



BODY. MIND. FOOD - WELLNESS

## THE RESEARCH PAPER

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# ABSTRACT

This research, developed within the framework of the Erasmus+ KA2 Strategic Partnership Body–Mind–Food Wellness, explores the complex connections between food, emotions, body image, and self-awareness. Combining psychological, anthropological, and educational perspectives, it examines how reflective practices—especially journaling—can enhance emotional regulation, body acceptance, and wellbeing among young people. The study also investigates how approaches such as intuitive and mindful eating can serve as tools for healing and self-connection in a culture strongly influenced by social norms and media. Methodologically, it follows a qualitative, interdisciplinary approach based on literature review and interpretive synthesis. The results emphasize the importance of holistic education, integrating emotional literacy and self-reflection as preventive and supportive tools for youth. As part of a broader project that includes the *Wellness Awareness Toolkit*, *Food and Mood* podcast, and an international training course, this research contributes to building a more compassionate, resilient, and health-conscious generation across Europe.

**Keywords:** food and emotions; body image; self-awareness; intuitive eating; youth wellbeing; holistic education

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# INTRODUCTION

This study explores the complex interrelations between food, emotion, body image, and self-reflective practices, with particular attention to the psychological and cultural mechanisms that shape our relationship with eating. The ideas that flourish throughout this investigation is where the podcast Food and Mood finds its roots — emerging as an applied, narrative extension of the theoretical and empirical reflections presented here.

The investigation arises from the growing recognition that disordered eating is not merely a behavioral or nutritional problem, but a deeply emotional and social phenomenon embedded in identity formation and cultural discourse. Drawing from psychological research, feminist and anthropological theory, and recent clinical findings, this work examines how journaling and introspective writing can contribute to emotional regulation, self-awareness, and recovery processes in individuals struggling with eating-related distress.

The primary objective of this research is to integrate different theoretical and empirical perspectives to understand how expressive writing—specifically journaling—functions as a therapeutic and reflective tool within the broader context of body image and food-related emotions. A secondary goal is to investigate how the principles of intuitive eating and self-compassion might align with or be reinforced, and how through reflective writing practices bridge between cognitive-behavioral approaches and more holistic, narrative-based methodologies.

Methodologically, the research employs an **interdisciplinary qualitative synthesis** that combines textual analysis, psychological theory, and interpretive review of empirical studies. Sources include peer-reviewed articles in psychology and psychiatry, classic works on emotional disclosure (such as Pennebaker's framework), and recent contributions from the fields of nutrition and body image research. The study follows an interpretive-analytical approach: rather than testing hypotheses quantitatively, it seeks to articulate connections, tensions, and shared insights across diverse bodies of literature. This methodology allows for a nuanced understanding of how personal narrative and reflective practices can contribute to mental health and emotional recovery in the context of eating disorders.

The paper is organized into **four main sections**. The first, Food Disorders and Emotions, examines the emotional dimensions of disordered eating and the affective mechanisms that underlie restrictive or compulsive food behaviors.

It explores the role of shame, guilt, and control, drawing on psychological models and feminist perspectives that view the body as a site of both social inscription and resistance. The second section, *Body Image*, situates individual experiences within the broader sociocultural frameworks that shape ideals of beauty and thinness, engaging with theories of embodiment and media influence. The third section, *Benefits of Journaling for Mental Health*, discusses the psychological benefits of writing as a means of emotional expression, stress reduction, and self-understanding, grounding its analysis in empirical research on expressive writing and emotional disclosure. Finally, the fourth section, *Intuitive Eating*, brings together these threads by examining how self-reflective practices such as journaling can reinforce intuitive, compassionate approaches to eating and body acceptance.

Together, these sections aim to offer a comprehensive and integrative understanding of how emotional awareness, reflective writing, and embodied self-acceptance can intersect to promote psychological well-being and support recovery from disordered eating patterns. The ultimate purpose is not only to analyze existing theoretical and empirical data but also to suggest a framework in which self-narration, mindful awareness, and intuitive responsiveness to bodily cues can serve as tools for healing and self-reconciliation.

Beyond its theoretical significance, this research holds practical implications for clinical psychology, gender studies, and the anthropology of food. By emphasizing the importance of emotional awareness and narrative agency, it contributes to a broader understanding of how individuals construct meaning and identity through their relationship with food and the body. In therapeutic contexts, these findings may support the inclusion of journaling and intuitive eating principles as complementary practices in the treatment of eating disorders and emotional dysregulation. Culturally, the study illuminates how deeply internalized social ideals of thinness and control can be reinterpreted through practices of compassion, reflection, and embodied knowledge. Ultimately, this work advocates for a shift from externally imposed norms of discipline and restriction toward a more integrative, empathetic, and human-centered understanding of nourishment and selfhood.

## 1. FOOD DISORDERS AND EMOTIONS

Food disorders are complex, multifactorial conditions characterized by severe disturbances in eating behaviors and significant psychological distress. While much research has traditionally focused on the biological and behavioral aspects of these disorders, their emotional dimensions remain a crucial and often underexplored area of investigation. Emotions profoundly influence food-related behaviors, acting both as triggers and as sustaining forces in disordered eating patterns.

This paper examines the emotional dimensions of food disorders, emphasizing their connections with stress responses, anxiety, depression, and sociocultural influences. By exploring these emotional underpinnings, we aim to provide a comprehensive understanding of how emotions shape the onset, persistence, and consequences of food disorders. Recognizing these dynamics is essential for developing interventions that are both clinically effective and sensitive to the lived experiences of affected individuals.

## 1.1 EMOTIONAL EATING: WHEN FEELINGS SHAPE FOOD CHOICES

Emotional eating extends beyond occasional snacking—it is a complex behavioral strategy for coping with emotional states. Negative emotions such as stress, loneliness, sadness, or anger often amplify cravings for “comfort foods,” typically rich in sugar, fat, and salt. Ha and Lim (University of Missouri–Kansas City) demonstrate that these heightened reward responses are mediated by the ventromedial prefrontal cortex (vmPFC), a brain region involved in evaluating the value of rewards and guiding decision-making.

For many individuals, emotional eating becomes habitual. High emotional eaters are more likely to overconsume under stress, whereas low emotional eaters may not exhibit the same response. Evers et al. (2018) found that sadness increases food intake among women identified as high emotional eaters, yet this pattern is not universal. Factors such as restrained eating tendencies, external food cues, and personality traits further modulate these responses (van Strien et al., 2013).

Addressing emotional eating therefore requires interventions that go beyond nutritional guidance, including strategies for **emotional regulation, mindfulness, and stress management** (Fernandes et al., 2018; Spoor et al., 2007). Emotional eating can be seen as a short-term adaptation that offers relief but, without support, can evolve into maladaptive habits affecting long-term health.

## 1.2 FOOD, EMOTIONS, AND BRAIN CHEMISTRY: A SWEET (AND SALTY) RELATIONSHIP

From birth, humans are predisposed to crave sweet and salty flavors. Evolutionarily, sweetness signals safety—breast milk being the archetypal example—while salt is crucial for maintaining electrolyte balance. In contemporary environments rich in calorie-dense, processed foods, these instincts can become maladaptive, promoting poor nutrition and weight gain (Birch and Fisher, 1998).

Emotions interact with these innate preferences through the brain’s reward circuitry. The orbitofrontal cortex and mesolimbic dopamine system are particularly involved in reinforcing consumption of palatable foods, especially under emotional stress (Meye and Adan, 2014). Ha et al. (2016) describe how sensory cues, such as the aroma of baked goods, can trigger strong cravings, highlighting the interplay between external stimuli, emotional states, and neurobiology.

Interventions that focus on **long-term reward awareness**, mindfulness, and conscious choice can help redirect behavior. For example, priming individuals to reflect on long-term health outcomes or using multi-modal feedback strategies may enhance control over impulsive eating (Salerno et al., 2014; Lim et al., 2023). Understanding this interplay is crucial for developing more effective strategies to support healthier eating habits.

## 1.3 STRESS AND EMOTIONAL EATING

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Stress is a potent emotional trigger for disordered eating. Chronic stress activates the hypothalamic–pituitary–adrenal (HPA) axis, increasing cortisol secretion, which influences appetite and preferences toward energy-dense foods. Adam and Epel (2007) suggest this response may have adaptive evolutionary origins: high-calorie intake during stress would have been advantageous in times of scarcity. In modern life, however, chronic stress contributes to maladaptive patterns such as emotional eating and binge-eating disorder (BED).

### 1.3.1 The HPA Axis and Stress Eating

The HPA axis orchestrates the body’s response to stress, releasing cortisol to prepare for “fight or flight.” Elevated cortisol levels increase cravings for high-energy foods even without physiological hunger, suggesting that stress-induced eating is primarily emotional rather than nutritive (Tomiyama et al., 2011).

### 1.3.2 Chronic Stress and Its Psychological Impacts

Prolonged stress undermines emotional regulation, reducing individuals’ capacity to cope effectively. Emotional eating may temporarily relieve distress but often exacerbates **guilt, shame, and dysregulated behavior**, reinforcing cycles of maladaptive eating (Ganley, 1989).

### 1.3.3 Anxiety and Control in Eating Disorders

Anxiety is central to the onset and maintenance of disorders such as anorexia nervosa and bulimia nervosa. Anxiety disorders often precede these conditions, highlighting the emotional pathways that contribute to food-related pathology.

### 1.3.4 Perfectionism and Anxiety

Perfectionism—characterized by high personal standards and fear of failure—is commonly observed in individuals with eating disorders. It often manifests through rigid dietary rules and compulsive behaviors. Fairburn et al. (1999) note that perfectionism is especially pronounced in anorexia nervosa, where control over food intake serves as a strategy to manage uncertainty and anxiety.

### 1.3.5 Emotional Regulation

Difficulties in emotional regulation—defined as the inability to modulate emotional responses appropriately—are central to many food disorders. In bulimia nervosa, binge episodes f

requently occur during heightened emotional states, with purging behaviors providing temporary relief and reinforcing the cycle (Kaye et al., 2004).

## **1.4 DEPRESSION AND EMOTIONAL DYSREGULATION**

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Depression often co-occurs with food disorders, particularly BED and bulimia nervosa. Emotional eating may function as a maladaptive coping mechanism, temporarily mitigating depressive symptoms but contributing to long-term distress

### **1.4.1 Emotional Dysregulation in Depression**

Individuals with depression often experience impaired emotional regulation, which intensifies disordered eating behaviors. Kontinen et al. (2010) found that depressive symptoms are closely linked to emotional eating, creating a feedback loop of guilt and shame that perpetuates maladaptive patterns.

### **1.4.2 Neurochemical Pathways**

Depression and eating disorders share neurochemical mechanisms, particularly involving serotonin and dopamine. Dysregulation in these neurotransmitter systems contributes to both mood disturbances and altered reward processing, linking emotional states directly to disordered eating behavior (Kaye et al., 2004).

## **1.5 SHAME, GUILT, AND SELF-PERCEPTION**

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Shame and guilt are potent emotional experiences that significantly influence food disorders. Both are closely tied to body image and self-perception, shaping eating behaviors in profound ways.

### **1.5.1 The Feedback Loop of Shame**

Shame arises from perceived failures to meet personal or societal standards. In food disorders, shame often follows deviations from dietary rules or body ideals, perpetuating further disordered behavior (Tangney & Dearing, 2002).

### **1.5.2 Guilt and Emotional Eating**

Guilt, in contrast, is behavior-specific and frequently follows episodes of emotional eating. This reinforcement of negative self-evaluation exacerbates emotional distress, sustaining maladaptive patterns (Burns, 1980).



## 1.6 SOCIOCULTURAL AND EMOTIONAL PRESSURES

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Societal ideals surrounding body image and beauty significantly shape emotional experiences related to food. Media, cultural norms, and social expectations contribute to internalized pressures, which in turn influence disordered eating behaviors.

### 1.6.1 Social Media and Emotional Triggers

Social media intensifies exposure to idealized body standards, fostering body dissatisfaction and negative emotional states. Holland and Tiggemann (2016) report that frequent social media use is correlated with heightened body concerns and maladaptive eating behaviors, particularly among young women.

### 1.6.2 Cultural Differences in Emotional Responses

Cultural context shapes emotional responses to food and body image. Collectivist societies may frame food consumption and body ideals differently than individualistic cultures, emphasizing the need for culturally sensitive treatment approaches (Pike & Dunne, 2015).

## 1.7 GENDER AND EMOTIONAL EATING

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Gender differences are evident in emotional eating patterns. Women report higher rates, likely reflecting sociocultural expectations and gender norms, while men's emotional eating is more often linked to stress and depression (Griffiths et al., 2015).

### Age and Emotional Responses

Life stage also affects emotional responses. Adolescents are particularly vulnerable to sociocultural pressures and emotional insecurities, whereas older adults may use food to cope with loneliness, loss, or declining social networks (Marcus & Wildes, 2014).

## 1.8 CONCLUSION

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The emotional dimensions of food disorders are multifaceted, integrating biological, psychological, and sociocultural factors. Emotions such as stress, anxiety, depression, shame, and guilt play central roles in the emergence and maintenance of disordered eating.



A comprehensive understanding of these emotional mechanisms is essential for developing effective interventions that address not only nutritional needs but also emotional regulation, cognitive patterns, and social pressures. Although these disorders are often studied through the lens of pathology, they also illuminate **broader truths about human emotional life, cultural norms, and the complex relationship between body and mind**. Recognizing this complexity is critical for researchers, clinicians, and society, fostering approaches that are scientifically grounded yet deeply attuned to lived experience.

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## 2. BODY IMAGE

Positive body image satisfaction is closely linked to a multitude of beneficial psychological outcomes that significantly enhance an individual's quality of life. Individuals who are satisfied with their body image are less likely to experience pervasive feelings of sadness and anxiety, as a positive acceptance and appreciation of one's body can buffer against stressors that exacerbate depressive symptoms and anxiety. Additionally, a healthy body image boosts self-worth and confidence, fostering a resilient and optimistic outlook on life that empowers individuals to pursue their goals and engage actively and positively in social interactions (Burke et al., 2021). This satisfaction also extends to improving overall life quality, positively influencing physical health, social relationships, and personal fulfillment.

However, body dissatisfaction carries significant negative consequences that can severely impact an individual's mental and physical health. It is a notable risk factor for developing eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder, where the pursuit of an idealized body image can drive individuals toward destructive eating behaviors, including excessive dietary restriction, bingeing, and purging. Additionally, chronic dissatisfaction with one's body can lead to persistent sadness, low mood, and reduced self-worth, which may escalate into depression or chronic low self-esteem, severely affecting daily functioning and degrading quality of life (Kavehfarsani et al., 2020). Efforts to meet societal beauty standards or personal ideals often result in engaging in extreme dieting and excessive exercise, among other harmful practices, which not only endanger physical health but also perpetuate a cycle of dissatisfaction and negative self-perception. Furthermore, body dissatisfaction can cause individuals to avoid social interactions or situations where their bodies might be scrutinized, leading to social isolation, loneliness, and further deterioration in mental health.

### 2.1 WOMEN AND BODY IMAGE SATISFACTION

Societal pressures on women to conform to specific beauty standards are both pervasive and persistent, shaping their body image satisfaction through a complex matrix of cultural, media-driven, and interpersonal influences. The emphasis on thinness, youthfulness, and particular body proportions creates a narrowly defined ideal that is continuously amplified by media and advertising (Arjona et al., 2024). This omnipresent portrayal of idealized bodies sets an unrealistic benchmark for women, contributing to a societal milieu where deviation from these standards is often met with scrutiny and judgment. The role of media in shaping women's body image is profound. From fashion magazines to social media platforms, women are bombarded with images that celebrate a specific body type, often digitally altered to achieve perfection (Wu et al., 2024). This relentless exposure not only distorts perceptions of what is normal or attainable but also fuels a culture of comparison, where one's self-worth becomes intricately tied to physical appearance. The impact of such comparisons can lead to widespread body dissatisfaction, prompting a cycle of negative self-evaluation and the pursuit of unhealthy behaviors aimed at achieving the elusive ideal (Goldbach et al., 2022).

The psychological toll of striving to meet these societal beauty standards is significant. Body dissatisfaction among women can lead to a host of negative emotional outcomes, including low self-esteem, depression, anxiety, and body dysmorphic disorders. These conditions profoundly affect women's overall quality of life, influencing their social interactions, professional achievements, and personal relationships. The constant scrutiny and the pressure to conform can exacerbate feelings of inadequacy, leading to a state of perpetual discomfort with one's physical self (Watson et al., 2019).

Adding to the challenge is the social scrutiny and commentary that women's bodies often attract, both in public spaces and private conversations. This unsolicited feedback can range from direct criticisms to subtler, yet equally damaging, remarks and comparisons. Such commentary reinforces the notion that women's bodies are open to evaluation and criticism, further entrenching body dissatisfaction and discomfort (Imankulova & Kudaibergenova, 2021). The experience of being observed and judged can also lead to social avoidance behaviors, as women may seek to escape the gaze and commentary that exacerbate their insecurities. Addressing the issue of body image satisfaction among women requires a multifaceted approach that challenges the societal norms and media practices contributing to the problem. Promoting diversity in media representation, advocating for body positivity, and challenging the cultural obsession with physical appearance are critical steps toward creating a more inclusive and supportive environment (Moreno-Domínguez et al., 2019). Empowering women through education and community support can foster resilience against the negative impacts of societal pressures. Psychological interventions, such as therapy and counseling, play a crucial role in helping women navigate body image dissatisfaction. By providing tools and strategies to combat negative self-talk, reshape perceptions of beauty, and build self-esteem, these interventions support women in developing a healthier relationship with their bodies. Ultimately, fostering body image satisfaction among women demands a collective effort to dismantle the deeply ingrained societal and cultural norms that dictate beauty standards (Kayathri & Mohan, 2021). By creating spaces that celebrate diversity and individuality, society can move toward a future where women feel valued and accepted, free from the constraints of unrealistic beauty ideals. Moreover, the phenomenon of objectification, where women's bodies are viewed and valued primarily for their appearance or sexual appeal, adds another layer of complexity to female body image satisfaction. This objectification can lead to heightened self-surveillance, where women constantly monitor their bodies and engage in comparisons with others, reinforcing a cycle of dissatisfaction and self-criticism (Owen-Smith et al., 2018).

## **2.2 MEN AND BODY IMAGE SATISFACTION**

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The conversation around body image satisfaction is evolving, with an increasing recognition of the unique challenges men face. Societal expectations for men's bodies, which emphasize muscularity, fitness, and leanness, have created a demanding cultural archetype. This "ideal" male physique, constantly reinforced by media and advertising, sets a standard that many find daunting and unattainable, leading to a growing prevalence of body dissatisfaction among men and challenging the stereotype that body image concerns are predominantly a female issue (He et al., 2020a; He et al., 2020b).

The portrayal of the ideal male body has undergone a significant transformation, with an increasing emphasis on muscularity and fitness. This shift reflects broader societal expectations and contributes to the internalization of these ideals among men. Constant exposure to images of sculpted, lean physiques across various media platforms sets unrealistic standards, causing many men to perceive their bodies as inadequate or inferior.

## 2.3 BODY DISSATISFACTION

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Body dissatisfaction is experienced by around 50% of adolescent females and 30% of adolescent males (Bornioli et al., 2019). It has a growing incidence among young populations, in both developed (Swami et al., 2010) and developing countries (Singh et al., 2015). Research has shown that body dissatisfaction predicts psychological conditions such as low self-esteem (Paxton et al., 2006), depressive symptoms (Ferreiro et al., 2012; Stice & Bearman, 2001), and suicidal thoughts (Crow et al., 2008; Kim, 2009). Additionally, body dissatisfaction is a risk factor for a series of unhealthy eating and physical activity behaviors, including disordered eating (Gardner et al., 2000; Micali et al., 2015a; Neumark-Sztainer et al., 2006; Stice & Shaw, 2002), weight gain (van den Berg & Neumark-Sztainer, 2007), unhealthy dieting, and lower levels of physical activity (Neumark-Sztainer et al., 2006).

Further research has examined the role of body dissatisfaction on risky health behaviors. Risky behaviors such as smoking, substance abuse, and drinking are prevalent during adolescence and have recognized negative effects on health (Biglan, 2004; Hawkins, 2012; WHO, 2018). Smoking-related pathologies cause one in five deaths in the United States (General et al., 2014), and heavy drinking is a leading risk factor for ill-health, early mortality, and disability among those aged 15–49 in England (Burton et al., 2016). Similarly to body dissatisfaction, these behaviors often begin in adolescence (Biglan, 2004; Chassin et al., 1996) and continue into adulthood (McCarty et al., 2004). Neumark-Sztainer et al. (2006) found that 13-year-old males with higher body dissatisfaction were more likely to smoke at 17. Field et al. (2014) found that body image concerns were prospectively associated with drug use and binge drinking among U.S. teenage males. Greydanus & Apple (2011) highlighted a lack of longitudinal research on self-harm and its relationship with body dissatisfaction, as well as on its prospective influence on risky health behaviors in general. Given the high prevalence of body dissatisfaction among young people, the current study investigates the prospective association between body dissatisfaction and smoking, drug use, cannabis use, self-harming, gambling, and excessive drinking.

A rich body of research indicates that eating disorders are risk factors for later risky behaviors (Field et al., 2012; Micali et al., 2015b, 2017; Sonnevile et al., 2013). These include drug use (Micali et al., 2015b, 2017; Sonnevile et al., 2013), excessive drinking (Field et al., 2012), cannabis use (Sonneville et al., 2013), and deliberate self-harm (Micali et al., 2015b, 2017). Adolescence is the developmental period in which eating disorders tend to peak (Micali et al., 2013), making monitoring essential to prevent later risky behaviors. Since body image concerns are a significant risk factor for disordered eating, mediation may occur. Therefore, the study assessed whether disordered eating symptoms mediated the prospective relationship between body dissatisfaction and risky health behaviors.

Most prospective studies operationalize eating disorders per DSM-V classifications (Field et al., 2012; Micali et al., 2015b; Sonnevile et al., 2013), rather than considering individual symptoms like dieting, purging, fasting, or bingeing. Importantly, Micali et al. (2017) found that while purging, binge eating, and fasting in mid-adolescence predicted drug use and self-harm, the frequency of these behaviors did not necessarily predict more adverse outcomes. A broader approach examining disordered eating symptoms allows findings to apply to the wider population, beyond those meeting DSM-V criteria.

## 2.4 SOCIAL MEDIA ON BODY IMAGE AND MENTAL HEALTH

The rise of social media has transformed perceptions of body image, promoting homogenized and often unattainable beauty standards (Merino et al., 2024; Jiotsa et al., 2024; Mironica et al., 2024). Active social media use, like creating and sharing content, is often beneficial, whereas passive scrolling is linked to poorer mental health (Valkenburg et al., 2021). Platforms such as Instagram, Facebook, and TikTok encourage constant social comparison, where appearance is evaluated against curated, idealized portrayals (Merino et al., 2024). This exposure reinforces self-objectification and may foster obsessive monitoring of appearance, dieting, and exercising (Saunders et al., 2024). Cyberbullying and body shaming further exacerbate body dissatisfaction (Jiotsa et al., 2024). Nevertheless, social media can also promote body positivity, diversity, and acceptance, offering avenues for empowerment (Mironica et al., 2024).

## 2.5 INTERVENTIONS AND STRATEGIES FOR IMPROVING BODY IMAGE

Enhancing body image satisfaction requires collaborative interventions from healthcare professionals, educators, policymakers, and communities (Bornioli et al., 2019; Guest et al., 2022). Strategies include:

- **Universal Interventions:** Media literacy programs, educational curricula fostering body positivity, and public health campaigns advocating for diversity (Merino et al., 2024).
- **Targeted Interventions:** Cognitive behavioral therapy, mindfulness, self-compassion, and healthcare professional involvement (Saunders et al., 2024).
- **Indicated Interventions:** Clinical therapies for severe dissatisfaction, including CBT, acceptance and commitment therapy, and support groups (Mironica et al., 2024).

## 2.6 CONCLUSION

The exploration of body image reveals its profound influence on emotional well-being, identity formation, and social functioning. Positive body image satisfaction emerges as a protective factor, enhancing psychological resilience, self-esteem, and interpersonal engagement, while dissatisfaction operates as a key predictor of numerous maladaptive outcomes, including eating disorders, anxiety, depression, and risky health behaviors. Gendered expectations remain central: women experience greater societal pressure toward unattainable ideals of thinness and

youth, often reinforced by media and cultural narratives of desirability, whereas men increasingly face a muscular, fitness-oriented standard that fosters its own anxieties and self-surveillance. Across both groups, body dissatisfaction is linked to social withdrawal, perfectionism, and the internalization of objectifying norms that distort self-perception and weaken self-worth. This intricate interplay between cultural imagery and individual psychology underscores the social construction of beauty as both a moral and emotional currency.

In contemporary contexts, digital environments amplify these dynamics. Social media platforms—through their endless flow of curated, idealized bodies—have become potent sites for comparison, validation, and self-objectification. Yet, they also carry the potential to subvert dominant paradigms, enabling alternative narratives of embodiment through movements of body positivity, inclusivity, and authenticity. Interventions, therefore, must operate on multiple levels: promoting media literacy to challenge unrealistic ideals, fostering mindfulness and self-compassion to build internal resilience, and developing structural strategies that address the cultural roots of aesthetic inequality. Ultimately, improving body image is not solely a clinical endeavor but a collective cultural task—one that demands reimagining the values that define worth, beauty, and belonging in modern societies.

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## 3. BENEFITS OF JOURNALING FOR MENTAL HEALTH

Following the exploration of body image and its intricate ties to emotional regulation and self-perception, this section examines *journaling* as both a reflective and therapeutic practice. Writing about one's experiences, emotions, and bodily perceptions functions as a bridge between cognition and affect, offering a structured space for self-exploration and meaning-making. Within the context of food, mood, and body image, journaling emerges not only as a personal record but also as an active method of self-repair—a means to externalize inner conflicts, reconstruct narratives of embodiment, and foster psychological resilience.

### 3.1 FACILITATES SELF-REFLECTION AND SELF-AWARENESS

Journaling provides a structured space to explore thoughts and emotions, helping individuals become more aware of their internal experiences. Imagine someone tracking their mood over weeks and noticing that anxiety spikes every time they have a demanding work deadline. Simply putting these experiences into words can make hidden patterns visible.

#### **Evidence:**

Pennebaker's Emotional Disclosure Theory demonstrates that writing about emotional experiences allows people to process and organize thoughts, fostering greater self-understanding and resilience. Regular journaling has been shown to enhance emotional awareness and clarify personal values and goals (Pennebaker, 1997; Baikié & Wilhelm, 2005).

### 3.2 REDUCES STRESS AND ANXIETY

Writing about worries or stressful events can help release pent-up emotions and reduce physiological stress responses. For instance, journaling for a few minutes before bed may help someone "clear their mind," easing tension and promoting better sleep.

#### **Evidence:**

Meta-analyses and clinical studies indicate that journaling interventions significantly reduce anxiety and stress, with some research showing a 9% reduction in anxiety symptoms. Writing about emotions is linked to decreased mental distress and improved well-being across both clinical and non-clinical populations (Smyth, 1998; Oh et al., 2018; Stice et al., 2006).

### 3.3 PROVIDES AN OUTLET FOR EMOTIONS

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Journaling offers a private, safe space to express feelings that might be difficult to share with others. Someone dealing with grief, anger, or shame can use journaling as a constructive outlet, turning chaos into narrative.

**Evidence:**

Expressive writing has been found to reduce emotional inhibition, improve mood, and enhance emotional regulation (Pennebaker, 1997; Baikie & Wilhelm, 2005).

### 3.4 ENHANCES PROBLEM-SOLVING SKILLS

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Writing down thoughts helps structure thinking, break down complex issues, and brainstorm solutions. For example, a person might list coping strategies for managing cravings or stressful situations, which can make problem-solving feel less overwhelming.

**Evidence:**

Journaling engages the brain's prefrontal cortex, which supports higher-order cognitive processing, planning, and problem-solving (Smyth, 1998).

### 3.5 BOOSTS MOOD AND OVERALL WELL-BEING

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Regular journaling, particularly gratitude journaling, is linked to increased happiness and life satisfaction. Reflecting on positive daily experiences, no matter how small, can enhance resilience and overall psychological well-being.

**Evidence:**

Research shows that journaling reduces depressive symptoms and improves well-being, with effects lasting months beyond the intervention (Stice et al., 2006; Oh et al., 2018; Web-based interventions, 2023).

### 3.6 HOW JOURNALING SUPPORTS EATING DISORDER RECOVERY

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#### 3.6.1. Emotional Expression and Emotional Triggers

Journaling allows individuals with eating disorders to explore and express difficult emotions like guilt, shame, or fear in a non-judgmental way. For instance, someone may write about anxieties around eating in social contexts.

**Evidence:**

Journaling is commonly used in therapy for eating disorders to facilitate emotional processing and build self-compassion (Pennebaker, 1997; Baikie & Wilhelm, 2005).

### 3.6.2. Tracking Progress

Keeping a record of thoughts, behaviors, and feelings helps individuals see improvements over time. For example, noting meals and associated emotions can highlight positive changes in eating habits or mood.

**Evidence:**

Studies show journaling interventions increase motivation, accountability, and awareness of recovery progress (Oh et al., 2018; Stice et al., 2006).

### 3.6.3. Identifying Patterns and Triggers

By documenting daily experiences, individuals can pinpoint triggers for disordered eating, such as stress, self-critical thoughts, or specific social situations. This awareness allows for healthier coping strategies to develop.

**Evidence:**

Journaling provides insight into behavioral patterns and triggers, a crucial step in effective recovery (Pennebaker, 1997; Baikie & Wilhelm, 2005).

### 3.6.4 Enhancing Communication with Healthcare Professionals

Sharing journal entries with therapists offers concrete examples of challenges and successes, allowing for more targeted and effective treatment.

**Evidence:**

Journaling can strengthen therapeutic outcomes by fostering open, honest communication between patients and healthcare providers (Smyth, 1998; Oh et al., 2018).

## 3.7 CONCLUSION

Journaling is a scientifically validated tool for enhancing mental health. It reduces stress and anxiety, improves self-awareness, provides an outlet for emotions, supports problem-solving, and boosts overall well-being. For individuals recovering from eating disorders, it facilitates emotional expression, tracks progress, identifies triggers, and enhances communication with care providers (Pennebaker, 1997; Baikie & Wilhelm, 2005; Smyth, 1998; Oh et al., 2018; Stice et al., 2006).

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## 4. INTUITIVE EATING

### Introduction to Intuitive Eating

**Intuitive Eating** represents a paradigm shift in the understanding of human nutrition, body image, and emotional well-being. Developed by Evelyn Tribole and Elyse Resch in their foundational 1995 work *Intuitive Eating*, this approach advocates for a reconnection between individuals and their internal bodily cues, challenging the long-standing dominance of diet culture and external regulation of eating behaviors. Rather than promoting restrictive food rules or calorie control, Intuitive Eating emphasizes **self-trust**, **body acceptance**, and **attunement** to natural hunger and satiety signals (Tribole & Resch, 1995).

The model is grounded in psychological and physiological research on **interoception**—the capacity to perceive internal bodily sensations—and acknowledges the role of emotional and social contexts in shaping food-related behavior (Tylka & Kroon Van Diest, 2013). Unlike traditional dieting paradigms, which tend to externalize control and moralize food consumption, Intuitive Eating encourages individuals to dismantle the dichotomy between “good” and “bad” foods and to cultivate a sustainable, compassionate relationship with eating (Tribole & Resch, 2020). This shift away from prescriptive dieting has been shown to reduce guilt, improve psychological well-being, and mitigate the risk of disordered eating patterns (Linardon et al., 2021; Bruce & Ricciardelli, 2016).

By focusing on **body attunement** rather than external judgment, Intuitive Eating disrupts the cycle of chronic dieting that often leads to weight cycling, shame, and loss of self-efficacy (Bacon & Aphramor, 2011). It aligns with a broader socio-psychological critique of diet culture and its moral underpinnings, reframing nourishment as a dynamic process of self-care and embodiment rather than self-surveillance. In this sense, Intuitive Eating functions not only as a nutritional model but also as a **philosophy of body liberation** and emotional integration.

## 4.1 THE TEN PRINCIPLES OF INTUITIVE EATING

### 4.1.1 Rejecting the Diet Mentality

The first principle—**Rejecting the Diet Mentality**—invites individuals to challenge the pervasive cultural belief that dieting leads to health, happiness, or moral virtue. Diet mentality is deeply rooted in neoliberal ideologies of self-control and productivity, which equate thinness with worthiness (Tyłka et al., 2015). Empirical studies demonstrate that chronic dieting correlates with **weight cycling**, psychological distress, and increased risk for eating disorders (Polivy & Herman, 1985; Mann et al., 2007). Rejecting this mentality requires dismantling internalized narratives that link moral value to dietary restraint and instead fostering **self-trust in physiological regulation**. By renouncing the illusion of control through external rules, individuals can reconnect with their own bodies as reliable guides for nourishment.

### 4.1.2 Honoring Hunger and Fullness Cues

The second principle, **Honoring Hunger and Fullness Cues**, emphasizes the biological wisdom of the human body. When individuals learn to tune into internal hunger and satiety signals, they begin to eat responsively rather than reactively (Herbert et al., 2013). Restrictive dieting can dull or distort these cues, leading to both over- and under-eating. Through interoceptive awareness, intuitive eaters cultivate a nuanced understanding of hunger as a physiological need rather than a failure of willpower. Empirical research shows that restoring sensitivity to these cues reduces compulsive eating behaviors and enhances satisfaction after meals (Linardon et al., 2021). This principle re-establishes **homeostatic balance** and a sense of agency over one's eating habits.

### 4.1.3 Making Peace with Food

**Making Peace with Food** challenges the binary thinking that divides foods into categories of “good” or “bad.” This moralization of eating, which is endemic to diet culture, perpetuates shame and anxiety around food choices (Tyłka & Wood-Barcalow, 2015). Intuitive Eating encourages individuals to give themselves unconditional permission to eat all foods, thereby removing the psychological power of restriction. When no foods are forbidden, cravings decrease, and food loses its emotional charge (Tribble & Resch, 2020). Research has shown that food restriction paradoxically increases preoccupation with the restricted items and can lead to binge episodes (Polivy & Herman, 1999). Making peace with food thus represents a critical step toward **normalizing the eating experience** and reducing disordered patterns rooted in deprivation and guilt.



#### 4.1.4 Challenging the Food Police

The fourth principle, **Challenging the Food Police**, targets the internalized voice that polices one's dietary behavior. This "food police" embodies internalized cultural norms and moral judgments—"I was good for eating a salad" or "bad for having dessert"—that reinforce shame and self-criticism (Tylka et al., 2015). The process of silencing this inner critic requires developing **self-compassion** and reframing food choices as morally neutral. This cognitive restructuring aligns with evidence from self-compassion interventions, which show reductions in eating-related guilt and greater psychological flexibility (Neff & Germer, 2013). By disarming the food police, individuals can cultivate a relationship with food grounded in acceptance and curiosity rather than fear.

#### 4.1.5 Respecting Your Body and Emotions

The final principle within this cluster—**Respecting Your Body and Emotions**—calls for an attitude of reverence toward one's body as it exists in the present. Respect does not require unconditional satisfaction but implies **acceptance without judgment**. Intuitive Eating promotes body diversity and challenges the cultural imperative toward an "ideal body," which often perpetuates internalized stigma and alienation (Tylka et al., 2014). Emotional respect involves recognizing that food may serve as a coping mechanism but not as the only one; thus, emotional literacy and alternative strategies become integral parts of healing. This principle bridges the psychological and physiological dimensions of Intuitive Eating, affirming that **body respect and emotional awareness are mutually reinforcing**.

### 4.2 SCIENTIFIC EVIDENCE AND RESEARCH

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In recent decades, Intuitive **Eating has emerged as a robustly evidenced framework** for promoting both physical and mental health. Empirical research consistently supports its association with **lower disordered eating behaviors, reduced body dissatisfaction, and enhanced psychological well-being** (Linardon et al., 2021; Tylka & Kroon Van Diest, 2013). Individuals who practice Intuitive Eating demonstrate significantly lower levels of dietary restraint and internalized weight stigma and higher levels of self-esteem, positive affect, and life satisfaction (Bruce & Ricciardelli, 2016).

Longitudinal studies indicate that Intuitive Eating predicts **lower depressive and anxiety symptoms** over time (Schaefer & Magnuson, 2014). It also fosters **resilience against sociocultural pressures** that idealize thinness and external validation. From a physiological standpoint, intuitive eaters often exhibit more stable metabolic markers and reduced risk of binge episodes (Madden et al., 2012). Importantly, the approach correlates with **mindful awareness**—a nonjudgmental focus on present-moment experiences—suggesting a cognitive-emotional overlap between intuitive and mindful eating practices (Jordan et al., 2014).



Linardon, Tylka, and Fuller-Tyszkiewicz's (2021) meta-analysis synthesized 97 studies encompassing over 20,000 participants and found strong inverse relationships between intuitive eating and eating pathology, body image disturbances, and general psychopathology. Correlations ranged from  $r = -.23$  to  $r = -.58$  for maladaptive outcomes, while positive constructs such as body appreciation and self-esteem showed associations between  $r = .20$  and  $r = .58$ . These findings substantiate the **Acceptance Model of Intuitive Eating**, which posits that body appreciation fosters intuitive eating behaviors, leading to improved mental health outcomes (Tylka & Kroon Van Diest, 2013).

Furthermore, evidence suggests gender and cultural variations: men tend to report slightly higher levels of intuitive eating than women, with greater disparities in predominantly Caucasian samples (Linardon et al., 2021). This highlights the need for cross-cultural and intersectional perspectives in future research, particularly as body ideals and diet narratives differ widely across sociocultural contexts.

## 4.3 PRACTICAL APPLICATIONS

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### 4.3.1 Transitioning from Dieting to Intuitive Eating

Transitioning from a diet-oriented mindset to an intuitive approach represents **a process of cognitive and emotional re-education**. Individuals must first deconstruct deeply ingrained food rules and relearn trust in internal bodily cues. Practical steps include allowing all foods without guilt, eating when physically hungry rather than at externally prescribed times, and ceasing consumption at comfortable fullness. Behavioral experiments—such as permitting oneself to eat previously “forbidden” foods—can demonstrate the paradoxical reduction of cravings once restriction is lifted (Tribble & Resch, 2020).

Letting go of external metrics, such as body weight, is also crucial. The act of **ditching the scale** fosters a shift from external validation toward interoceptive attunement. Instead of tracking numbers, individuals are encouraged to notice qualitative changes in energy, mood, and satisfaction. Over time, this process reinforces body trust and self-regulation, which are central to sustained well-being.

### 4.3.2 Challenges and How to Overcome Them

The journey toward intuitive eating is not without obstacles. **Fear of weight gain** remains one of the most common barriers, reflecting the internalized fatphobia embedded in modern diet culture (Bacon & Aphramor, 2011). Overcoming this fear involves reframing the goal from weight control to health autonomy. Research underscores that intuitive eaters tend to maintain stable body weights while experiencing significant psychological benefits (Tylka et al., 2015).

Another challenge lies in **listening to one's body**, particularly for individuals who have long suppressed hunger cues through restrictive behaviors. Mindfulness practices, such as body scans and hunger-satiety journaling, can support this reconnection (Jordan et al., 2014). Differentiating between **emotional and physical hunger** is another essential skill; awareness of emotional states can prevent the use of food as the sole coping mechanism for stress or anxiety.

Finally, **social pressure and pervasive diet talk** often hinder progress. Cultivating supportive environments and establishing conversational boundaries can protect individuals' autonomy in their eating journeys. The social aspect of intuitive eating thus intersects with broader movements of body neutrality and anti-diet advocacy.

### 4.3.3 Mindful Eating Techniques

**Mindful eating** operates as both a complement and a foundation for Intuitive Eating. It involves engaging all senses in the eating process—sight, smell, taste, texture—and recognizing the body's signals before, during, and after meals (Kristeller & Wolever, 2011). Practical strategies include eating slowly, pausing between bites, minimizing distractions, and practicing gratitude for nourishment. Such mindfulness not only enhances sensory satisfaction but also strengthens the **interoceptive awareness** necessary for attunement to hunger and fullness cues.

Mindful eating further enables individuals to distinguish between true physiological hunger and emotional eating triggers. Over time, this awareness cultivates a **non-judgmental, curious relationship with food**, aligning physical nourishment with emotional equilibrium.

## 4.4. CONCLUSION AND FUTURE PERSPECTIVES

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Intuitive Eating represents a **holistic, evidence-based framework** for redefining the relationship between food, body, and mind. It challenges the diet industry's moralization of eating and situates nourishment within a paradigm of self-compassion, autonomy, and interoceptive wisdom. Empirical research has demonstrated its capacity to reduce eating pathology, promote positive body image, and enhance emotional well-being (Linardon et al., 2021; Tylka & Kroon Van Diest, 2013).

As healthcare systems move toward **integrative and person-centered models**, Intuitive Eating offers a valuable therapeutic tool for clinicians, dietitians, and mental health practitioners. Future research should expand longitudinal and experimental studies to determine causal pathways, explore cultural differences, and assess its effectiveness in clinical populations recovering from eating disorders. By restoring trust in the body's innate signals, Intuitive Eating holds potential not only for individual healing but also for societal transformation—a shift toward embodied respect, emotional literacy, and liberation from the punitive moral codes that have long governed eating behavior.

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# CONCLUSION

This research represents one of the key outcomes of the Body–Mind–Food Wellness KA2 Strategic Partnership, complementing other project results such as the Wellness Awareness Toolkit, the podcast, and an international training course. Together, these activities form a coherent pathway toward promoting emotional literacy, healthy relationships with food, and self-awareness among young people and youth workers across Europe. The study reinforces the need for integrated, human-centered approaches that connect psychological insight with social and cultural realities. Future steps include disseminating the project's materials across educational and community networks, encouraging collaboration between organizations and professionals, and continuing to explore innovative practices that nurture resilience, inclusion, and sustainable wellbeing.

## For More Information

Project coordination and partners:

- Creando Floresta (Spain): [floresta.entrebosques@gmail.com](mailto:floresta.entrebosques@gmail.com)
- Regain (France): [regain.erasmus@gmail.com](mailto:regain.erasmus@gmail.com)
- Zeleno Doba (Serbia): [zeleno.doba@gmail.com](mailto:zeleno.doba@gmail.com)

Check our [website](#) and there you will find more about the project, [Food Mood](#) podcast and [Wellness Awareness](#) Toolkit.

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