful of their eating habits, such as sensing when they were really hungry. These findings are consistent with the study by Jefcoate et al. (2023), in which improved sleep quality and increased mindfulness about eating behaviour were among the benefits that participants noticed when practising IF. Additionally, some participants noticed they felt less hungry when practising IF, which made them feel more in control of their eating behaviour. According to Potter et al. (2019), the belief that skipping meals is harmful can have an impact on feelings of hunger. This may, therefore, suggest that people who believe that prolonged fasting is not harmful to them do not constantly think about food, which helps them to reduce their cravings. Moreover, these findings suggest that IF benefits people's physical and mental health, which is consistent with the study by Anic et al. (2022), in which they found that IF can improve quality of life in terms of physical, emotional and health well-being. Similar results were also found in a study by Rathomi et al. (2024), in which participants stated that the benefits of increasing their energy levels and giving their bodies a break from eating were a motivation for them.

In addition, participants reported feeling less ill, further supporting the notion that IF improves health, which is consistent with previous research findings indicating that IF can positively impact the immune system (He et al., 2023). Further, these perceived benefits are consistent with the 'perceived benefits' determinant of the HBM (Janz & Becker, 1984). Although IF is effective for weight loss according to Zhang et al. (2022), some participants had difficulty losing weight through IF, which may indicate that the barriers perceived by participants could negatively affect their success in losing weight through IF.

The third research question addressed the difficulties in adhering to IF. Most participants stated that their lack of self-efficacy in adhering to IF was a barrier. This was often due to inner weakness, lack of time or cravings for sweets, which can be attributed to the 'self-efficacy' determinant of the SCT, as these barriers influence the ability to adhere to the diet (Bandura, 2000). Furthermore, the study conducted by O'Connor et al. (2022) found that people have difficulty adhering to TRE due to irregular schedules, suggesting that a regular daily routine may be important in facilitating adherence. Further, other participants mentioned that social pressure from family members, friends or colleagues at work affected their ability to adhere to IF. This can be attributed to SCT determinant ‘outcome expectation' (Bandura, 2000), as participants often mentioned that they found it difficult to persevere when they had to justify themselves to others. Furthermore, O'Connor et al. (2022) found that during the COVID-19 pandemic, when people had less contact with family or friends, this helped them stick to IF because they did not feel pressured to eat at social events, suggesting that social pressure limits people's ability to stick to IF. Furthermore, as social pressure was frequently mentioned, this could also suggest that not only internal barriers, but also external pressure could have a high impact on people's ability to adhere to IF.

Moreover, four participants mentioned that they stopped adhering to IF as they achieved no weight loss through IF. This could imply that frustration due to a lack of results has diminished their motivation. Previous studies have shown that lack of progress in weight loss can increase frustration and thus lower the motivation to adhere to weight loss programmes (Spreckley et al., 2023). Only one participant successfully achieved their desired weight through IF, which raises the question of whether the perceived barriers, such as lack of self-efficacy, influence success with weight loss. According to Turner-McGrievy et al. (2020), self-efficacy can impact the success of weight loss, however, not all studies confirm a direct link between self-efficacy and weight loss, as seen in the study conducted by Ko et al. (2013).

Strengths and limitations

The strength of this study is that it contributed to the research of adherence to weight loss practices such as IF. Interviews with people who had tried IF but had interruptions revealed insights into what motivated people, for example, to improve their health and what made it difficult for them to stick with IF, such as their social life. The use of HBM and SCT as a deductive approach helped to analyse health-related behaviour in relation to IF and to analyse the transcripts in a structured manner. In addition, combining this with an inductive

approach to data analysis contributed to a more comprehensive and deeper understanding of people's experiences with IF.

One limitation was that most participants were known to the researcher, which could lead to biases, such as the social desirability bias. Due to the dual relationship between the researcher and the respondents, respondents may tend to give socially desirable answers, which in turn may affect the validity of their responses, particularly on questions about difficulties with adhering to IF, where they may be more reluctant to disclose their actual experiences (Bergen & Labonté, 2019). However, it was made clear before the interview began that there are no right or wrong answers to encourage participants to share their experiences.

Furthermore, gender was not evenly distributed as seven participants were female and only one male. The study conducted by Cienfuegos et al. (2022) suggests that IF affects the hormonal balance among men and women differently, which can also have an impact on how men and women experience IF regarding their perceived benefits and barriers. Accordingly, the results may be overly focused on women's experiences with IF, as male participants were underrepresented, which may limit the generalisability of the findings. Another difficulty regarding generalisability is that there was an imbalance in the practice and variability of IF methods. Most participants used the 16:8 method and stated that they do not currently practise IF, while one person currently practises IF and another person practises it occasionally. It is, therefore, questionable whether a more balanced study would lead to different answers regarding motivation, perceived benefits and obstacles that make it challenging to adhere to IF. Moreover, some participants' experience with IF is also quite distant in the past, which could result in a recall bias where participants cannot accurately recall the past, and this is quite common in self-reporting studies (Jager et al., 2020).

Implications of the study and future recommendations

Overall, the results of the study help us to understand what motivates people to start IF and what makes it difficult for them to stick with it. These insights can help develop interventions that address these issues.

There are some recommendations for future studies. Firstly, a minimum duration of IF practice would be beneficial, as participants would have more experience and therefore be able to report more about their experiences and thus gain more and deeper insights. In addition, it could also be beneficial to include more male participants to gain deeper insights

into men's experiences of IF, looking at whether they have different challenges or perceived benefits for IF. Furthermore, future studies could conduct qualitative interviews with people who have stopped IF altogether and would not consider it again, as they are less motivated to do IF than people who are positive about IF and have only had interruptions. Moreover, quantitative studies could be conducted to investigate the relationship between factors such as barriers or motivations to see how large the effects are on adherence.

Conclusion

This qualitative study provided insight into the reasons that motivated people to start IF and the benefits they experienced from this practice. The study also shed light on the factors that made it difficult to adhere to IF. This study thus provided valuable insights that may be helpful for future studies on adherence. In addition, these findings can help healthcare professionals develop interventions to improve IF adherence among their clients.

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Appendix A

Written informed consent

Interview about experiences with intermittent fasting

Interviewer: Merle Callsen m.a.callsen@student.utwente.nl

Supervisor: Annemarie Braakman-Jansen l.m.a.braakman-jansen@utwente.nl

In addition, if you have any concerns about the organization and/or conduct of the study, you can contact the secretary of the Ethics Committee BMS / Domain Humanities & Social Sciences at the University of Twente via ethicscommittee-hss@utwente.nl.

Purpose of the interview

Dear participant,

You are invited to take part in an interview about your experiences with intermittent fasting. It is, therefore, important that you familiarize yourself with the aims and procedure of the interview before you decide to take part. Please take the time to read the following material. Please ask the interviewer if anything is unclear to you or if you require further information.

Procedure of the interview

The interview will take approximately 30 minutes, and the aim of this research is to learn about your motivations, challenges, and reasons for stopping intermittent fasting. Furthermore, the interview will be recorded to transcribe the conversation for analysis and comparison with other interviews that will be conducted.

Confidentiality

All information you provide will be treated confidentially. Demographic data such as your age, gender and nationality will be requested but will only be used for statistical purposes and will not be linked to your responses to ensure your anonymity. The audio or video recording of the interview will not be shown to other people. The interview will be transcribed and used for data analysis. The audio or video recordings will be permanently deleted as soon as the transcription of the interview is complete. All data will be stored securely on the University of Twente's OneDrive folder and will only be accessible to authorized researchers. In addition, quotes from your responses during the interview may be used in the report. However, your responses from the interview will be used in the report without identifiable information to keep your responses anonymous.

Risks

One possible risk is that you may feel mentally uncomfortable sharing your experiences with intermittent fasting. What you want to share during the conversation is entirely up to you. You also have the right to stop the conversation at any time without any consequences.

Benefits

There are no direct benefits from this interview. However, your insights are very helpful for this study and might also help you gain new insights about yourself.

Voluntary Participation

Your participation in this interview is entirely voluntary. You can decide whether you would like to participate in this interview. If you decide to take part in the interview, you must sign a declaration of consent. Even after submitting the consent form, you can change your mind anytime and without giving reasons. Your interaction with the interviewer, if any, will not change if you decide to end the interview. Your data will either be deleted or returned to you if you end the interview before the data collection is completed.

Consent

I have read and understood the above information. I could ask all the questions I was asked, and they were answered. My participation is voluntary, and I may withdraw without any consequences. By signing below, I voluntarily agree to participate in this interview.

Signature of participant _____ Date _____

Signature of interviewer _____ Date _____

Appendix B

Hello, thank you for taking part in this interview. My name is Merle, and I am a 3rd year bachelor's student of Psychology at the University of Twente and am conducting this research for my bachelor's thesis. This interview is about intermittent fasting, and I am interested in your perceptions and experiences with it.

Before we begin, I would like to explain some aspects of the research and how the data is handled. I am curious about your subjective experiences. This means that there are no right or wrong answers. I also want to record the interview so that I can transcribe the interview to compare it with other interviews I conduct.

Both the interview and the decision to withdraw from the study are entirely up to you. In particular, do not hesitate to cancel the interview if you have any concerns.

Do you have any questions before we start?

If everything is clear, we can start with the interview.

1. Before we take a closer look at intermittent fasting, would you mind introducing yourself by stating your age, nationality, and the gender you identify with
2. Could you tell me about your previous experience with intermittent fasting?
    Probe: What type(s) of intermittent fasting or time-restricted diet have you used?
    Probe: How long did you try IF?
    Probe: How often have you tried IF?
3. What motivated you to start IF?
    Probe: How did you come across IF?
    Probe: What were your reasons for using IF?
    Probe: What did you want to achieve with IF?
    Probe: Was there anything that made it difficult for you to start using IF?
4. What advantages did you see in adhering to IF?
    Probe: Have you noticed any particular health benefits?
    Probe: Have you noticed any changes in your physical or mental well-being?
    Probe: How has IF affected your lifestyle?

Probe: Have you noticed any other benefits of IF?

Probe: Has IF met your expectations?

5. Were there any obstacles or barriers that prevented you from sticking with IF?

Probe: Can you give me a specific example where IF was a challenge for you?

Probe: How did you feel about it?

Probe: How did you deal with it? What strategies did you use to overcome the obstacles?

6. How has IF affected your daily life?

Probe: How has IF affected your social life?

Probe: How has IF affected your work/university life?

7. What led you to stop using IF?

Probe: What reasons influenced your decision?

Probe: How did you feel about stopping IF?

Probe: Would you consider doing IF again? Why or why not?

8. Anything else you would like to add?

AI Statement

During the preparation of this work the author used ChatGPT, Grammarly and DeepL for feedback on structure and to check for grammatical errors. After using these tools, the author reviewed and edited the content as needed and takes full responsibility for the content of the work.