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A Brief Zoom-Facilitated Mindful and Intuitive Eating Intervention to Decrease Disordered Eating

By

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This thesis has been examined and approved by the following members of the student’s committee.

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Abstract

Clinical eating disorders are psychological disorders that impact a small percentage of the population. In the United States, prevalence rates range from 2-8% with a point prevalence of 4.6% (Galmiche et al., 2019). Subclinical disordered eating is a broader term for eating patterns and behaviors that do not meet clinical threshold, but that still may be life impairing (Burnette & Mazzeo, 2020). Subclinical disordered eating impacts many more individuals than clinical eating disorders do and is often present without the direct awareness of the people affected by it. With the prominence of diet culture in the United States that supports disordered eating, it is easy for individuals to partake in some respects.

Mindful and intuitive eating approaches have recently begun to emerge as combined and stand-alone treatments for disordered eating and eating disorders. Many of these studies have only evaluated each of these on their own, rather than in combination. Studies have also been limited in terms of population, with individuals with clinical eating disorders making up the large majority of research subjects. The current study used an online mindful and intuitive eating intervention to bring about awareness of these concepts and combat disordered eating in lay adults using simple workbooks (Albers, 2018; Resch, 2019). The goals were to increase education and decrease overall disordered eating.

The authors found that disordered eating did decrease, mindful and intuitive eating increased, and general mindfulness improved across the duration of the study. While the hypotheses were partially supported, only the results for disordered eating and intuitive eating were significant. Despite lack of power due to small sample size and some insignificant results, participants reported benefiting from the intervention.
Introduction

Clinical eating disorders are considered serious psychological disorders that meet the *Diagnostic and Statistical Manual of Mental Disorders-5th edition (DSM-5)* criteria. They are further described by the National Eating Disorders Association (NEDA) website as characterized by extreme emotions, attitudes, and behaviors surrounding weight and food (NEDA, 2021). Although certain demographics have reportedly higher rates of eating disorders (e.g., young white women), these disorders can impact anyone, no matter their race, gender, ethnicity, age, sex, or socioeconomic status. The same is true of subclinical disordered eating. In fact, subclinical disordered eating impacts many more individuals than clinical eating disorders do (Burnette & Mazzeo, 2020). Because disordered eating is not always recognized by individuals themselves, and the fact that it is quite normalized within society, people often do not seek treatment for it. Therefore, these individuals are missed in data that is collected on it. Thus, determining the exact rate at which individuals are affected by disordered eating is quite difficult. Subclinical disordered eating is a broad term that describes eating patterns and behaviors which do not meet full diagnostic criteria but might still be significant and distressing. It consists of a range of irregular eating that does not warrant a diagnosis of a clinical eating disorder and will be determined in the current study by a measure of disordered eating. A few examples of disordered eating might include bingeing or restricting food, feeling guilty about eating certain foods, or avoiding certain food groups.

While several treatments exist to combat clinical eating disorders such as exposure based therapies, cognitive behavioral therapies, family based therapies, and others, there is less research devoted to the treatment of subclinical disordered eating. However, more recently there has been an emergence of research into mindful and intuitive eating practices to help reduce
disordered eating. In order to better understand mindful eating, it is important to first understand mindfulness in general. General mindfulness occurs when conscious attention and awareness are actively cultivated with acceptance and nonjudgment (Brown & Ryan, 2003). Mindfulness is a state of being attentive to, and aware of, what is taking place in the present moment. Therefore, mindful eating is being fully aware and present while eating (Albers, 2018). That means noticing the amount, taste, and textures and making conscious food choices. Essentially, it includes balancing how you eat with what you eat. Intuitive eating is very similar to mindful eating. It is a philosophy based on the belief that most people are born with all the wisdom they need to know how to eat in a satisfying and balanced way (Resch, 2019). Intuitive eating has ten principles including reject the diet mentality, honor your hunger, make peace with food, challenge the food police, feel your fullness, discover the satisfaction factor, cope with your emotions without using food, respect your body, exercise, and honor your health with gentle nutrition. Finally, it is important to note here that mindful and intuitive eating principles are not diet-based and are not intended to be weight loss treatments.

As previously noted, disordered eating impacts many individuals, sometimes even without recognition. Eating past physical fullness while sitting watching television is but one example of this. In this example, an individual is not being mindful of their experience with food nor being intuitive about their satiation. Other examples of factors that influence disordered eating might include the packaging or presentation of food, external cues such as an empty bowl or plate, or the food consumption of others (Moor et al., 2013). Moreover, disordered eating behaviors are associated with considerable mental and physical health impairments, many of which are persistent if not treated (Burnette & Mazzeo, 2020). Some of these impairments include digestive concerns, negative body image, or hair and skin conditions. Another concern of
chronic disordered eating is the development of full-threshold clinical eating disorders and potential mortality. Thankfully, increasingly popular interventions such as those that utilize mindful and intuitive eating practices have been developed and disseminated in order to reduce levels of disordered eating and prevent a clinical condition from occurring. Most research in this area has investigated mindful eating and intuitive eating in separate studies, with few examining them collectively. Additionally, most studies have examined these approaches in clinical eating disorder populations rather than in lay people with subclinical disordered eating. Thus, research into these principles and practices has begun to demonstrate promise, however more is needed in order to fully identify the effects of these interventions, how they might be used, and who they might be best suited for.

To better understand how mindfulness can be used as part of an intervention in treating disordered eating, it is important to further examine how mindfulness relates to eating behaviors. A study conducted by Butryn and colleagues (2013) on women in residential eating disorder treatment programs found that higher scores of eating disorder symptomatology at pre-treatment was significantly correlated with lower awareness and acceptance. This means that those with higher levels of disordered eating would be less adept in using mindfulness approaches. Additionally, participants who reported the greatest improvements in awareness and acceptance also showed the most improvements in eating disorder symptoms. These results indicate the potential for mindfulness interventions to be used in a way to reduce eating disorder symptomatology. Other researchers came to the same conclusion. Across four studies, Jordan et al. (2014) found a positive relation between mindfulness and healthier eating patterns such as less impulsive eating, lower caloric consumption, and healthier snack choices. These results were found even in the absence of instruction specifically in mindful eating. If approaches were more
specifically tailored to mindful eating instead of general mindfulness, it is possible that outcomes would be even greater.

For instance, Albers (2010) conducted a case study in which they examined how mindful eating could be useful in treating anorexia in a young woman. The client was asked to keep a record of her mindful eating as she was taught the research, rationale, and limitations of mindful eating over the course of fifteen sessions. During the sessions, the client was also asked to partake in mindful eating activities and to describe her experience afterwards. Following the completion of her treatment, the client reported a decrease in food restriction and an increase in body mass index (BMI) and caloric intake. Not only that, the client reported an improvement in the quantity and variety of foods consumed. Thus, this case study demonstrated effectiveness of a mindful eating approach to food restriction. There are other benefits related to mindfulness and eating as well. Webb and others (2018) discovered that more frequent mindful eating corresponded with higher levels of positive body image indices.

Studies more specifically tailored toward intuitive eating have also reported beneficial outcomes beyond just a better relationship with food. A recent systematic review of twenty-four cross-sectional studies documented that intuitive eating was associated with less disordered eating, a more positive body image, greater emotional functioning, and several other psychosocial correlates (Bruce & Ricciardelli, 2016). Several studies from this review also supported intuitive eating as an effective approach to reducing dieting attitudes and behaviors. Other researchers have found similar results, with Denny et al. (2013) reporting that intuitive eating practices were inversely associated with a number of harmful outcomes. Some of these include stopping eating when full and lower odds of dieting and bingeing, as well as trusting the body to indicate how much to eat and lower odds of utilizing disordered eating behaviors.
Intuitive eating interventions might also be used in non-traditional settings such as through group and guided self-help approaches. A study conducted by Burnette and Mazzeo (2020) found that both conditions were highly acceptable and produced beneficial outcomes such as reductions in disordered eating, body dissatisfaction, and weight-bias internalization. Participants also reported improvements in body appreciation, level of intuitive eating, and satisfaction with life. Collectively, these results demonstrate the need to investigate how practices like mindful and intuitive eating can be used in ways that are more accessible, acceptable, and effective.

As promising as the above results are, there is still more research to be done in the fields of mindful and intuitive eating. First, previous studies have largely failed to study these practices in combination. They have also failed to recognize that disordered eating behaviors occur in individuals beyond those with clinical eating disorders. Moreover, additional investigation needs to occur with individuals who experience subclinical levels of disordered eating, as this is a more prevalent condition. Along this line, society as a whole could benefit greatly from an intervention that combines approaches in an easily accessible manner such as online via videoconferencing and internet sites. Other studies have also left out important information such as the impact mindful and intuitive eating might have on general mindfulness. While most of the previously mentioned studies have found at least some success in using mindful and intuitive eating approaches, there has been relatively scant evidence that these interventions generalize to mindfulness alone. Few studies in this area of research have been conducted online as well. With the recent pandemic and a societal shift to increasing demands for online options for interventions, the authors of the current study saw a space that needed filled. Thus, the current study was conducted to determine if an online mindful and intuitive eating intervention could
increase mindful and intuitive eating practices and behaviors and simultaneously decrease patterns of disordered eating. The impact this had on mindfulness alone was also examined.

**Current Study**

In the present study, the aim was to test whether educational materials and activities related to mindful and intuitive eating resulted in decreases in disordered eating and increases in mindful eating, intuitive eating, and general mindfulness. Subclinical disordered eating describes eating patterns and behaviors that do not reach the threshold of clinical eating disorders but are still problematic. This study was conducted due to the high rates of disordered eating in American culture and the lack of awareness many lay people have about the concepts and principles that were discussed. Diet culture often hides and encourages disordered eating, and it was for these reasons that the current study was developed. Before the intervention began, the authors proposed four hypotheses to test.

**Hypotheses**

**Hypothesis 1.** *More mindful and intuitive eaters will report less disordered eating than less mindful and intuitive eaters.* Increasing mindful and intuitive eating is beneficial because it has been associated with lower rates of disordered eating. Therefore, participants who report greater levels of these ways of eating following the intervention will likely benefit from not having as many patterns and behaviors of disordered eating as those who report lower levels of mindful and intuitive eating.

**Hypothesis 2.** *The intervention results in an increase in mindful and intuitive eating.* The goal of the intervention is to educate participants about mindful and intuitive eating principles and practices so that they might see a reduction in disordered eating. Increases in mindfulness and intuitive practices are beneficial because it allows individuals to create and foster better
relationships with food and eating. These increasing might also produce beneficial outcomes in other aspects of individuals’ lives such as increasing general mindfulness.

**Hypothesis 3.** The intervention results in a decrease in disordered eating. Disordered eating often results in feelings of stress, anxiety, and general helplessness. It impacts several realms of individuals’ lives beyond just their relationship with food. Decreasing disordered eating is beneficial because it will allow participants to have a better relationship with food, their bodies, and others.

**Hypothesis 4.** The intervention increases general mindfulness. An increase in general mindfulness is beneficial because it provides individuals with an opportunity to become more aware of their present moment experiences. This means that they are more fully attuned to and engaged with their environment and what is happening around them.

**Methods**

**Participants and Setting**

Participants in the current study were young adults recruited through two separate avenues. Students from a mid-sized public university in southern Minnesota were recruited online via Sona Systems, a research website in which they were able to receive compensation in the form of research credits based on the number of hours they participated. Other participants were recruited online via a popular social media platform (i.e., Facebook) and did not receive compensation. The only inclusionary criterion was that individuals must be an adult at least 18 years of age or older. Eleven total participants completed all steps and were included in the final data analysis, although twenty individuals completed at least the first step. Ages ranged from 18 to 30 years old ($M=23.64$). There were more female participants ($n=7$) than male ($n=4$), and more that identified as White/Caucasian ($n=8$) than any other race/ethnicity (e.g., Black/African
American, \( n=1 \); Latino/Hispanic, \( n=2 \). About half of the individuals were students from the university in which the study was created (54.54%) and nearly half were not (45.45%). Of those who were a student at the university, all were upperclassmen besides one, who was a freshman. Finally, all participation occurred online via Qualtrics, a research survey tool, and Zoom, a teleconferencing service.

Materials

The materials for this study included multiple dependent measures as well as worksheets. Several informational and activity worksheets were used throughout the current study to inform participants and garner feedback on their behaviors and experiences with eating. These worksheets came from *Eating Mindfully for Teens* (2018) and *The Intuitive Eating Workbook for Teens* (2019). The use of workbooks aimed at teens helped to ensure that all participants in the study would have a clear and thorough understanding of the material, as it was anticipated that most or all the individuals would not have prior experience with the concepts discussed. Informational pages from these workbooks were related to mindful eating, intuitive eating, general mindfulness, and emotion regulation. Participants used the activity worksheets to practice mindful and intuitive eating approaches, following which they would share their thoughts and reactions to their experiences. In total, there were thirteen worksheets, amassing twenty-seven pages. Each of the pages were photocopied from the workbooks so that only the pertinent information was included in the study sessions (see Appendix A).

Measures

All measures included in the current study were self-report and given pre-, post-, and one-month following Zoom meetings.
**Eating Disorder Examination Questionnaire (EDE-Q).** The *Eating Disorder Examination Questionnaire (EDE-Q)* is a 28-item measure consisting of twenty-two questions using a Likert-type scale (0= no days/none of the times/not at all, 6= every day/every time/markedly), followed by several questions requiring a numerical value (Fairburn & Beglin, 2008; see Appendix B). The measure includes four subscales (e.g., restraint, eating concern, shape concern, weight concern) and a global score. This measure was used in the current study to signify disordered eating behaviors in participants across various timepoints by comparing pre-, post-, and follow-up global scores. Global scores were examined as opposed to subscale scores as one of the main goals of the study was to decrease overall disordered eating for all participants. For this reason, no participant was excluded based on their score. An example item on the EDE-Q is, “*On how many of the past 28 days have you been deliberately trying to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?*”. Each item on this measure is based upon personal experiences within the past four weeks, or 28 days. The EDE-Q measure has been shown to have good internal consistency reliability (alpha=.93; Mond et al., 2004). In the current study, the EDE-Q internal consistency reliability score was also good (alpha = .93).

**Intuitive Eating Scale-2 (IES-2).** The *Intuitive Eating Scale-2* is a measure consisting of twenty-three items based on a Likert-type scale (1= strongly disagree, 5= strongly agree; Tylka & Kroon Van Diest, 2013; see Appendix C). It also has four subscales (e.g., unconditional permission to eat, eating for physical rather than emotional reasons, reliance on hunger and satiety cues, body-food choice congruence), however only global scores were used for the current study. An example item from the IES-2 is, “*I find myself eating when I’m feeling emotional (e.g., anxious, depressed, sad), even when I’m not physically hungry.*” Participants are
to answer each question with a rating that best characterizes their general attitudes or behaviors. This measure signified the level of intuitive eating across timepoints. It has been shown to have good internal consistency reliability for both women and men (alpha=.87, .89; Tylka & Kroon Van Diest, 2013), and in the current study the IES-2 internal consistency reliability score was good as well (alpha=.88).

**Mindful Eating Questionnaire (MEQ).** The *Mindful Eating Questionnaire (MEQ)* is a measure consisting of twenty-eight items (see Appendix D). Each item is ranked by the participant using a Likert-type scale (1=never/rarely, 4=usually/always; Framson et al., 2009). There are also five items which allow a participant to indicate that the question does not apply to them. An example item from the MEQ is, “I eat so quickly that I don’t taste what I’m eating.” The MEQ was used to indicate level of mindful eating in participants before, after, and one-month following informational Zoom meetings related to mindful and intuitive eating. The measure has demonstrated acceptable internal consistency (alpha=.64; Framson et al., 2009) and had good internal consistency in the current study (alpha=.86).

**Mindful Attention Awareness Scale (MAAS).** The *Mindful Attention Awareness Scale* is a 15-item measure that assess dispositional mindfulness (see Appendix E). Moreover, it assesses open and receptive awareness as well as attention to the present moment. The MAAS uses a Likert-type scale (1=almost always, 6=almost never; Brown & Ryan, 2003) to determine how often respondents engage in mindless activities. An example item from this measure is, “I could be experiencing some emotion and not be conscious of it until some time later.” Individuals who score lower on the MAAS demonstrate more engagement in mindless activities and lack of attention to the present moment in comparison to those who score higher. Although general mindfulness was not thoroughly addressed in the current study, the MAAS was used to
assess whether information related to mindful eating specifically would result in changes in general mindfulness over time. Similar to the other measures, the MAAS has been found to demonstrate strong psychometric properties including test-retest reliability, $r(59) = .11, p = n.s.$ (Brown & Ryan, 2003). Essentially, no significant differences are found between separate administrations of the measure, making the results stable and reliable. The internal consistency of the MAAS was slightly lower than the other measures in this study, however it was still acceptable ($\alpha = .76$).

**Procedure**

**Initial Online Survey.** Recruited participants first provided their consent to take part in the study. Following their indicated consent, they filled out the EDE-Q, IES-2, MEQ, and MAAS, as described above. They also provided an email address in which they could be contacted in the future for follow-up steps. This process took roughly 15 minutes to complete and was administered at three time points (i.e., pre-, post-, and one-month follow-up). After participants completed the first survey, they were sent an email to sign up for the first of three Zoom meetings.

**Zoom Meetings.** Each Zoom meeting lasted roughly thirty minutes to one hour and were conducted roughly one week apart from each other. In the meetings, participants were provided education related to mindful eating, intuitive eating, and mindfulness. The meetings also included brief activities to practice the skills they had learned. For example, participants were asked to follow along as a research assistant read aloud from the two workbooks mentioned above.

**Meeting 1.** In the first Zoom meeting, the session began with the “What is Mindfulness” page being read (Albers, 2018, p. 1-2). The page includes information
about mindfulness and a brief mindfulness activity in which the participant locates and is mindful of five nearby objects. Next, the “What is Mindful Eating Versus Mindless Eating Versus Dieting?” page is read (Albers, 2018, p. 3-4). The front and back page provides the participant with more information about mindfulness as it applies to eating and discusses the differences between various types of eating. To expand upon the information the participants received about mindful eating, they were also read the “Benefits of Mindful Eating” page (Albers, 2018, p. 5-7). This page lists nine reasons for the support of mindful eating. It also includes a brief practice session with the experience of mindful eating. For the practice, participants needed to be prepared with their own food of choice. Following that activity, the participant learned more about intuitive eating. Lastly, they were read the ten principles of intuitive eating (Resch, 2019, p. 2-3).

Meeting 2. In the second Zoom meeting, the information and exercises were particularly related to hunger cues and cravings. It involved a brief mindful eating exercise, entitled the “Five S’s of Mindful Eating” (Albers, 2018, p. 17-18). The participant was again requested to come prepared with a few bites or pieces of food of their choosing in order to complete the task. The activity included learning key terms related to mindful eating such as sit, slow, savor, swallow, and smile. These words are intended to be used to encourage individuals to more mindfully interact with the foods they consume. After completing the exercise, participants were asked to think about their experience, how it made them feel, and how they might implement the practice into their daily routine. In this session, participants also learned ways for coping with their cravings. They learned how to identify when they are truly physically hungry versus craving something due to emotional distress, boredom, or proximity. They were taught
three steps to help cope with cravings including asking why you really want the food, mindfully answering the craving by consuming it, and practicing the skill so as not to mindlessly eat or eat in reaction to emotionality. This session further included learning the 4 D’s of coping with cravings (Albers, 2018, p. 69-70). The first D stands for determine. The participant was asked to think about what things might trigger a craving. The second D stands for delay. This involves waiting a few minutes to see if the craving has passed or is still present. The participants were also reminded that this does not mean that they should simply ignore or delay eating for extended periods of time. Instead, they are to take a quick break to really examine their cravings and hunger level. The next D is distract. Again, the participant was told that they should not use this as a way to avoid eating if they are in fact physically hungry. They should think about a few ways in which they could distract themselves from potential emotional or boredom cravings. The last D they learned about is decide. They were taught that this step requires them to decide if the craving is still present. If it is, they are encouraged to enjoy food. The next activity addressed what to do when the craving is no longer present, but negative emotions still are. The aim of this activity was to help participants better understand what they feel and what they might really need, if not food (Resch, 2019, p. 147-148). Individuals were asked to think of a time when they felt a strong urge to eat but were not actually hungry. Lastly, they were then asked to hypothetically think about what some of their actual needs may have been at the time and how they might have been able to use alternatives to meet their needs instead of turning to food.

Meeting 3. For the third Zoom meeting, topics discussed were related to the prevention of disordered eating and ways to intervene when struggling with disordered
eating. Participants were taught how to create a self-talk shield to protect against their inner critic. They were taught how to first become aware of their inner critic and then how to respond positively to it by being introduced to the “Four C’s” (Albers, 2018, p. 61). The C’s include catch, curious, choose, and challenge with compassion. They learned that the first C is to be mindful and catch yourself being a critic. The next C is to be curious and ask where the thoughts might be coming from. They were taught that the point is not to respond to the inner critic with more self-criticism, but to ask whose voice is really speaking. The next C is to choose. Participants were taught that there is a difference between a thought and a fact and that not all thoughts are true. They were asked to decide if they would want to recognize their inner critic as just a thought or as a fact and believe it. The last C involves responding back to the inner critic and challenging the negative thoughts. Participants were taught ways to respond to their inner critic with solid reasoning. They were reminded that the more they practice doing so, the more it helps changes negative thinking patterns related to food to positive ones. Along those lines, participants were taught ways to challenge their mindset related to food and eating. “Challenging the Food Police: Banishing Black and White Thinking” was an informational sheet used to help participants rid themselves of dichotomous thinking related to food and eating (Resch, 2019, p. 75-76). Following education related to this topic, individuals were asked to think about and verbally announce some common black and white statements they frequently have about food. They were then asked to rephrase the original statement in a way that is contradictory, or not black and white. The goal of this was to help them change the way they think about food and help reduce personal judgment they may have previously placed upon themselves. This session also included a
short breathing exercise known as “A Mindful Pause” (Albers, 2018, p. 116-117). It was used to teach participants the importance of having a clear mind when consuming their food. It helps them learn to pause before eating as a reaction to stress or another triggering emotion. It also reminds them that stress eating is a biological reaction and not a sign of weakness. Individuals were asked to pause and change the rhythm of their breathing by focusing on taking long, slow breaths. They were asked to use the activity before consuming food as a reaction to feelings of overwhelm in the future. The meeting also involved one last activity, one that taught participants to sit with their difficult feelings. They were told to think of a private place they might go to that is safe and comfortable for them. In that place, they were encouraged to practice their breathing exercise, as well as the mindfulness activity from the first Zoom meeting. They were told they could also journal or otherwise take note of how they felt during and afterwards. Although it was simply practice, individuals were asked to use the skills learned when their feelings begin to overcome them in the future. They might try to sit with their difficult feelings instead of turning to food and eating out of emotional hunger.

**Follow-up Online Surveys.** After the completion of all three Zoom meetings, participants were immediately provided a link for a post-survey. They were given 24 hours to complete it. Roughly four weeks, or one month, following the final Zoom meeting, participants were sent an email with a link to the final follow-up survey. They had four days to complete this survey. Once they had finished the final survey, they had reached study completion.

**Results**
After the data were collected, the dataset was cleaned and prepared for analysis. Items that were left blank by participants were entered as missing data. Missing data were minimal and did not impact the results of the study.

**Disordered Eating**

A repeated-measures ANOVA indicated that disordered eating did significantly decrease across time periods, $F(2, 10)=6.55, p<.01$. Results for individual participants can be seen in Figure 1 below. The average of all participants’ total scores decreased from 35.36 at pre-test to 24.23 at post-test and 19.77 at follow-up. These results demonstrate a gradual and continued decline in reported disordered eating for this sample. In examining the data further, it can be seen that participant 3 saw the biggest reduction in disordered eating from pre-test to follow-up with a change of 48.5 points. Participants 4 and 11 saw the smallest change, each reporting a difference of 2 points from pre-test to follow-up. There was one participant, participant 10, that increased in disordered eating score. Lower scores indicate fewer instances of disordered eating behavior, whereas higher scores indicate more instances of disordered eating within the timeframe of the measure. There is a lower limit of 0, although it would be highly unlikely for someone to report absolutely no disordered eating, and this did not happen in this sample. There is no true upper limit, as several questions allow participants to fill in the blank for the number of times they participated in disordered eating behaviors.

**Intuitive Eating**

According to a repeated-measures ANOVA, intuitive eating significantly increased over time periods, $F(2, 10)=6.37, p<.01$. Results for individual participants are provided in Figure 2 below. The average intuitive eating total score for all participants at pre-test was 3.37. At post-test it increased to 3.50. Finally, at follow-up it increased further to 3.76. Thus, a gradual and
continued growth of intuitive eating was demonstrated by these results. There is a lower limit of 1, meaning that the individual would strongly disagree with the statements related to intuitive eating. Conversely, there is an upper limit of 5, meaning that the individual would strongly agree with the statements related to intuitive eating. This sample reported scores that were roughly in the middle but did end up on the side of the spectrum closer to agreeing with intuitive eating.

Participant 8 saw the biggest change in intuitive eating, reporting a 0.87-point change from pre-test to follow-up. One participant, participant 11, saw no change at all, while one participant, participant 10, reported a very minor decrease in intuitive eating. It should be noted that this is also the participant that saw a slight increase in disordered eating.

**Mindful Eating**

While results for disordered and intuitive eating were significant, a repeated-measures ANOVA indicated that mindful eating did not significantly increase over the course of the intervention, $F(2, 10)=2.77, p=.09$. Although these results were not significant, mindful eating did improve over time. Results for each participant can be seen in Figure 3 below. The average pre-test score for all participants was 2.71. At post-test that value increased to 2.77 and at follow-up it increased again to 2.89. The upper limit to this mindful eating measure was 4, which means that this sample scored on the more mindful side through all time points. The lower limit was 1 for most items, however there were a few that allowed participants to select that the statement was not applicable, thus giving them a score of 0. Participant 1 had the greatest increased from pre-test to follow-up, with an increase in 0.60 points. Participant 5 saw no change and several participants had a slightly worse mindful eating total score. This is likely what resulted in an increase in average scores of mindful eating that was not quite significant.

**Mindfulness**
Results for general mindfulness were also not significant according to a repeated-measures ANOVA, $F(2, 10)=0.67$, $p=.52$. An interesting pattern emerged from the average results of total scores for all participants. Initially, the mean score at pre-test was 3.53. At post-test there was a slight decline in average score to 3.35. However, at follow-up the score reverted and increased beyond the initial score to 3.59. In a similar manner as the mindful eating scores, several participants reported scores that were worse at follow-up than at pre-test. These results are shown in Figure 4 below. The MAAS uses a 1 to 6 scale, with higher scores signifying more mindfulness and lower scores signifying less mindfulness. Again, this sample scored slightly above the middle meaning they were about average or slightly above in terms of general mindfulness. The greatest increase was had by participant 1, who was an outlier and jumped 2.38 points. Participant 5 saw no change, which is the same individual who saw no change for mindful eating as well.

**Discussion**

The online mindful and intuitive eating intervention appeared to be partially effective in supporting the hypotheses. The effects of the psychoeducation and training did help to reduce disordered eating and increase mindful and intuitive eating. That being said, only the results for disordered eating and intuitive eating were significant. Mindful eating demonstrated meaningful but insignificant results, and general mindfulness did not change significantly despite an overall increase from pre-test to follow-up. Therefore, the results help lend support to each of the hypotheses, but do not fully support all of them.

Hypothesis 1 was supported by the fact that individuals who scored higher on measures of mindful and intuitive eating also scored lower on the measure of disordered eating. Hypothesis 2 was supported in that the intervention produced an increase in mindful and intuitive
eating, although only results for intuitive eating were significant. Hypothesis 3 had the most support, as the results for changes in disordered eating were significant. Finally, hypothesis 4 was not supported due to the insignificant findings from changes in general mindfulness, although there was a change across time in average participant scores.

The lack of support in relation to mindful eating and global mindfulness might be explained by the phenomenon that can happen when individuals begin to learn about mindful principles. Moreover, individuals may believe and report that they are being mindful at pre-test. However, after learning more about mindfulness and practicing the skills it is possible that the same individuals realize that they were not truly being as mindful as they had once thought. This realization results in a true and more accurate reporting of mindfulness in subsequent testing periods. The results from the MAAS demonstrate this quite clearly. The post-test results decrease from the pre-test results, but they increase past pre-test levels at follow-up. This phenomenon is also demonstrated by the scores of several participants being worse at follow-up than at pre-test for both the MEQ and the MAAS. It is quite likely that these individuals began to become more aware of their lack of mindfulness after learning more about it and reported scores that were not rated on the same internal scale as they had initially used, even though they were rated on the same objective scale (i.e., MAAS, MEQ). This theory could be tested in future research by adding a control group to compare to.

While the hypotheses of the current study were not fully supported by the results from this sample, there are still clear indicators of the importance this research has on the field of disordered eating. For instance, many of the individual participants saw a decrease in their level of disordered eating and an increase in their mindful and intuitive eating habits. This was demonstrated through their self-reported scores as well as their verbal reports to describe their
experience during the study. One participant noted that they “never really noticed” what they ate prior to beginning study participation. Following a mindful eating activity they reported “feeling peaceful” and “actually [going] through the process throughout the week.” Another said they “kind of actually liked it!” These personal anecdotes suggest the impact that the intervention had on participants, whether or not the results were statistically significant.

The current study was also an important addition to this field of research as it helped lend some support for the use of mindful and intuitive eating approaches to combat disordered eating. This study used information based on both principles to present a condensed version of other treatments, thus making it clearer and more focused. This area of research is still relatively new and needs to be extended in order to fully understand how these interventions can benefit different kinds of people. One positive aspect of the current study that sets it apart from others is the brief timeline. In total, the study only required roughly four hours of participation in comparison to some treatment programs lasting 15 or more sessions over the course of several months (Albers, 2010). Another way that this study stands apart from others of its kind is the online format. Most people in the United States have access to the internet in some capacity and find the online modality more feasible than others.

Limitations and Future Directions

The current study had several limitations, most notably, the small sample size. The introduction of the COVID pandemic resulted in changing the format of the intervention from in person to online, which moved the timeline for the study back and made it more challenging to recruit participants. Additionally, the study requires many steps which may seem time-consuming to potential participants, resulting in lack of initial participation or dropout. Dropout was particularly a problem for this study as nearly half of all participants who began the study
did not complete each of the steps. The small sample size could have also been skewed by the any outliers, such as participant 3 on the EDE-Q. A larger sample size would have provided a more thorough and accurate depiction of the effect of the intervention. Future studies should aim to recreate the study with more participation from individuals across a more diverse spectrum.

Another concern was the lack of descriptive feedback from participants. No formal qualitative data were collected from participants. Having this data could have helped explain the lack of significance in mindful eating and general mindfulness results. It would have also helped piece apart what types of disordered eating individuals were specifically struggling with. Disordered eating is quite complex as there are multiple ways that it can affect an individual and those differences might be a factor in how participants respond to measures related to eating. For instance, the measure of disordered eating in the current study had more items related to bingeing than restriction. Another way in which qualitative data would have been beneficial is if participants felt they needed to describe reasons for their eating patterns such as training for a collegiate sport or being on a nutritional plan implemented by a registered dietitian. Although no formal qualitative data were collected, participants were encouraged to speak about their experience as they practiced mindful and intuitive eating. This made Zoom meetings varying lengths, something that could be controlled for in future studies.

Future research in this area should expand upon this study by using a collaborative approach to have a greater reach nationwide. Seeing as how no participant scored a 0 on the EDE-Q, there is room for improvements for everyone in terms of fixing their relationship with food. That being said, it would be helpful to further clarify and operationally define disordered eating in future research as those with clinical levels of disordered eating would report results that contrast from those with subclinical levels. For instance, setting ceiling and floor cutoff
values for the EDE-Q might be useful. Another area to explore further would be in terms of beneficial outcomes beyond relationship with food. Adding a measure to investigate other potential positive outcomes might help guide future research. A final idea in terms of future research would be to evaluate how these types of interventions or education might be passed along in an even more accessible format so that all individuals, even those without current disordered eating, might learn ways for fostering a healthy relationship with food and their body. Online approaches are quickly becoming more sought after and finding a way to incorporate them into things like cellphone applications like Loughran et al. (2018) did might increase their feasibility. The more reach interventions like the current study have, the greater potential for prevention work in order to stop disordered eating from occurring in the first place.
References


Figure 1

*Changes in Level of Disordered Eating*

![Figure 1. Total scores on the EDE-Q for pre-, post-, and follow-up time periods for all participants.](image)

Figure 1. Total scores on the EDE-Q for pre-, post-, and follow-up time periods for all participants.

Figure 2

*Changes in Level of Intuitive Eating*

![Figure 2. Total scores on the IES-2 for pre-, post-, and follow-up time periods for all participants.](image)

Figure 2. Total scores on the IES-2 for pre-, post-, and follow-up time periods for all participants.
Figure 3

*Changes in Level of Mindful Eating*

![Graph showing changes in MEQ scores for pre-, post-, and follow-up periods for all participants.](image)

*Figure 3.* Total scores on the MEQ for pre-, post-, and follow-up time periods for all participants.

Figure 4

*Changes in Level of General Mindfulness*

![Graph showing changes in MAAS scores for pre-, post-, and follow-up periods for all participants.](image)

*Figure 4.* Total scores on the MAAS for pre-, post-, and follow-up time periods for all participants.
Appendix A

what is mindfulness?

The first thing you might be wondering is, What exactly is mindfulness? Simply put, mindfulness is active awareness. It’s the ability to live in the moment, without distracting thoughts or judgments about the past or future. Basically, it is focusing on what is happening right now.

Too many people live their lives in a rush, racing from one activity to the next—without ever taking the time to focus on the here and now. For instance, let’s say your mom is driving you to soccer practice. Instead of enjoying the view out the window, feeling the cool rush from the air conditioner on your skin, and really listening to the song on the radio, you’re busy worrying about tomorrow’s precalculus exam, wondering if the upcoming team will beat you, and feeling bad about a fight you had with your boyfriend at lunch. That is the opposite of mindfulness, yet so many people live their lives in this anxious, hurried state, so distracted by their thoughts that they don’t really experience what they are doing. The danger of zoning out is that you do things without thinking or enjoying them.

On the other hand, when you’re mindful, you focus your attention in a nonjudgmental way on the current moment—right here, right now. Mindfulness is your ability to concentrate on the present moment only. Being mindful allows you to focus on the now, no matter what you’re doing: studying, finishing chores, eating, or hanging out with friends.

To give you a better sense of how to experience mindfulness, try the following experiment. Take a deep breath, in through your nose and out through your mouth. Look up from this book and notice what you see around you. Choose at least five items to focus your attention on. For example, if you’re sitting cross-legged on your bed in your room, you might look up from your book and see your lamp, your chair, your phone, your laptop, and your cat. You let your eyes drift over each item and identify each one in your head. Think to yourself:

I’m looking at the lamp. The lamp has a white base and a pink shade.

(Pause.)
I'm looking at my chair. It's a black desk chair that swivels.

(Pause.)

I'm looking at my phone. The case is cracked. There's a long jagged line going down the back.

As you do this, notice how your breathing slows and how vivid the items you've selected suddenly seem. This is mindfulness! It is complete and total awareness of an object, person, or feeling. For one moment, it's the only thing that exists in your mind. In fact, you may begin to notice things about the object you had never paid attention to before while practicing mindfulness.

*My black desk chair has a small hole in the bottom. I never noticed that before. I wonder if the cat did it. Or: I've never really looked up at the sky. The clouds are amazing. I'm usually just running off to class, looking straight ahead, thinking about my homework.*

Basically, mindfulness could have the motto, “Right here, right now.”

Now, you may be wondering how mindfulness applies to eating. Typically, people get into distinct patterns when it comes to eating—they get stuck in a rut. You can eat an entire plate of food and not taste one bite. You may be used to scarfing down your food as quickly as possible while checking social media or binge watching your favorite show. It may seem strange to you at first to slow down and be aware of eating. Being mindful while eating, however, allows you to experience food and eating on a much deeper, more satisfying level.
what is mindful eating versus mindless eating versus dieting?

Let’s take a look at the differences between these three things.

*Mindless Eating:* Mindless eating is eating out of habit and zoning out while doing it. Eating popcorn at a movie theater is a good example. Sometimes you aren’t even really tasting it, and by the time you realize what’s going on, you’ve lost touch with how much you’ve eaten.

*Dieting:* Dieting often includes restricting or cutting out some foods (like carbs) while eating more of other kinds of foods (like meat or vegetables) and sometimes limiting yourself to certain food combinations. It can involve extreme portion control, calorie counting, and even feeling like you’re starving yourself. No matter what you hear or read, fad dieting is *not* a healthy way to manage your weight. Why? We need all foods in healthy balance to get a wide range of nutrients.

*Mindful Eating:* Mindful eating is balancing *how* you eat with *what* you eat. Mindful eating is not a diet, and there are no menus or recipes. It’s about being fully aware when you’re eating. This means noticing the amount of food you’re eating, its taste and texture, and it means truly enjoying your food. As a result, you slow down and recognize when you are full. This gives you a feeling of being in charge of how much you’re eating. This is making conscious rather than habitual food choices.

![Diagram of Mindless Eating Versus Dieting Versus Mindful Eating](image-url)

*Figure 1. Mindless Eating Versus Dieting Versus Mindful Eating*
Believe it or not, zoning out is very common. The constant flood of information via texting, social media, videos, and news clips can simply overwhelm your brain. Whether you realize it or not, when you slip into the behavior of mindless eating (or mindless walking and texting, mindless biking, or mindless driving), that’s your poor brain trying to take a break! When you eat mindfully, not only will you be giving your brain a rest by focusing on one thing at a time, but you’ll also actually be able to enjoy your food!
the benefits of mindful eating

There are many reasons to practice mindful eating.

Reason 1: There’s no fad dieting involved. One of the best things about mindful eating is there’s no dieting involved. No restrictions, no calorie counting, no measuring, and no guilt. When you’re not dieting, you can’t slip up—no matter what you eat! You can enjoy all foods.

Reason 2: It’s not scary. Every day you get a lot of information online, from magazines, and from parents and friends telling you what to eat, what not to eat, and how often to eat it. A lot of it is conflicting and confusing. This can make you anxious about food in general, and it also can make you feel insecure about your body. Mindful eating is not scary. There are no strict rules, and you can move at a pace that is comfortable for you.

Reason 3: It’s kind. Mindful eating focuses on self-acceptance and encourages you to treat yourself with compassion. It helps you learn not to be hard on yourself or to call yourself names.

Reason 4: It makes you feel good about your body. Here’s a secret: mindful eating will teach you how to feel good about your body right now, which will keep you on the path to treating your body with care.

Reason 5: The mindful eating activities are totally easy to do. With mindful eating, you only focus on what you would normally eat every day. That’s it! There are no confusing instructions, and you don’t have to add yet another activity to your already busy life.

Reason 6: It’s a whole-body approach. Mindful eating focuses on all aspects of your experience with food (mind, body, thoughts, and feelings). That means that it taps into whatever is standing in the way.

Reason 7: Literally everybody can do it. Whether you’re in middle school, high school, or college; male or female; a mindless eater, overeater, undereater, or chaotic dieter—it doesn’t matter. Absolutely everyone can use mindful eating—and that includes you.

Reason 8: It works. Scientific research has shown that mindful eating helps you to take charge of your eating habits.

Reason 9: It lasts. Because you are learning to be more in charge of your eating habits, mindful eating is an excellent long-term way to eat.
Now you’re probably asking, *What’s the catch?*

Good question.

Here’s the answer: there is no catch. I’ll prove it. Go ahead and put this book down. Find your absolute favorite food in the world. Whether it’s a slice of pizza, a piece of chocolate cake, a candy bar—it doesn’t matter. Just go grab it.

Got your favorite food? Great.

Here’s what you do:

*Look at it.* Let’s say it’s a piece of candy. Don’t pop it into your mouth just yet. First, look at the shape of the candy. Is it round? Square? What color is it? Is its surface shiny or dull? Then notice how it feels in your hand—the weight of it. What else do you notice about it? Take a few seconds to really look closely at the candy (or whatever it is you’re eating).

*Smell it.* Bring the piece of candy up to your nose and give it a tentative sniff. Savor its aroma. Take a longer sniff of it. Feel your mouth watering in anticipation of the tasty treat. Do this for at least fifteen seconds.

*Taste it.* Now take one small bite and chew slowly—don’t gobble it or swallow it whole (which you may feel like doing at this point). Allow the flavors to burst onto your tongue. Notice the taste and the texture.

*Chew it.* You might think, Chew now? *Wait, I’ve been chewing!* Yes, I know. I put chewing here as a separate step because many people don’t even finish the food in their mouths before taking a second or even a third bite. This is why I recommend chewing the first morsel carefully before taking another bite.

*Swallow it.* When you’ve finished chewing, slowly allow the bite to slide down your throat. (You’re laughing now, aren’t you?)

Now, enjoy the rest of your candy, repeating the steps outlined above.

While breaking down the process of eating one small piece of candy may seem a bit ridiculous, it has a purpose. Eventually, you will be able to do this automatically, without thinking through the steps, and it won’t seem weird at all.

By completing this exercise, you’ve just experienced a little “taste” of mindful eating.
A key part of mindful eating is being nonjudgmental. You will hear this over and over again in this book. I realize that this is not easy—but it’s the cornerstone of mindful eating. In other words, you will learn how to respond when you mind gets critical about your food choices. The mind is often flooded with negative thoughts about your actions: *How could you be so dumb—why did you just eat that?* or *No, no, no—you shouldn’t be eating that!* As you begin to eat mindfully, you will learn to quiet those criticisms.

How did your first experiment with mindful eating feel to you? Was it different than other eating experiences you have had?

Hopefully, you noticed a few things. Perhaps being tuned in and slowing down helped you to enjoy the experience more and also to be more aware of the entire experience.
The Principles of Intuitive Eating

Intuitive Eating is made up of ten steps or principles:

- Reject the Diet Mentality. This principle teaches you about what’s wrong with dieting and why you’re going to want to ditch this miserable process.

- Honor Your Hunger. Here you’ll learn about your personal relationship with hunger—whether you are usually hungry as a bear, ignore your hunger, or are tuned into normal hunger.

- Make Peace with Food. Find out if you’re living in Food Jail, believing that there are “good” foods and “bad” foods. (Hint: there aren’t) And you’ll learn to challenge all the rules about eating that have kept you imprisoned.
• Challenge the Food Police. If you find yourself in Food Jail, you might need to ask: who is keeping you imprisoned, and how do you free yourself?

• Feel Your Fullness. This principle guides you to think about whether you eat and eat until you’re uncomfortable and even miserable, and helps you learn why and how to stop eating when you’re comfortably full.

• Discover the Satisfaction Factor. Just how yummy are your meals? They should be deliciously satisfying. If they’re not, this principle sets you on the path to more eating enjoyment.

• Cope with Your Emotions Without Using Food. Is food your best friend or your enemy? Maybe it’s both. With Intuitive Eating, you’ll find ways to separate your emotions from your eating.

• Respect Your Body. Is your body your temple, your fortress, or your foe? Here, you’ll learn to take loving care of your one and only wonderful body.

• Exercise—Feel the Difference. Are you a couch potato or an energizer bunny? Find out how to make movement and activity a happy part of your life.

• Honor Your Health with Gentle Nutrition. From nutrition to play food—there’s room for it all. It’s the key to feeling healthier, happier, and guilt-free!

These principles are usually taught in the order listed above. In this book, though, the order is a bit different, because you’re a bit different. I decided to teach you about the principles in the order I think will be the most helpful for you, a young person whose body and experiences are growing and changing.
activity 2 * the secret to enjoying food—without guilt

for you to do

Practice Mindful Eating.

For this activity, choose a few bites of food—something that includes pieces. It could be small pieces of candy, pretzels, cereal, or small chunks of fruit. Put five pieces of your chosen food into a small bowl, and put the rest away so you won’t struggle with wanting more. (Note: It’s important to try this activity when you’re not really hungry. Once you learn more about mindful eating, you’ll be more tuned in to your body and less likely to feel that type of hunger. But for this exercise, you should be just slightly hungry—not ravenous.)

I’ve talked a lot about the “Five S’s of Mindful Eating” in other books that I’ve written, and these tips may help you stay on track during your mindful eating experiments:

1. **Sit.** Sit down and focus all your attention on eating. No cell phones, computers, or other distractions.

2. **Slow.** Proceed slowly and carefully. This helps you notice and fully appreciate the act of tasting your food and pacing yourself. Really look at the small pieces of food in front of you. Notice their shape, texture, and scent. Put the first piece of food in your mouth and chew slowly.

3. **Savor.** Notice the flavors and texture of the food. This helps you enjoy the process of eating. In your mind, make a list to help you stay tuned in to what you’re eating: sweet, chewy, fruity, dark chocolate, a hint of coconut.

4. **Swallow.** Swallow the first piece of food before picking up another piece.

5. **Smile.** After you’ve swallowed each bite, smile. Smiling releases positive emotions that make you less likely to want to overeat. The pause also gives you a moment to decide if you want more or not.
activity 2: the secret to enjoying food—without guilt

Repeat the same process with the other four pieces. Then, describe the experience of eating mindfully. Was it frustrating, fun, interesting, or boring? Here are some prompts to get you started:

- When I tried mindful eating today, I found it to be...
- The most important thing I learned from mindful eating today was...
- Tomorrow, I will remember to continue my practice of mindful eating by...
for you to know

Even if you’re not physically hungry, you crave certain foods. This is normal, and it happens to all of us. If you see a picture of a chocolate cake or watch a show in which one of the characters is eating popcorn, you might find yourself craving these foods. When you experience this kind of craving, it is good to ask yourself if you’re physically hungry or if simply being reminded of a particular food made you want it.
for you to do

There are several easy steps that can help you cope with cravings.

*Step one:* Ask yourself why you really want it. Are you hungry? Do you just want the taste? Are you bored? Feeling deprived of a certain food? Just asking yourself why you crave a particular food can help you determine the way to respond to that craving.

*Step two:* If there is something you are particularly craving, mindfully answer that craving by getting a portion of it (if you crave chocolate, enjoy a reasonable portion of it).

*Step three:* Practice! Practice eating the foods you love and crave in a mindful way, so you don’t go overboard with them. Anything that you do intentionally and repeatedly, you learn to do well. Think about the types of practice you do each day, like piano or soccer. You only get better with practice—mindful eating is no different.

The next time you have a craving for something sweet, satisfy that craving and practice the skills you’ve learned in this book by mindfully eating a small piece of candy:

- Unwrap the candy slowly.
- Notice its texture and color.
- Smell it, and put it in your mouth.
- Chew it carefully, and swallow.

Now check in with yourself. How do you feel?

__________________________

__________________________

__________________________

__________________________

59
activity 13  *  cope with your cravings

more to do

Try the four D's of coping with cravings.

Determine: Figure out what your triggers are, and write them below.

•
•
•
•

Delay: When you experience a craving, check the time. Wait just five minutes. See if the craving passes.

Distract: In that five minutes, distract yourself with an activity. List three ways to distract yourself.

•
•
•
•

Decide: Decide what you really want. If you want the food you crave, go for it. If you aren’t sure, choose a healthier alternative.

<table>
<thead>
<tr>
<th>Craving</th>
<th>Healthier Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chips</td>
<td>Popcorn, veggie chips</td>
</tr>
<tr>
<td>Chocolate</td>
<td>Dark chocolate, hot cocoa, chocolate milk</td>
</tr>
<tr>
<td>Ice cream</td>
<td>Frozen yogurt, Greek yogurt</td>
</tr>
<tr>
<td>Pizza</td>
<td>Make your own pizza, turkey pepperoni</td>
</tr>
<tr>
<td>Candy</td>
<td>Frozen fruit (put grapes in freezer)</td>
</tr>
<tr>
<td>Milkshake</td>
<td>Smoothies</td>
</tr>
</tbody>
</table>
Journal about your cravings to get to know them. Write down the three foods you crave the most. Then, after each one, brainstorm about how you can make answering that craving just a little more mindful. For example, if you crave chocolate, you might get some one-ounce squares of high-quality chocolate. Give yourself permission to have a square a day, eaten mindfully. Remember that whenever you deprive yourself of something, you simply want it more. Learning how to give yourself what you want in a healthy way is key.
activity 55  * building your emotional muscle: get to know what you feel and what you really need for you to know

Sometimes a feeling deeper than sadness arises when you want to eat but you’re not hungry, or you notice fullness during a meal but want to keep eating. To handle this feeling, the question to ask is: what do I feel, and what do I really need now?

If your body needs only a certain amount of food to feel comfortably full, but you regularly want more, it’s a surefire sign of a need in your life that’s begging for attention. (Note: You have a right to have needs and to have your needs met.)

Here are some of the needs people have:

- to be around others
- to feel comforted by someone
- to talk out feelings with someone safe
- to release some steam or nervous energy
- to stimulate their minds
for you to do

The next time you have a strong urge to eat when you’re not hungry, ask yourself: “What am I feeling?”

Then ask, “What do I really need?”

Name some of the things that you might actually need instead of food at this time. Put stars next to the needs that feel the strongest, or the most frequent.

Now brainstorm some ways to meet those needs without turning to food or food-centered behaviors. Which one would you like to try out in the next few days?
for you to know

There are two types of hunger: physical and emotional. But the tricky thing is that your emotions—sadness, fear, anger—can actually feel like physical hunger. Sometimes the ache you feel doesn’t mean that your body needs fuel; it’s your mind telling you it needs comfort—rest, relaxation, or a hug from a friend. Once you learn the difference between these two kinds of hunger, you’ll be able to tell if your body is asking for nourishment or your emotions are asking for comfort. Let’s take a look at both types in detail.

<table>
<thead>
<tr>
<th>Physical Hunger</th>
<th>Emotional Hunger</th>
</tr>
</thead>
<tbody>
<tr>
<td>When your body needs nourishment, you will feel an emptiness in your stomach. You may feel your tummy rumbling. Other symptoms of physical hunger are fatigue, shakiness, and sometimes irritability.</td>
<td>When your emotions need comfort, you will feel a pang in your heart or a knot in your stomach. You may feel the urge to cry or rage. Other symptoms of emotional hunger include cravings for sweet foods, the urge to binge eat, and the desire to “stuff” your feelings rather than face them.</td>
</tr>
</tbody>
</table>
Here is a chart to help you recognize the signs of physical and emotional hunger.

**PHYSICAL vs. EMOTIONAL HUNGER**

**PHYSICAL**
- Stomach growling/low energy
- Thinking/considering options
- Low energy
- Hunger grows slowly
- Time has passed since last meal
- Food is satisfying

**EMOTIONAL**
- No physical cues (quiet stomach)
- Specific cravings (like chocolate)
- Eating food feels like the only/best option
- Little time has passed since last bite
- Food doesn't totally satisfy
- Wandering around kitchen/searching for food

**YES**
- EAT
  - Healthy
  - Unhealthy
    - Eat it mindfully

**NO**
- Distraction
  - Get out of kitchen
  - Keep hands busy
  - Connect
  - Clean
  - Read
  - Exercise/move
  - Mindless activity
  - Relax
  - Breathe deeply
  - Sleep/lie down
  - Unplug from electronics
  - Connect/be social
  - Soothe body
  - Wear comfy clothing
Sometimes we are hard on ourselves. It comes from this little judge-and-jury in the back of your mind that likes to pop up and give its opinion on everything you do—including your food choices. That inner critic is not helpful—it likes to criticize, point out what you did wrong, and tell you what you “should” have done. Unfortunately, it doesn’t help you to make better choices. It just leaves you feeling ashamed and guilty. While we can’t entirely eliminate the inner critic, we can stop giving ourselves permission to put ourselves down.
for you to do

Here is where being mindful can step in. Once you start to be more observant and aware of your inner critic, you can start responding to it in a different way. There are several methods that can help.

The Four C’s

When your inner critic starts to speak up, remember the four C’s.

Catch: Be mindful. Just notice. Say hello to your inner critic: Hello, inner critic, there you are again! To lighten it up, you can even give your inner critic a name: Hello Miss Thinks-She-Know-Everything!

Curious: Be curious; don’t respond with more criticism. Ask yourself where that negative thought came from. Is that your voice speaking, or does it sound like your mother’s, a friend’s, or a teacher’s voice? Ask yourself, So what?

Choose: Remember that there is a difference between a thought and a fact. Just because you think it doesn’t mean it’s true. At this juncture, you have a choice. You can recognize it as just a thought and let it go, or you can believe it or respond to it.

Challenge with Compassion: Talk back! Argue with that inner voice and give some solid reasons why its opinion is too negative. Respond in a way that gives the criticism a more positive spin. If you can’t be positive, at least think of something neutral. If your critic said, You made a stupid food choice, respond with I made a choice that could have been better. Also, instead of thinking, I was stupid for eating that, try something like I felt stupid when I chose that. This describes how you felt rather than who you are as a person.
activity 27  * challenging the food police: banishing black-and-white thinking

for you to know

The Food Police love to tell you to never do something or always do something. When you hear either of these words, you’re hearing a black-and-white statement. This kind of thinking is based on rules that are likely to be broken and to lead you to feeling bad. When you learn to notice these statements around food, you’ll be able to identify them as the rule-based words of the Food Police.
for you to do

You can change your own black-and-white statements to something more reasonable. For example, “I should never eat sweets” can be changed to “I can eat sweets when I know I’ll enjoy them.”

Notice or remember some black-and-white statements about food that you may be in the habit of making. Write them below. Counter each one with a restatement that is reasonable and true and doesn’t set you up for failure. The first row shows you how Ben did this.

<table>
<thead>
<tr>
<th>Black-and-white statement</th>
<th>Reasonable restatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I should eat vegetables every day.</td>
<td>I’ll try to add some vegetables I like when they’re available. I’ll probably eat plenty during the week.</td>
</tr>
</tbody>
</table>
22 do this one thing before you eat

Stacie: When I’m really stressed or anxious, I just reach for the nearest food available and dive right in. I don’t even taste it half the time. It’s like I’m just eating it to calm myself down. Sometimes it works, but I hate looking down and realizing that I’ve devoured a whole package of cookies without even thinking about it.

for you to know

When you’re feeling stressed, it’s tough to make decisions. Your body is in fight-or-flight mode, and the only thing it can focus on is fighting or getting you out of danger. That’s how our ancestors were able to avoid being eaten by saber-toothed tigers back when we still lived in caves. There was no room for thought in a situation like that, so instinct just took over.

If you’re a stress eater, know that your reaction is hard-wired into your biology. It’s not a sign of weakness or a lack of willpower. It’s a reflex. Making food decisions (or any kind of decision, for that matter) when you’re stressed is a no-no. The good news is that you can use mindfulness to change that reflex. Work on pausing and taking a breath before making a food decision so that you don’t impulsively reach for food.
for you to do

One of the best ways to calm down is to take a mindful pause. In that pause moment, change the rhythm of your breathing. Draw the symbol below on a piece of paper (or download it from [http://www.eatingmindfully.com](http://www.eatingmindfully.com)). When feeling stressed, run your finger along this line and follow the directions for breathing in and out.

![Diagram of mindful pause](image)

Figure 8. A Mindful Pause
activity 53 * building your emotional muscle: sit with difficult feelings

for you to know

Whether you're taking ballet, training for a sport, or hiking, you're not only gaining a skill but also strengthening your body's muscles. You can think about your emotional strength in the same way. This activity, and the two that follow, will help you build emotional muscle.

One of the best ways is to learn to "sit with" difficult feelings—not trying to run from them or numb them but taking care of yourself as these feelings arise and pass away. By sitting with your feelings, you will soon develop a way to tolerate difficult emotions, while strengthening your emotional muscle.

for you to do

For this exercise, you will need to have a quiet place that's comfortable and safe. You won't want to have your younger sibling bursting in to ask you to play or a parent knocking on the door, telling you to do a chore.

Can you think of a place that would work for you? For example, sitting in your car, on the beach, or a bench in a park? List any places that could become your private place:
The next time you feel a feeling that is hard to handle, go to your private place. Bring your journal, and note the time. Sit (or lie) down, and take a few deep breaths, noticing the air going in and out of your lungs. This will help calm you.
Notice how your body feels. Feel the bottoms of your feet, your hands, your back, or any other part of your body.
Focus on a flower or a tree or anything else. Notice the shape and color.

Now, look at the time again and see how many minutes you’ve tolerated this difficult feeling.

Afterward, write about your feelings. (Some people might want to write on their phones, but it works much better if you actually write by hand in your journal. The physical act of writing by hand can help you release feelings, especially anxiety and stress.)

Do you feel any better or calmer now?

Breathing, grounding yourself, noticing your surroundings, and writing are powerful tools that can help you develop your emotional muscle. Do this exercise whenever feelings start to overcome you. You will notice over time that you’ll be able to sit with them longer, without using food.
### Eating Disorder examination questionnaire (EDE-Q 6.0)

Instructions: The following questions are concerned with the past four weeks (28 days) only. Please read each question carefully. Please answer all the questions. Thank you.

Questions 1 to 12: Please circle the appropriate number on the right. Remember that the questions only refer to the past four weeks (28 days) only.

<table>
<thead>
<tr>
<th>ON HOW MANY OF THE PAST 28 DAYS …</th>
<th>NO DAYS</th>
<th>1-5 DAYS</th>
<th>6-12 DAYS</th>
<th>13-15 DAYS</th>
<th>16-22 DAYS</th>
<th>23-27 DAYS</th>
<th>EVERY DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Have you been deliberately trying to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2 Have you gone for long periods of time (8 waking hours or more) without eating anything at all in order to influence your shape or weight?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3 Have you tried to exclude from your diet any foods that you like in order to influence your shape or weight (whether or not you have succeeded)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4 Have you tried to follow definite rules regarding your eating (for example, a calorie limit) in order to influence your shape or weight (whether or not you have succeeded)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5 Have you had a definite desire to have an empty stomach with the aim of influencing your shape or weight?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6 Have you had a definite desire to have a totally flat stomach?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7 Has thinking about food, eating or calories made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>8 Has thinking about shape or weight made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>9 Have you had a definite fear of losing control over eating?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>10 Have you had a definite fear that you might gain weight?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>11 Have you felt fat?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>12 Have you had a strong desire to lose weight?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
Eating Disorder examination questionnaire (EDE-Q 6.0)

Questions 13-18: Please fill in the appropriate number in the boxes on the right. Remember that the questions only refer to the past four weeks (28 days).

Over the past four weeks (28 days)....

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Over the past 28 days, how many times have you eaten what other people would regards as an unusually large amount of food (given the circumstances)?</td>
</tr>
<tr>
<td>14</td>
<td>... On how many of these times did you have a sense of having lost control over your eating (at the time you were eating)?</td>
</tr>
<tr>
<td>15</td>
<td>Over the past 28 days, how many days have such episodes of overeating occurred (i.e. you have eaten an unusually large amount of food and have had a sense of loss of control at the time)?</td>
</tr>
<tr>
<td>16</td>
<td>Over the past 28 days, how many times have you made yourself sick (vomited) as a means of controlling your shape or weight?</td>
</tr>
<tr>
<td>17</td>
<td>Over the past 28 days, how many times have you taken laxatives as a means of controlling your shape or weight?</td>
</tr>
<tr>
<td>18</td>
<td>Over the past 28 days, how many times have you exercised in a &quot;driven&quot; or &quot;compulsive&quot; way as a means of controlling your weight, shape or amount of fat, or to burn off calories?</td>
</tr>
</tbody>
</table>

Questions 19 to 21: Please circle the appropriate number. Please note that for these questions the term "binge eating" means eating what others would regard as an unusually large amount of food for the circumstances, accompanied by a sense of having lost control over eating.

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>No Days</th>
<th>1-5 Days</th>
<th>6-12 Days</th>
<th>13-15 Days</th>
<th>16-22 Days</th>
<th>23-27 Days</th>
<th>Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Over the past 28 days, on how many days have you eaten in secret (i.e., furtively)? ... Do not count episodes of binge eating.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>20</td>
<td>On what proportion of the times that you have eaten have you felt guilty (felt that you've done wrong) because of its effect on your shape or weight? ... Do not count episodes of binge eating.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>21</td>
<td>Over the past 28 days, how concerned have you been about other people seeing you eat? ... Do not count episodes of binge eating.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Eating Disorder examination questionnaire (EDE-Q 6.0)

Questions 22 to 28: Please circle the appropriate number on the right. Remember that the questions only refer to the past four weeks (28 days).

<table>
<thead>
<tr>
<th>ON HOW MANY OVER THE PAST 28 DAYS ...</th>
<th>NOT AT ALL</th>
<th>SLIGHTLY</th>
<th>MODERATELY</th>
<th>MARKEDLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Has your <strong>weight</strong> influenced how you think about (judge) yourself as a person?</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Has your <strong>shape</strong> influenced how you think about (judge) yourself as a person?</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 How much would it have upset you if you had been asked to weigh yourself once a week (no more, or less, often) for the next four weeks?</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 How dissatisfied have you been with your <strong>weight</strong>?</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 How dissatisfied have you been with your <strong>shape</strong>?</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 How uncomfortable have you felt seeing your body (for example, seeing your shape in the mirror, in a shop window reflection, while undressing or taking a bath or shower)?</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 How uncomfortable have you felt about <strong>others</strong> seeing your shape or figure (for example, in communal changing rooms, when swimming, or wearing tight clothes)?</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Appendix C

Intuitive Eating Scale–2 (IES-2; Final Version)
For each item, the following response scale should be used: 1_strongly disagree, 2_disagree, 3_neutral, 4_agree, 5_strongly agree.

Directions for Participants
For each item, please circle the answer that best characterizes your attitudes or behaviors.

1. I try to avoid certain foods high in fat, carbohydrates, or calories.
2. I find myself eating when I’m feeling emotional (e.g., anxious, depressed, sad), even when I’m not physically hungry.
3. If I am craving a certain food, I allow myself to have it.
4. I get mad at myself for eating something unhealthy.
5. I find myself eating when I am lonely, even when I’m not physically hungry.
6. I trust my body to tell me when to eat.
7. I trust my body to tell me what to eat.
8. I trust my body to tell me how much to eat.
9. I have forbidden foods that I don’t allow myself to eat.
10. I use food to help me soothe my negative emotions.
11. I find myself eating when I am stressed out, even when I’m not physically hungry.
12. I am able to cope with my negative emotions (e.g., anxiety, sadness) without turning to food for comfort.
13. When I am bored, I do NOT eat just for something to do.
14. When I am lonely, I do NOT turn to food for comfort.
15. I find other ways to cope with stress and anxiety than by eating.
16. I allow myself to eat what food I desire at the moment.
17. I do NOT follow eating rules or dieting plans that dictate what, when, and/or how much to eat.
18. Most of the time, I desire to eat nutritious foods.
19. I mostly eat foods that make my body perform efficiently (well).
20. I mostly eat foods that give my body energy and stamina.
21. I rely on my hunger signals to tell me when to eat.
22. I rely on my fullness (satiety) signals to tell me when to stop eating.
23. I trust my body to tell me when to stop eating.
### Appendix D

**MINDFUL EATING QUESTIONNAIRE**

<table>
<thead>
<tr>
<th>Question</th>
<th>Never/Barely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Usually/Aprways</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I eat so quickly that I don’t taste what I’m eating.</td>
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<tr>
<td>2. When I eat at “all you can eat” buffets, I tend to overeat.</td>
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<tr>
<td>3. At a party where there is a lot of good food, I notice when it makes me want to eat more food than I should.</td>
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<tr>
<td>4. I recognize when food advertisements make me want to eat.</td>
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<tr>
<td>5. When a restaurant portion is too large, I stop eating when I’m full.</td>
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<tr>
<td>6. My thoughts tend to wander while I am eating.</td>
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<tr>
<td>7. When I’m eating one of my favorite foods, I don’t recognize when I’ve had enough.</td>
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<tr>
<td>8. I notice when just going into a movie theater makes me want to eat candy or popcorn.</td>
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<tr>
<td>9. If it doesn’t cost much more, I get the larger size food or drink regardless of how hungry I feel.</td>
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<tr>
<td>10. I notice when there are subtle flavors in the foods I eat.</td>
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<tr>
<td>11. If there are leftovers that I like, I take a second helping even though I’m full.</td>
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<tr>
<td>12. When eating a pleasant meal, I notice if it makes me feel relaxed.</td>
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<tr>
<td>13. I snack without noticing that I am eating.</td>
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<tr>
<td>14. When I eat a big meal, I notice if it makes me feel heavy or sluggish.</td>
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</tr>
<tr>
<td>Question</td>
<td>Never/ Rarely</td>
<td>Sometimes</td>
<td>Often</td>
<td>Usually / Always</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------</td>
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</tr>
<tr>
<td>15. I stop eating when I'm full even when eating something I love.</td>
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<tr>
<td>16. I appreciate the way my food looks on my plate.</td>
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</tr>
<tr>
<td>17. When I'm feeling stressed at work, I'll go find something to eat.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. If there's good food at a party, I'll continue eating even after I'm full.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. When I'm sad, I eat to feel better.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. I notice when foods and drinks are too sweet.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Before I eat I take a moment to appreciate the colors and smells of my food.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. I taste every bite of food that I eat.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. I recognize when I'm eating and not hungry.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. I notice when I'm eating from a dish of candy just because it's there.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. When I'm at a restaurant, I can tell when the portion I've been served is too large for me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. I notice when the food I eat affects my emotional state.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. I have trouble not eating ice cream, cookies, or chips if they're around the house.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. I think about things I need to do while I am eating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix E

Instructions: Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be. Please treat each item separately from every other item.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>almost always</td>
<td>very frequently</td>
<td>somewhat frequently</td>
<td>somewhat infrequently</td>
<td>very infrequently</td>
<td>almost never infrequently</td>
</tr>
</tbody>
</table>

____ 1. I could be experiencing some emotion and not be conscious of it until some time later.
____ 2. I break or spill things because of carelessness, not paying attention, or thinking of something else.
____ 3. I find it difficult to stay focused on what’s happening in the present.
____ 4. I tend to walk quickly to get where I’m going without paying attention to what I experience along the way.
____ 5. I tend not to notice feelings of physical tension or discomfort until they really grab my attention.
____ 6. I forget a person’s name almost as soon as I’ve been told it for the first time.
____ 7. It seems I am “running on automatic,” without much awareness of what I’m doing.
____ 8. I rush through activities without being really attentive to them.
____ 9. I get so focused on the goal I want to achieve that I lose touch with what I’m doing right now to get there.
____ 10. I do jobs or tasks automatically, without being aware of what I’m doing.
____ 11. I find myself listening to someone with one ear, doing something else at the same time.
____ 12. I drive places on ‘automatic pilot’ and then wonder why I went there.
____ 13. I find myself preoccupied with the future or the past.
____ 15. I snuck without being aware that I’m eating.