

Ditch the diet & get your life back



Module 1

Food rules

Here are some examples of food rules

- I can eat this it's on my plan
- There's hardly any calories in this it's ok
- I only eat clean food
- I only eat in a certain time
- I don't eat after 7pm
- I shouldn't eat this it's naughty
- This isn't on my plan but I'll skip lunch instead
- I can't eat that I haven't been for my run yet
- I'll go out tonight but I will save some calories so I don't go over
- If I exercise I can eat more
- I'm going to drink water if I'm hungry
- If I'm good all week I'll have cheat meal at the weekend
- I can't eat this I can't stop once I start
- I gain weight when I eat carbs
- I only eat at meal times
- I can only have fruit as a snack

Have you anymore to add?



table 1

Food rules from diet culture - Task 1

My food rules

This food rule does not help me because...

Two large, empty rectangular boxes with a light pink background, separated by a vertical black line. The left box is under the heading 'My food rules' and the right box is under the heading 'This food rule does not help me because...'. These boxes are intended for the user to write their own food rules and the reasons why they do not help.

**Then cross out the old rule & say out loud-
"believingdoes not help me"**



Food rules from a place of love- Task 2

My food rules

This food rule does not help me because...

Cross out the old rule.

Say out loud the rule and- "I understand you cared for me deeply but I trust my body now."



INTUITIVE EATING ASSESSMENT SCALE

This quiz will assess whether you are an Intuitive Eater, or perhaps where you might need some work. It is adapted from Tracy Tylka’s research on Tribole & Resch’s model of Intuitive Eating [1,2,3].

Directions: The following statements are grouped into the three core characteristics of Intuitive Eaters. Answer “yes” or “no” for each statement. If you are unsure of how to respond, consider if the description usually applies to you—is it mostly “yes” or “no”?

Section 1 - Unconditional Permission to Eat

Yes No

		If I am craving a certain food, I don’t allow myself to have it.
		I get mad at myself for eating something unhealthy.
		I try to avoid certain foods high in fat, carbs or calories.
		I have forbidden foods that I don’t allow myself to eat.
		I don’t allow myself to eat what food I desire at the moment.
		I follow eating rules or diet plans that dictate what, when and/or how to eat.

Section 2. Eating for Physical Rather than Emotional Reasons

Yes No

		I find myself eating when I’m feeling emotional even when I’m not physically hungry.
		I find myself eating when I am lonely, even when I’m not physically hungry.
		I use food to help me sooth my negative emotions
		I find myself eating when I am stressed out, even when I’m not physically hungry.
		I am un able to cope with my negative emotions (i.e. anxiety and sadness) without turning to food for comfort.
		When I am bored, I eat just for something to do.
		When I am lonely, I turn to food for comfort
		I have difficulty finding ways to cope with stress and anxiety, other than by eating.

Sections 1&2 - Scoring

Each “yes” statement indicates an area that likely needs some work.

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Section 3. Reliance on Internal Hunger/Satiety Cues (Trust)

Yes No

		I trust my body to tell me when to eat.
		I trust my body to tell me <i>what</i> to eat.
		I trust my body to tell me how much to eat.
		I rely on my hunger signals to tell me when to eat.
		I rely on my fullness (satiety) signals to tell me when to stop eating.
		I trust my body when to stop eating.

Yes No

Section 4. Body-Food Choice Congruence

		Most of the time, I desire to eat nutritious foods.
		I mostly eat foods that make my body perform efficiently (well).
		I mostly eat foods that give my body energy and stamina.

Sections 3&4 - Scoring

Each “no” statement indicates an area that likely needs some work.

DIET RULES CHECKLIST

How has dieting affected your life?

Physical	Social
<p><i>Do you have signs of ?</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Weight Gain <input type="checkbox"/> Blunted metabolism <input type="checkbox"/> Cravings for Carbs <input type="checkbox"/> Blood Sugar Swings <input type="checkbox"/> Disconnected from hunger cues? <input type="checkbox"/> Disconnected from satiety cues? <input type="checkbox"/> Chronically tired, even when sleeping well. <input type="checkbox"/> Hair falling out, more than usual. <input type="checkbox"/> If female: missed or inconsistent menses. <input type="checkbox"/> Do you feel numb, physically? <input type="checkbox"/> Other _____ 	<p><i>When people are present do you __?</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> I eat differently. <input type="checkbox"/> I compare my food to what others are eating, such as <ul style="list-style-type: none"> -Quantity -Type of Food <input type="checkbox"/> I worry about what people think about my eating. <input type="checkbox"/> I worry about what people think about my body. <input type="checkbox"/> I try to eat the same type and quantity of food that others are eating. <input type="checkbox"/> I cancel social events because of the food or meals served. <input type="checkbox"/> I avoid eating. <input type="checkbox"/> My behavior and beliefs about my eating and body have interfered with relationships. <input type="checkbox"/> Other _____

Adapted from IE training www.intuitiveeating.org

Table 3

DIET RULES CHECKLIST

How has dieting affected your life?

Psychological	Behavior
<p><i>Do you have moods or thoughts of ?</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> I worry about my eating. <input type="checkbox"/> I have strict rules about eating. <input type="checkbox"/> I count: calories, carbs, or other. <input type="checkbox"/> Good versus Bad Food Thinking <input type="checkbox"/> I feel guilty if I eat a 'bad' food. <input type="checkbox"/> I have mood swings. <input type="checkbox"/> I am afraid of feeling hungry. <input type="checkbox"/> I am afraid of feeling too full. <input type="checkbox"/> I don't trust my body. <input type="checkbox"/> I am afraid that if I start eating 'forbidden' foods, I won't stop eating. <input type="checkbox"/> Fantasize About Food <input type="checkbox"/> I am pre-occupied by thoughts of what I eat and don't eat. <input type="checkbox"/> Other _____ 	<p><i>Do you engage this behavior_?</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> If I break a food rule, I eat even more of it. <input type="checkbox"/> If I eat too much, I make up for it by skipping a meal or eating less food, even if I am hungry. <input type="checkbox"/> I eat more food when I'm feeling stressed. <input type="checkbox"/> Exercise only to burn calories or lose weight. <input type="checkbox"/> Talk a lot about dieting, weight, and food? <input type="checkbox"/> When I'm on vacation I ignore my food rules and eat whatever I want, no matter how full I feel. <input type="checkbox"/> Binge eating. <input type="checkbox"/> I avoid physical intimacy. <input type="checkbox"/> Other _____

Adapted from IE training www.intuitiveeating.org

Table 3

NOTES

Can you identify any relationships with your answers to the intuitive eating assessment and your diet rules checklist? Where are the connections?

It may not be obvious at first as you may have spent a long time in diet culture.

Write your reflections below, you may need to keep coming back to this!

Use this space to reflect on where dieting or food rules have got you so far.,

**Finally reflect on what a life without food rules
or diet culture might be like for you.**

**Which food rules do you want to change and
how will this help you?**

NOTES