



What is Intuitive Eating?: A Review

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Review

History

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ABSTRACT

Eating-related behaviors are affected by many factors such as genetics, environment, emotional state, sociodemographic characteristics, religious and cultural beliefs, media, and body perception. As stated, eating behavior, which is affected by many factors, appears to be closely related to emotional factors such as excitement, boredom, happiness and stress. Nowadays, the importance of developing intuitive eating skills in ensuring the formation of healthy eating behaviors instead of unhealthy eating behaviors is emphasized and the use of intuitive eating as an intervention technique is considered important. It is thought that intuitive eating can be an alternative to calorie-restricted diets in the prevention, treatment and body weight management of eating disorders and can also be used together with traditional methods. In this review, literature information about the concept of intuitive eating and its effect on body weight and eating disorders will be presented.

Keywords: Eating behavior, Intuitive eating, Obesity, Eating disorders

Sezgisel Yeme Nedir?: Bir Gözden Geçirme

Derleme

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ÖZET

Yeme ile ilgili davranışlar genetik, çevre, duygusal durum, sosyodemografik özellikler, dini ve kültürel inançlar, medya, beden algısı gibi pek çok faktörden etkilenmektedir. Belirtildiği gibi birçok faktörden etkilenen yeme davranışının heyecan, can sıkıntısı, mutluluk, stres gibi duygusal faktörlerle yakından ilişkili olduğu görülmektedir. Günümüzde sağlıksız yeme davranışlarının yerine sağlıklı yeme davranışlarının oluşmasını sağlamada sezgisel yeme becerisinin gelişmesinin önemi üzerinde durulmakta ve sezgisel yemenin müdahale tekniği olarak kullanılması önemsenmektedir. Sezgisel yemenin, yeme bozukluklarının önlenmesinde, tedavisinde ve vücut ağırlığı yönetiminde kalori kısıtlı diyetlerin alternatifi olabileceği, ayrıca geleneksel yöntemlerle birlikte kullanılabilirliği düşünülmektedir. Bu derlemede, sezgisel yeme kavramı ve bu kavramın vücut ağırlığı ve yeme bozuklukları üzerindeki etkisi hakkında literatür bilgileri sunulacaktır.

Anahtar Kelimeler: Yeme davranışı, Sezgisel yeme, Obezite, Yeme bozuklukları

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Introduction

Eating behaviors and habits begin to develop at an early age. During this process, the relationship between eating behavior and emotions has become a subject of interest for those working in this field. Eating behavior, essential for life, can lead to problems such as eating less or more than necessary or eating disorders.¹ Inadequate coping mechanisms for daily stress can lead to unhealthy eating habits. It is understood from this that an individual's psychological traits can influence their eating behaviors. The influence of psychological traits on eating behavior is not only observed in obese or overweight individuals but also in those perceived to have an ideal body weight. Unhealthy eating habits can also emerge in those who follow prolonged and inappropriate diets.¹⁻³ In recent years, there has been discussion about certain eating behaviors to be aware of and manage changes in food consumption related to individuals' emotions.⁴ It is emphasized that developing intuitive eating skills is important for changing eating attitudes and behaviors towards health, especially in weight control and the treatment of eating disorders.⁵ This review will present literature information on the concept of intuitive eating and its impact on body weight and eating disorders.

Definition and History

Intuitive eating is defined as a style of eating that is not driven by emotional desires but by listening to and adapting to the physical signals of hunger and satiety, which are natural responses of the body.^{6,7} Intuitive eating emerges as an eating attitude where the individual can stop eating after consuming enough food to satisfy physiological hunger.^{8,9} The concept of intuitive eating was defined by Tribole and Resch in 1995.¹⁰ Starting to eat intuitively is a challenging process that requires replacing old dietary habits with new ones.¹¹ Innate body awareness is hindered by diets, being forced to finish one's plate in childhood, eating because 'it is dinner time', restaurants serving overly large portions, and advertisements that prompt eating irrespective of hunger. The main principles of intuitive eating are to reacquire 'body wisdom'; when this occurs, a person typically eats when hungry and stops when full. Except for certain health conditions (e.g., diabetes, food allergies), there are no restrictions on the types of food you can eat.^{6,8,9,12,13} The concept of intuitive eating is based on three fundamental approaches: 1. Unconditional permission to eat, 2. Eating based on physical rather than emotional reasons, 3. Eating in response to physical hunger and satiety signals.^{14,15} According to Tribole and Resch, intuitive eating can be explained with 10 principles. These 10 principles include rejecting the diet mentality, challenging the food police, making peace with food, honoring one's hunger, feeling satiety, dealing with emotions without using food, discovering the satisfaction factor, respecting your body, feeling the difference with exercise, and honoring your health with gentle nutrition. These principles aim to

abandon old eating attitudes, dismantle dietary taboos, and rediscover the innate skills of intuitive eating.^{10,16} Studies have shown that intuitive eating improves cholesterol levels, blood pressure, and insulin sensitivity.¹⁷⁻¹⁹

Diagnostic Evaluation

The behavior of intuitive eating is identified using the Intuitive Eating Scale developed to assess adaptive eating attitudes as an alternative to maladaptive eating behaviors.⁶ The first Intuitive Eating Scale was developed by Hawks et al. in 2004.¹⁶ It was revisited by Tylka in 2006,⁶ and in 2013, Tylka and Kroon Van Diest revised the scale to develop the Intuitive Eating Scale-2 (IES-2).¹⁰ This scale comprises twenty-three items and four subscales: (i) eating in response to physical rather than emotional triggers, (ii) unconditional permission to eat, (iii) reliance on hunger and satiety cues, and (iv) body-food choice congruence. The scale is scored according to a 5-point Likert scale (1=strongly disagree, 5=strongly agree). Higher scores indicate a higher propensity for intuitive eating.¹⁵ The Turkish adaptation of the scale, along with its validity and reliability, was conducted by Bas et al. in 2017.²⁰

The Relationship Between Intuitive Eating and Obesity

Obesity, whose prevalence is increasing worldwide, is associated with various factors such as age, gender, physical activity, food intake, and eating behavior.²¹ Especially today, individuals' eating behaviors play a significant role in the development and prevention of obesity and related diseases.^{21,22} The tendency to consume high-calorie and high-fat foods, significant in the development of obesity, increases among individuals with emotional problems.²³ Known treatments for obesity typically focus on interventions that restrict calories and increase physical activity.²⁴ Recently, certain eating behaviors have been emphasized to be aware of and manage changes in food consumption related to individuals' emotions. Intuitive eating is one of the eating behaviors highlighted in the prevention of obesity.⁴ Due to its focus on physical hunger and providing cues on the quantity of food to be consumed, intuitive eating behavior is reported to be negatively associated with body weight and body mass index (BMI), suggesting it could contribute to obesity prevention and treatment.^{25,26} In the 1990s, intuitive eating became a new treatment paradigm for obesity in the United States.⁸ Evidence suggests that mindfulness-based eating intervention can lead to significant changes in weight, eating behavior, and psychological distress in obese individuals.¹² While traditional dieting may initially lead to weight loss followed by weight gain, evidence also suggests that intuitive eating interventions can support weight maintenance.²⁷⁻³² Moreover, completing an intuitive eating program can also result in weight loss.³³ When

exploring the effect of intuitive eating on environmental factors like portion size, it was found that individuals with higher levels of intuitive eating consumed less food, and portion sizes decreased.³⁴ In various studies investigating the relationship between intuitive eating and BMI, it was found that individuals with a normal BMI had higher intuitive eating scores compared to those who were overweight or obese.³⁵⁻³⁷ Among young adults, an inverse relationship between BMI and intuitive eating has been demonstrated.^{38,39} Another study found a strong association between eating in response to hunger and satiety cues and lower BMI in middle-aged women, partially influencing the frequency of binge eating.⁴⁰ Other studies also demonstrate the association between intuitive eating and a reduction in body weight.^{9,41-44} In a study aimed at evaluating the relationship between intuitive eating behaviors among adults in relation to obesity-associated disease risk and gender through anthropometric measurements, a negative correlation was found between IES-2 scores and body weight, BMI, waist-to-height ratio, and waist-to-hip ratio.⁴⁵ Intuitive eating is negatively correlated with BMI in cross-sectional studies.^{10,33,41-47} Individuals with a high propensity for intuitive eating showed lower BMI, higher high-density lipoprotein (HDL) cholesterol, lower triglycerides, and lower cardiovascular risk compared to individuals with a low propensity for intuitive eating.⁴⁶ A study investigating how postmenopausal women classified as overweight or obese experienced the intuitive eating process and the barriers and facilitators they encountered in their daily lives showed that, despite being challenging to implement, the intuitive eating approach was generally well received by participants.⁵³ In the NutriNet-Santé cohort, involving a total of 11,774 men and 40,389 women aged ≥ 18 , levels of intuitive eating were collected using the validated French version of IES-2. Higher intuitive eating scores were strongly associated with lower rates of overweight and obesity in both men and women.²⁶ In contrast, a 6-week study evaluating the anthropometric measurements of obese adults using calorie restriction and intuitive eating to achieve weight loss found that the calorie restriction approach was superior to intuitive eating for achieving weight loss, with the calorie restriction group losing significantly more weight. Additionally, some participants in the intuitive eating group began to regain weight during the study.⁵⁴

The Relationship Between Intuitive Eating and Eating Disorders

Using diets as a tool for weight loss is common among college students. It has been found that female undergraduate students engage in disordered eating behaviors such as unhealthy weight control methods throughout college. A study conducted on 638 college students found that 22% ate according to weight loss diets, 3% fasted or took diet pills, 2% chewed and spit out their food or took laxatives, and 1% used diuretics.⁵⁵ Another study found that a significant portion of the

college population engaged in excessive exercise and binge eating, with the desire to lose weight being the strongest predictor of disordered eating.⁵⁶ Cognitions related to restricting calorie intake with the intent to manipulate body weight can increase the risk of developing negative psychological effects such as eating disorders, obsessive concern about weight and body shape in high-risk individuals.⁵⁷⁻⁶¹ There is limited research on intuitive eating among individuals with eating disorders. Intuitive eating is negatively associated with disordered eating behaviors in healthy adolescents and adults.⁶² Intuitive eating is associated with a more positive body image, more positive emotions, and consequently, a lower risk of eating disorders.⁶³ It also shows a negative correlation with the adoption of thinness ideals and body dissatisfaction.⁶ Individuals with intuitive eating skills tend to exhibit behaviors leading to weight gain to a lesser extent compared to individuals with lower intuitive eating skills.⁸ Intuitive eating is considered a valuable intervention target for improving psychological health and reducing disordered eating behaviors, especially binge eating.⁶⁴ It has been found that women with eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder have significantly lower scores on the full scale of intuitive eating compared to those without an eating disorder diagnosis.⁶⁵ A study exploring the role of intuitive eating in the treatment and recovery of eating disorders found that women who showed full recovery had significantly higher intuitive eating scores compared to those with partial recovery or ongoing eating disorders, and their scores were not different from healthy controls.⁶⁶ While intuitive eating is associated with greater weight stability, rigid and flexible control are linked to greater weight variability.⁶⁷ Body appreciation has been identified as a protective factor in the development of eating disorders.⁶⁸ and is a component of positive body image focusing on respecting, accepting, endorsing, and thinking positively about one's body.⁶⁹ Interventions based on physical acceptance and intuition have been shown to effectively reduce the risk of developing eating disorders, excessive weight loss, dietary restrictions, and the internalization of thoughts about psychological disorders.⁷⁰ Intuitive eating is a component of body acceptance interventions designed for women with high body weight and symptoms of eating disorders; these women stabilized their weight and reduced symptoms of eating disorders, and improved body image and metabolic condition after the intervention and at follow-up.^{27,71} A study investigating the impact of a five-week intuitive eating intervention on dietary restraint, body appreciation, and intuitive eating among female undergraduate students provided preliminary data suggesting that intuitive eating intervention could help mitigate disordered eating risk factors by reducing dietary restraint and increasing intuitive eating.⁷² A survey revealed that most Chinese female university students perceived low weight as ideal and were inclined to adopt strict dieting rules, thereby increasing the risks of body dissatisfaction and eating disorders.⁷³ In a study where 66

women in China participated in an 8-week online and face-to-face intuitive eating intervention consisting of eight modules, evaluating their eating behaviors, symptoms of eating disorders, intuitive eating, and eating flexibility, significant effects of the intervention were found on both groups, promoting positive body image and intuitive eating, and reducing negative body image and disordered eating behaviors.⁷⁴ A 10-week intuitive eating and mindfulness training intervention conducted with 93 university students and staff in the United States increased participants' body appreciation and decreased the likelihood of problematic eating behaviors.⁷⁵ In a study conducted in a residential treatment center for women receiving treatment for eating disorders, the effects of an intuitive eating intervention were explored, and it was found that intuitive eating scores significantly increased for all diagnosed eating disorders studied. At discharge, higher intuitive eating scores were associated with better clinical outcomes, including fewer symptoms of eating disorders, less body image concerns, and psychological symptoms.⁷⁶ A 10-week intervention study following the 10 core principles of intuitive eating, involving 61 participants, observed that participants moved away from the concept of 'dieting' by the end of the program, indicating that intuitive eating interventions could be beneficial in treating individuals with binge eating disorder.³¹ Programs supporting intuitive eating have been stated to reduce the frequency of overeating or binge eating and contribute to the development of healthy eating behaviors.¹⁴ In a systematic review of 20 different studies on interventions promoting intuitive eating, it was found that intuitive eating interventions reduced binge eating and led to better responses to hunger and satiety cues.⁴⁴ Another study observed a strong protective effect of intuitive eating against binge eating. An initial higher score in intuitive eating was associated with a 74% lower likelihood of binge eating at follow-up, and an increase of one point in intuitive eating scores during follow-ups was associated with a 71% lower likelihood of binge eating.⁶⁴ A study examining the extent to which obese individuals differ from those of normal weight and overweight in emotional and addiction-like eating behaviors reported that the two groups with higher BMI indicated higher levels of depressive mood, ate more in response to negative emotions but less intuitively, and exhibited more severe and/or frequent symptoms of addiction-like eating behaviors compared to normal-weight individuals.⁷⁷ A study with 200 women aged 60-75 aiming to explore the relationships between body image, intuitive eating, and eating showed that higher scores of intuitive eating were associated with lower restriction, lower eating concern, lower body concern, fewer depressive symptoms, and lower BMI. An indirect relationship emerged between BMI and intuitive eating through concerns about weight and shape, suggesting that preoccupation with appearance might impede the practice of intuitive eating. These findings suggest that intuitive eating is associated with positive outcomes among older women and could be a valuable target for

interventions designed to promote healthy aging.⁷⁸ Overall, intuitive eating is inversely related to symptoms of eating disorders.^{79,80}

Conclusion

Intuitive eating appears to be significant both in the management of body weight and in the treatment and prevention of eating disorders. Interventions based on intuitive eating can be used alongside other methods for weight management and the prevention and treatment of eating disorders. Such emerging therapeutic approaches are thought to hold promise, especially for the positive change in eating behaviors, including weight management and the treatment of eating disorders. Further comprehensive studies in this field are needed.

Conflict of Interest

The authors declare no conflict of interest.

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