

THE NEW APPROACH TO THE WEIGHT MANAGEMENT: INTERRELATEDNESS OF INTUITIVE EATING, ADLERIAN LIFESTYLE AND BODY MASS INDEX AMONG LITHUANIAN FEMALE COMPUTER USERS

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Abstract

Purpose – to evaluate the importance of Intuitive Eating for healthy Body Mass Index (BMI) in Lithuanian female computer users sample and explore the Adlerian personality attributes that might be related to the Intuitive Eating.

Design/methodology/approach – The study consisted of 724 Lithuanian woman with normal or increased BMI who completed online instruments that included the Lithuanian version of the Basic Adlerian Scales of Interpersonal Success - Adult form (BASIS-A) Inventory, Lithuanian version of Intuitive Eating Scale-2 (IES-2) and questions that assessed height, weight, and behavioral variables such as healthy eating and weight controlling activities.

Findings – The results indicated the significant negative relation between Intuitive Eating and BMI. Almost all the subscales of Intuitive eating were positively related to healthy eating and negatively to weight controlling behaviour. Eating for physical rather than emotional reasons and Reliance on the Hunger and Satiety feelings were found as more significant in the prognostic model of BMI than healthy eating. Some of the Adlerian personality attributes including Belonging/Social Interest, Going Along, Striving for perfection and Softness were positively related to Intuitive Eating. However two personality attributes including Being Cautious and Harshness had an inverse relation with Intuitive Eating scale.

Research limitations/implications – Although the online data collection procedures are supported in the scientific literature, the same study with pen and pencil data collection in groups would increase the possibility to generalize the findings. Men should be included in the research sample too in order to explore the gender differences in relation to Intuitive Eating in Lithuania sample. Moreover the longitudinal study would be of benefit for the possibility to predict the weight change in relation to various behaviours.

Practical implications – Intuitive Eating seems to be a good choice for women struggling with weight issue. However more attention to the healthy eating behaviour should be paid. Moreover consultant would benefit with the evaluation of the personality dynamic that might increase the possibility of successful weight management.

Originality/Value – Additional value of this study included support for the new instrument (EIS-2) to measure Intuitive eating in Lithuanian sample.

Keywords: Intuitive Eating, Adlerian Lifestyle, BASIS-A, Healthy eating, Weight control, Body Mass Index

Research type: research paper.

Introduction

Traditional approach to weight management would include specific types of behaviour; following the suggestions presented by health specialists (Wing & Hill, 2001; Stubbs et al., 2011; Astrauskienė et al., 2011; World health organization, 2010, 2014). Prior researchers have supported the significance of choosing healthy food, having good eating habits and exercising as related to healthy BMI (Wing & Hill, 2001; Riou, et al., 2011; Vitale, Jirillo, & Magrone, 2014). On the other hand, more severe ways to control weight have been found as having negative physical and psychological outcomes (Carrier, Steinhardt, & Bowman, 1994; Tribole & Resch, 1995; Steinhardt, Bezner, & Adams, 1999; MacLaughlin et al., 2012). Despite these negative outcomes and limited effectiveness from a long-term perspective (Hart & Chiovari, 1998; Sung, Lee, Song, 2009), strict dieting, using supplement or fasting remains popular strategies related to weight management (Hooper, 2014; McCarthy, 2014).

However, there are several alternative approaches to the traditional dieting paradigms and the *Intuitive Eating* is one of them. Ideas about the *Intuitive Eating* and the life-lasting success in weight management became popular all over the world in practice as well as in research in the field (Tylka & Wilcox, 2006; Tylka, 2006; Caldwell, Baime, & Wolever, 2012; Tylka & van Diest, 2013). Intuitive eating can be described as an alternative to a diet approach to weight management in that there are few restrictions on type of food intake (Tribole & Resch, 1995, 2003; Tylka & Wilcox, 2006, Tylka, 2006; Tylka & van Diest, 2013). The main idea of Intuitive eating includes the encouragement for people to eat what they desire and follow their internal signals of hunger and satiety (Tribole & Resch, 1995; Tylka, 2006, Avalos & Tylka, 2006, Augustus-Horvath & Tylka, 2011). Listening, recognizing and following the body signals decrease the possibility of automatic or emotional eating and makes the eating mindful (Kristeller, Baer, & Quillian-Wolever, 2006; Wolever & Best, 2009; Boudette, 2010; Kristeller & Wolever, 2011). Some authors describe intuitive eating approach as body wisdom (Gast & Hawks, 1998).

The term *Intuitive eating* was created and first used in 1995 (Tribole & Resch, 1995). Publication by Gast and Hawks (1998) was the first in relation to Intuitive Eating in peer-reviewed journals (Van Dyke & Drinkwater, 2013). The first scale for Intuitive eating was developed and published in the scientific literature in 2004 (Hawks, Merrill & Madanat, 2004). Two years later Tylka created her original Intuitive eating scale that was based on the ten principles of Intuitive Eating proposed by Tribole and Resch (1995). She clustered all the principles into the three central and interrelated features of intuitive eating of: unconditional permission to eat what food is desired, eating for physical rather than emotional reasons, and reliance on internal hunger and satiety cues

to determine when and how much to eat (Polivy & Herman, 1987, 1992; Tribole & Resch, 1995, Fedoroff, Polivy, & Herman, 1997; Carper, Fisher, & Birch, 2000; Tylka, 2006). According to Tylka (2006), intuitive eaters recognize the internal signals of hunger and satiety and give themselves unconditional permission to eat the amount and type of food following the physiological hunger. The Intuitive Eating Scale-2 was created by Tylka and van Diest in 2013. The major adjustment from the original Intuitive Eating Scale was the inclusion of a component of Body-Food Choice congruence.

The Intuitive Eating Approach has been presented in Lithuania, yet there is no scientific evidence to support this construct for weight management in our country/culture. Studies in other countries has supported the construct validity of Intuitive Eating (Tylka, 2006; Tylka & van Diest, 2013) as well as the benefit of including the ideas of Intuitive Eating in the intervention for weight management process and positive psychological outcomes (Van Dyke & Drinkwater, 2013, Tylka & van Diest, 2013). However, one of the limitations of scientific support in relation to Intuitive Eating was related to the research samples. The majority of cross-sectional studies included students as respondents and clinical studies included Caucasian woman, therefore Dyke and Drinkwater (2013) emphasized the need for more studies with broad mix of participants in order we could get some generalized findings. They also suggested including other eating variables such as nutrition intake, conduct longitudinal studies and long-term follow-ups after Intuitive eating programs. Generalizing, there is a need for more studies in relation to Intuitive Eating if we want to support the benefit of this approach worldwide as well as in Lithuania. Therefore, the first research question of this study will address Intuitive Eating as it relates to healthy eating, good eating habits, physical activity, and weight controlling behaviour.

Tylka and Wilcox (2006) emphasized the lack of integrated predictive model for Intuitive Eating. Avalos and Tylka (2006) based the model of Intuitive Eating on the theory of unconditional acceptance and the objectification theory. Research on objectification theory (e.g., Buchanan, Fischer, Tokar, & Yoder, 2008; Frederickson & Roberts, 1997; Moradi & Rottenstein, 2007; Tylka & Hill, 2004) addressed the idea that negative interpersonal and societal messages might contribute to disordered eating through self-objectification and body shame. Avalos and Tylka (2006) proposed the idea that positive interpersonal and societal messages (e.g., unconditional acceptance by others and unconditional body acceptance) could enhance one's use of intuitive eating through a focus on how the body feels and functions verses appearance (i.e., body function) and body appreciation.

Some studies have emphasized the importance of personality for healthy eating or physical activity (Elfhag & Morey, 2008; Provencher, Bégin, Gagnon-Girouard, Tremblay, Boivin & Lemieux, 2008; Chatzisarantis & Hagger, 2008). However, there are no clear explanations for these relationships. Individual Psychology is an organized personality theory and Adlerian Lifestyle refers to what other scholars call personality. Adlerian Lifestyle is a complex construct encompassing multiple personality variables that determine an individual's perceptions, understanding, beliefs of, and movement within the world in reaching perceived goals (Adler, 1927; Ansbacher & Ansbacher, 1964;

Dreikurs, 1953). Adlerian Lifestyle can be measured with the BASIS-A instrument which has a solid support in scientific research all over the world as well as in Lithuania.

Gaubé and Kern (2015) found that increased need to feel a sense of control of self and others was an important personality attribute for individuals that were overweight. They predicted that food may be a safeguarding tendency used by the individual with elevated Taking Charge scores (which measures individual control issues) on BASIS-A^{lt} to avoid dealing with other intrapersonal or interpersonal issues. One of the major regulations of normal eating is adequate feelings of hunger and fulfilled hunger. Authors proposed based on the findings in relation to Intuitive Eating (Gast & Hawks, 2000; Caldwell, Baime, & Wolever, 2012; Outland, Madanat, & Rust, 2013) that people that overeat may be lacking the natural impulses that alerts a person of his/her hunger needs and satiety. Therefore some individuals struggling with weight issues do not possess the appropriate reflective skills to assess if hunger is a result of a real physiological need or, from an Adlerian perspective, a compensatory, secondary gain, or safe guarding tendency. Moreover, the similarity of the ideas of Individual Psychology and Intuitive Eating in relation to the congruence of body and mind can be noticed. Although there has been found a relationship between Body function, positive Body Image and Intuitive Eating (Avalos & Tylka, 2006), Van Diest (2007) suggested that additional exploratory studies should include personality attributes as possible supportive factors for Intuitive eating model. Following this suggestion the second research question will explore the interrelatedness between the Intuitive Eating and Adlerian lifestyle themes.

Intuitive Eating is considered as healthy for both mind and body (Seligman & Csikszentmihalyi, 2000; Avalos & Tylka, 2006; Gast & Hawks, 2000; Tylka, 2006; Tylka & Wilcox, 2006; Tylka & van Diest, 2013; Van Dyke & Drinkwater, 2013). Various studies have analyzed and supported the Intuitive Eating as related to healthy eating (Tribole & Resch, 2003), physical activity (Nielson, 2009), less eating disorders (Tylka, 2006; Tylka & Wilcox, 2006), general well-being (Polivy & Herman, 1992; Tylka, 2006; Tylka & van Diest, 2013), and lower Body Mass Index (Rozin, Fischler, Imada, Sarubin, & Wrzesniewski, 1999; Hawks et al., 2005; Tylka, 2006). However, a meta-analytic study found the relation between Intuitive eating and psychological outcome as the most supported in the related research field while the evidence of association between Intuitive Eating and BMI or healthy eating was not sufficient (Van Dyke & Drinkwater, 2013). Therefore, the third research question of this study will address the importance of the Intuitive eating for body mass index.

Methodology

Methods. *Personality attributes* were measured by the Basic Adlerian Scales for Interpersonal Success- Adult Form (BASIS-A) (Wheeler, Kern & Curlette, 1993). The 65-items BASIS-A Inventory was designed to assess five lifestyle themes: Belonging/Social Interest, Going Along, Taking Charge, Wanting Recognition, and Being Cautious and the five supporting scales of harshness, entitlement, liked by all, striving for perfection and

softness. BSI concerns the individual's comfort with entering and being a part of a group. GA represents a person's need to understand and follow social norms. TC characterizes a person's need to control social activities and assume leadership roles in the environment. WR denotes an individual's need for acknowledgement of accomplishments. BC typifies a person's fear and anxiety in social situations. The Harshness scale measures whether a person tends to have a negative self-view. The Entitlement scale assesses the degree to which a person prefers being treated as special in social settings. The Liked by All scale measures the importance of approval from others and the Striving for Perfection scale measures a person's tendency to strive for achievement and set high standards. The Softness scale, measures the potential for responding in a socially desirable way on the instrument. Additionally, the Softness scale can be interpreted to be a measure of optimism a person has about self and the world. The norming study for the Lithuanian BASIS-A was conducted (Liesienė, 2010; Gaubė, Kern and Stoltz, 2015). Cronbach's alpha in this study of the all main scales was 0.730 and for primary scales ranged from 0.787 to 0.890. The coefficient of the agreement of the HELP Scales had a range from 0.84 to 0.95 in the normative study (Gaubė & Kern, 2015).

Intuitive Eating was measured by the Intuitive Eating Scale-2 (IES-2) (Tylka & Van Diest, 2013). The 23-item scale was designed to measure four components of Intuitive Eating: (1) Unconditional Permission to Eat (UPE) which represented individual's willingness to eat when hungry and avoid labelling certain food as forbidden, (2) Eating for Physical Rather than Emotional Reasons (EPR) which represented individuals' patterns of eating when physically hungry verses emotional distress or boredom, (3) Reliance on Hunger and Satiety Cues (RHSC) which identified individuals' who trusted their internal signals of hunger and satiety to guide the behaviour, and, a final component of Body-Food Choice Congruence (B-FCC), which measured the extent to which individuals match their food choices with their bodies' needs. The permission to translate the instrument to the Lithuanian language was approved by the author. Procedures of back-forward translation were conducted. Cronbach's alpha in this study was 0.877 for the total 23-item IES-2. Internal reliability of UPE was 0.687, 0.900 for EPR, 0.903 for RHSC, and 0.772 for B-FCC.

Eating habits were measured by two scales constructed by the author of this study. The Healthy Eating scale of 9 items was created following the recommendations for consumption of the certain food/healthy eating presented in the methodological book for healthy lifestyle (Astrauskienė et al., 2011). The Healthy eating scale included questions about the consumption of various healthy foods such as grains and vegetables each day, avoiding fat food, replacing fat meat with leguminous vegetables, fowl or fish, choosing milk products with less fat, choosing food with less sugar, decreasing intake of salty foods, and drinking two litres of liquid each day. The Cronbach alpha for the Healthy eating scale was 0.719.

The scale of Good Eating habits was an inverse measure for eating after 7 p.m., eating by TV or computer, eating fast-food and overeating. These variables were extracted from various studies that analysed eating behaviour related to weight issue.

The Cronbach alpha for the 4-items Good Eating scale was 0.569 which indicated poor but appropriate for a group measure internal reliability (Schmitt, 1996).

Physical activity was measured by Godin Leisure-Time Exercise Questionnaire (Godin & Shephard, 1985, 1997). Participants were asked to report how many times during the 7 days period they were involved in strenuous, moderate and mild exercise. The level of physical activity was counted by the formula $9 \times \text{strenuous} + 5 \times \text{moderate} + 3 \times \text{mild}$.

Weight controlling behaviour scale was created based upon a literature review and included 8 items related to counting calories, planning meals, consumption of meal substitute or weight control supplements, fasting, strict dieting, consultation with a dietician, and weighing oneself. The Cronbach alpha for this scale was 0.687.

Body Mass Index (BMI) was calculated from two self-reported measures - height and weight using the formula $BMI = \text{weight (kg)} / \text{height}^2 (m^2)$. Self-reported measures would likely be a reliable alternative to the measured height and weight (Ali, Minor, & Amialchuk, 2013). The BMI categories presented by the World Health Organization were regrouped into three categories of underweight (BMI less than 18.5), normal weight (BMI from 18.5 to 24.99) and overweight and obese (BMI 25 and over) woman (see Table 2). As mentioned previously, underweight woman were not included in all the analysis.

Demographic information included age, marital status, children, education, income, perceived parents' weight situation.

Data collection. A specialized platform for online data collection www.apklausa.lt was employed to collect the data for this research. The link of the questionnaire was published in the article on the news site Delfi. Invitations to participate in the study were also sent to various online forums, discussion groups etc. Several incentives for participation in the study were employed. Incentives included individual feedback on the BASIS-A Inventory, an invitation to a seminar on Individual Psychology and motivation, and participating in a lottery with two prizes including the coupon for an individual/family photo session and the coupon for buying in “Akropolis”. The platform provided the researcher with the information about the response rate of the questionnaire. From 6980 people who saw the survey, 1188 (17.2%) participants answered it.

Sample. Selection of participants was decided on the following criteria as a way of neutralizing the biological factors that could have impacted results of the study. The criteria was the female participants were not expecting, did not have a baby one year of age or younger, and had not been diagnosed with a disease that could impact their metabolism or physical activity. Moreover, due to the purpose of the study, underweight women were also eliminated from the main sample. 724 women respondents met the criteria defined by the author of this study. The age of women sample ranged from 18 to 60 with the mean of 32.96 (SD = 9.872). The average Body Mass Index in the sample was 23.14 (ranging from 18.51 to 51.54 with a SD= 3.88). Further demographic information in relation to the research sample is presented in the Table 1.

Table 1. Demographic characteristics of the research sample

Characteristic and groups	N	%
BMI		
Normal	542	74.9
Increased	182	25.1
Marital Status		
Married	302	41.7
Lives with a partner	90	12.4
Has a partner	96	13.3
Divorced	65	9
Widower	6	0.8
Single	165	22.8
Education		
Basic	5	0.7
Secondary	57	7.9
High school	46	6.4
Unfinished university or relevant degree	82	11.3
University degree or other relevant education	513	70.9
Other	21	2.9
Children		
Has	354	48.9
Does not have	370	51.1

Note. N = number of respondents, % = percentage of respondents

Approximately half of participants were married, lived with a partner and had children. Over 70 percent of the women had university or relevant degree. Three quarters of the research sample were women with BMI in normal range, and one quarter of the women reported and elevated BMI.

Statistical procedures. The data was analyzed using the IBM SPSS Statistics 20. Data was transformed in order to decrease the skewness of some mostly skewed interval (BASIS-A scales of BSI and BC, and body mass index) variables. The scale and subscales of the Intuitive Eating was normally distributed. The outliers of the behaviour variables (healthy eating, good eating habits, physical activity and weight controlling behaviour) were excluded. Therefore, parametric criteria were chosen for statistical analysis. The statistical methods included descriptive statistics and frequencies, cronbach alpha, pearson correlation coefficient and linear regression analysis.

Results

A number of significant relations between general score as well as subscales of the Intuitive Eating and other behavioural variables were revealed (see Table 2). General score of Intuitive eating was positively related to good eating habits and negatively to the

weight controlling behaviour. Unconditional permission to eat scale was negatively and Body-Food Congruence Choice was positively related to all the included behaviour, while Eating for Physical Reasons and Reliance on Hunger and Satiety Cues were positively related to healthy eating and good eating habits, but negatively to the weight controlling behaviour.

Table 2. Pearson correlations between the Intuitive eating and behavioural variables

		Intuitive Eating	Subscales for Intuitive Eating			
			UPE	EPR	RHSC	B-FCC
Behavioural variables	Healthy eating	0.079*	-0.361**	0.108**	0.130**	0.453**
	Good eating habits	0.226**	-0.215**	0.353**	0.150**	0.167**
	Physical activity	0.001	-0.199**	0.011	0.054	0.204**
	Weight controlling	-0.332**	-0.475**	-0.206**	-0.244**	0.159**

Note. * = Correlation is significant at the 0.05 level (2-tailed); ** = correlation is significant at the 0.01 level (2-tailed); Intuitive Eating = general score of Intuitive eating; UPE = Unconditional permission to eat; EPR = Eating for physical rather than emotional reasons, RHSC = Reliance on hunger and satiety cues; B-FCC = Body-Food Congruence subscale.

A Pearson correlation was used to explore the association of general score of the intuitive eating instrument and Adlerian lifestyle themes. The findings included positive relations with BSI, GA major lifestyle theme and the support Striving for Perfection and Softness lifestyle themes with the Intuitive eating scales. Finding in addition showed that there were negative/inverse relationships with total scores on the Intuitive eating inventory and the BC and Harshness themes (table 3).

Table 3. Pearson correlations between the Intuitive eating and Adlerian lifestyle themes

		Intuitive Eating	Subscales for Intuitive Eating			
			UPE	EPR	RHSC	B-FCC
Adlerian lifestyle themes	BSI ^(c)	-0.138**	0.081*	-0.190**	-0.088*	-0.107**
	GA	0.117**	0.042	0.179**	0.023	-0.050
	TC	-0.054	-0.124**	-0.047	-0.007	0.082*
	WR	-0.026	0.031	-0.099**	0.023	0.076
	BC	-0.140**	0.045	-0.236**	-0.016	-0.061
	H	-0.171**	0.032	-0.239**	-0.066	-0.097**
	E	-0.009	-0.091*	0.021	-0.009	0.058
	L	-0.042	0.069	-0.132**	0.016	0.047
	P	0.166**	-0.086*	0.144**	0.195**	0.195**
	S	0.181**	-0.064	0.268**	0.070	0.104**

Note. * = Correlation is significant at the 0.05 level (2-tailed); ** = correlation is significant at the 0.01 level (2-tailed); ^(c) = inverse relation due to the transformation of the variable; Intuitive Eating = general score of Intuitive eating; UPE = Unconditional permission to eat; EPR = Eating for physical rather than emotional reasons; RHSC = Reliance on hunger and satiety cues; B-FCC = Body-Food Congruence subscale; BSI = Belonging/social interest; GA = going along; TC = taking charge; WR = wanting recognition; BC = being cautious; H = harshness; E = entitlement; L = liked by all; P = striving for perfection; S = softness.

In addition the subscales of intuitive eating and unconditional permission to eat were negatively related to BSI, TC, and the supporting themes of Entitlement and Striving for Perfection. Eating for physical rather than emotional reasons was positively related to BSI, GA, striving for perfection and softness themes. Negative relations were supported with WR, BC, Harshness and Liked by all lifestyle themes. Reliance on hunger and satiety was positively related to BSI and Striving for Perfection lifestyle themes. Body-food congruence was positively related to BSI, TC, WR, Striving for Perfection and Softness supporting lifestyle themes and negatively to the harshness theme (see table 3).

The results related to the third research question indicated the significant negative relation between Intuitive Eating and BMI (table 4).

Table 4. Pearson correlation between the Intuitive Eating and body mass index

	Intuitive Eating	Subscales for Intuitive Eating			
		UPE	EPR	RHSC	B-FCC
Body mass index	-0.271**	-0.108**	-0.243**	-0.213**	-0.090*

Note. * = Correlation is significant at the 0.05 level (2-tailed); ** = correlation is significant at the 0.01 level (2-tailed); ^(^) = inverse relation due to the transformation of the variable; Intuitive Eating = general score of Intuitive eating; UPE = Unconditional permission to eat; EPR = Eating for physical rather than emotional reasons; RHSC = Reliance on hunger and satiety cues; B-FCC = Body-Food Congruence subscale.

Further, linear regression analysis for BMI was conducted. Age, perceived parents' weight situation and weight controlling behaviour were positively related to the higher BMI, while Eating for physical rather than emotional reasons and Reliance on the Hunger and Satiety feelings had an inverse relation with BMI (table 5).

**Table 5. Linear regression analysis for BMI in the total women sample (N=687)
F=28.524, p=0.000, R Square=0.298**

Variable	B	SE	Beta	t	p value
(Constant)	1.335	.027		49.793	.000
Age	.003	.000	.408	12.037	.000
Parents' weight situation	.008	.002	.143	4.288	.000
Healthy eating	-.008	.005	-.072	-1.769	.077
Good eating habits	-.001	.002	-.016	-.420	.675
Weight controlling behaviour	.026	.006	.178	4.581	.000
Physical activity	2.837E-005	.000	.009	.274	.784
UPE	-.006	.004	-.053	-1.286	.199
EPR	-.010	.003	-.138	-3.542	.000
RHSC	-.009	.003	-.119	-2.932	.003
B-FCC	-.005	.004	-.055	-1.433	.152

Note. B = unstandardized regression coefficient; SE = standard error associated with B; Beta = standardized regression coefficient; t = t-value for significance of the predictor; p value = significance level.

Moreover regression analysis with the same variables was conducted in the group only of those women who reported no changes in their eating habits and physical activity during the last year. This type of selection let to eliminate those participants who, for example, started to eat more healthy food before couple of weeks and therefore it would be hardly to expect the relation between the current behaviour and BMI. Results indicated that only biological variables (age and parents' weight) and two subscales of Intuitive eating were supported as significant predictors in the model (Table 6).

**Table 6. Linear regression analysis for BMI in the group of women, who reported no change in their eating habits or physical activity in one year period (N=243)
F=11.120, p=0.000, R Square=0.324**

Variable	B	SE	Beta	t	p value
(Constant)	1.324	.042		31.713	.000
Age	.003	.000	.414	7.262	.000
Parents' weight situation	.008	.003	.148	2.660	.008
Healthy eating	.005	.007	.048	.730	.466
Good eating habits	-.001	.003	-.021	-.343	.732
Weight controlling behaviour	.003	.010	.017	.269	.788
Physical activity	.000	.000	.054	.967	.335
UPE	.001	.007	.007	.099	.921
EPR	-.015	.004	-.225	-3.488	.001
RHSC	-.010	.005	-.141	-2.018	.045
B-FCC	-.006	.005	-.075	-1.153	.250

Note. B = unstandardized regression coefficient; SE = standard error associated with B; Beta = standardized regression coefficient; t = t-value for significance of the predictor; p value = significance level.

Conclusions

Intuitive eating was found as related to other weight management behaviours. First finding of the negative relation between various healthy behaviours and unconditional permission to eat scale questioned the fit of this sub-scale in the instrument. However, Tylka and Van Diest (2013) have discussed the negative relation between unconditional permission to eat and the body-food congruence scale as a normal result, which partially explain the negative relation of the unconditional permission to eat and other healthy behaviour. Eating for physical rather than emotional reasons and Reliance of hunger and satiety scales of Intuitive eating were found as significantly related to healthy eating, good eating habits and negatively to weight controlling behaviour. These findings were similar to the results in prior research (Nielson, 2009; Tylka & van Diest, 2013; Van Dyke & Drinkwater, 2013). The one scale of Intuitive eating called Body-food congruence choice was positively related to weight controlling behaviour as well as physical activity. It

might be that responding the questions of the body-food congruence scale participants used to evaluate not necessary the inner need to eat healthy food, but based this answer more on the consciousness decision to eat healthy, which is more similar to some aspects of the controlling behaviour than the intuitive behaviour.

A review of the findings indicated that the BSI major scale and the Striving for Perfection supporting scale of the BASIS-A were related to all the scales of Intuitive eating. It means that socially oriented woman with good problem solving, organizational and stress coping skills tend to be intuitive eaters. These two scales of BASIS-A seem to be the mostly related to the good coping resources as well as self-confidence (Curllette, Wheeler, & Kern, 1993). Moreover need to know the social norms and follow them (high GA) as well as perceiving one’s life in a more favourable light (high softness) could increase the possibility of being intuitive eater. Additionally, feeling comfortable in social situations (low BC) and positive self-view (low harshness) used to increase the possibility to eat intuitively. The combination of these attributes above describes the woman that in Adlerian terms could be called as healthy personality with strong ability to cope with various situations. Therefore the construct of intuitive eating as related to healthy personality traits, might be considered as good solution for those who seek for some weight management strategies.

Healthy behaviour and weight controlling behaviour were not found as related to the body mass index. However, relation between two sub-scales of Intuitive eating (unconditional permission to eat and reliance on hunger and satiety feelings) and body mass index was the last significant finding in this study, which supported the benefit of Intuitive eating in relation to weight management.

Although this was not a longitudinal study, the complex evaluation of the findings on Intuitive eating as (1) related to healthy behaviour (and negatively to weight controlling behaviour), (2) related to the healthy personality attributes in Adlerian terms and, finally (3) related to the lower body mass index after controlling the consistency of the behaviour, supported the construct validity and the effectiveness of Intuitive eating in Lithuanian women sample.

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