



Intuitive Eating, Diet Composition, and the Meaning of Food in Healthy Weight Promotion

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ABSTRACT

Intuitive eating (an anti-dieting, hunger-based approach to eating) has been popularized as a viable approach to healthy weight management. The purpose of this study was to evaluate the relationship between intuitive eating, diet composition, and the meaning of food. The convenience sample included 343 students enrolled in a general education course at a Western university. Participants were given paper-and-pencil surveys containing the Intuitive Eating Scale and a variety of diet-related scales adapted from other studies. Each scale/subscale was evaluated for internal consistency and deemed acceptable. Those scoring high in intuitive eating had lower BMI scores ($r = -.327$, $p < .001$), less health-consciousness in relation to food ($r = -.209$, $p < .001$), and higher levels of pleasure associated with food and eating ($r = .484$, $p < .001$). No negative aspect of diet composition was correlated with intuitive eating or any of its sub-scales. Mean comparisons showed a significant difference between males and females in intuitive eating, dieting, health consciousness, and eating for pleasure ($p < .001$). In general, high intuitive eating scores were associated with an increase in the enjoyment and pleasure of food, lower BMI scores, and fewer dieting behaviors and food anxieties. The promotion of intuitive eating as one approach to healthy weight management should continue to be explored.

INTRODUCTION

As the prevalence of obesity, dieting, and eating disorders continues to increase,^{1,2} it becomes apparent that new approaches to healthy weight management that go beyond dietary restraint are needed, at least for some populations. A non-dieting, hunger-based approach to weight management represents one possible alternative that is increasingly being explored in the literature.³

Definition of Obesity

Obesity, which is clinically defined as a body mass index (BMI) above 30, is now referred to as an epidemic in American society.⁴ As defined by the Centers for Disease Control and Prevention (CDC), BMI, a calculation of height and weight, approximates health risks associated with excess weight. Overweight, a classification for those at risk for becoming obese, is defined as a BMI of

25–29.9. The CDC recommends that all persons who are obese or overweight should try not to gain any more weight, and those who have other risk factors for chronic diseases should consider losing weight.⁵ Health implications of having a high body weight include heart disease, diabetes, hypertension, some types of cancer, and other chronic diseases.⁶

The latest version of the National Health and Nutrition Examination Survey (NHANES) indicates that 30% of the United States adult population is obese, and another 34% are overweight.⁷ In addition to the adult obesity problem, there has also been an increase in the prevalence of overweight children and adolescents in recent decades.⁸

Public Health Response

In response to the obesity epidemic, the

public health and nutrition professions continue to focus on individual calorie counting and restriction as a way to promote weight maintenance and weight loss.^{9–11} At the same time, the commercial weight loss industry aggressively promotes restrictive dieting practices in spite of limited success.¹²

Consequences of Calorie Counting

Food-restrictive dieting, regardless of whether it is promoted by commercial weight-loss programs or by public health and nutrition professionals, may reduce

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weight temporarily, but it has been shown to be ineffective over time for most people.¹²⁻¹⁴ Even worse than lacking effectiveness, calorie counting seems to contribute to psychological and emotional harm for some groups.¹⁵⁻¹⁷

Eating disorders and poor body esteem. As obesity is increasingly portrayed in a negative light, and society continues to react favorably to the thin ideal, there is an increase in dieting among normal weight populations.^{18,19} Chronic dieting, independent of weight, is a precursor to eating disorder development for many women.²⁰ Unrealistic media images foster the distorted body images and low body esteem that initially prompt chronic dieting.²¹ In one prospective study of adolescents, negative body image and body esteem were found to be precursors to chronic dieting, eating-disordered behaviors, and weight gain over time.²²

Anxieties toward food and eating, as well as decreased pleasure, also seem to accompany chronic dieting. Dieters who describe less pleasure related to food are more likely to show signs of eating disorders, lower psychological well-being and more body-dissatisfaction.²³ One study found that Americans have an eating style that is low in pleasure and high in health consciousness. Even though Americans score higher on health consciousness, they are more likely to be overweight and less likely to describe themselves as healthy eaters.²⁴

Unintended consequences. The female college population, which is mostly normal weight, is especially susceptible to dieting and eating problems. Research shows that regardless of race/ethnicity, a substantial minority of college-aged women and a much smaller minority of college-aged men have major concerns about eating and food with respect to both weight and health.²⁵ The message of calorie restriction, intended for overweight individuals who are at risk for health problems, has been incorporated into the sociocultural drive for thinness and internalized by many who are not at risk for weight-related health problems—but who are at risk for poor body esteem, obsessive

dieting, the development of eating disorders, and diet-induced weight gain.

Intuitive Eating as an Alternative

Given these realities, it appears necessary that alternative approaches to healthy weight promotion be developed and evaluated. Anti-dieting approaches are one such possibility that should be considered for healthy weight promotion purposes.^{3, 26-28} One anti-dieting approach, intuitive eating, focuses on internal hunger and satiety cues to initiate food consumption and eating cessation.²⁹

Previous research has found intuitive eating to be significantly correlated with lower body mass index, lower triglyceride levels, higher levels of high-density lipoproteins, and improved cardiovascular risk.³⁰ An educational intervention to increase intuitive eating found that as individuals increased intuitive eating behaviors, they also increased anti-dieting and intrinsic eating styles, while decreasing emotional eating and dietary restraint. In addition, as intuitive eating increased, individuals gained in self-esteem and body esteem.³¹ Similar results have been found in other anti-dieting, hunger-based approaches to healthy weight management.³

One of the untested assumptions of intuitive eating suggests that as an individual responds to natural hunger mechanisms his or her body will prompt good nutrition and maintain a healthy weight.³² However, a primary argument against the promotion of intuitive eating is that individuals will likely consume diets that are nutritionally inferior if allowed to eat in accordance with personal cravings and desires. Some nutritionists believe that external control of food habits is necessary for dietary adequacy, and if individuals are allowed to eat what they desire their diets will include unhealthy levels of sugar, fat, and refined foods.³³

Research Objective

The purpose of this study was to evaluate the relationship between intuitive eating, diet composition, nutritional quality of diet, and certain meanings associated with food, including food anxieties and pleasure associated with eating.

METHODS

The research design for this study involved a cross-sectional assessment of attitudes, feelings, and behaviors in relation to food and eating behaviors among university students.

Sample

The convenience sample included 343 male and female students enrolled in a general health and physical education course at a Western university. While non-random, the sample was likely representative of the entire student population at this university as all incoming freshman are required to complete the course.

Procedures

Participation in this study was voluntary, reward-/penalty-free, confidential, and based on informed consent. All students in attendance on the day of the survey administration were given a paper-and-pencil survey containing several different instruments and all students completed the questionnaire. Trained research assistants collected and hand-entered scores into a Microsoft Excel file, which was then rechecked for accuracy. University Institutional Review Board approval was obtained prior to data collection.

Instruments

Instruments contained in the survey consisted of the Intuitive Eating Scale, nutrition and dieting questions from the Youth Risk Behavior Surveillance System, a survey on pleasure and health-consciousness concerning food, and other dietary behavior questions created or modified for use in this study.

Intuitive Eating Scale (IES). The IES is a 27-item self-report questionnaire that was developed to measure intuitive eating behaviors. The IES has four sub-scales that represent different constructs or assumptions in relation to intuitive eating, including: anti-dieting attitudes, internal hunger focus (intrinsic eating), limited levels of environmental and emotional eating (extrinsic eating), and a self-care orientation that is stronger than a fashion orientation. Question responses use a Likert scale of

