

Maintaining healthy eating behaviour: Experiences and perceptions of young adults

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Structured Abstract:

Purpose: The prevalence of overweight and obesity is increasing, particularly in young adults who recently have been shown to experience more weight gain than other demographics. Research has focused on factors leading to this weight gain, implicating the abundance of unhealthy foods in the direct environment, yet limited research has examined why some individuals are able to successfully regulate their eating behaviour in this 'food-rich environment'. The aim of this research was to explore the perceptions and experiences of successful healthy eaters in order to determine factors that distinguish this group from unhealthy eaters.

Methodology: Thirty-five healthy weight young adults, who considered themselves to be healthy eaters, participated in seven semi-structured focus groups. Key questions examined how these individuals regulated their eating behaviour and their perceptions regarding such self-control processes.

Findings: Thematic analysis revealed that individuals who are successful at maintaining healthy eating behaviour perceive the same barriers as non-successful individuals, yet are able to employ self-control techniques to overcome these barriers. Additionally, continually exerting self-control appeared to facilitate the formation of healthy eating habits.

Implications: Future research may benefit from attempting to modify self-control ability and develop healthy habits.

Originality: While factors leading to obesity and the cognitions of those who are overweight have been extensively examined, limited research has focused on those who are able to regulate their eating behaviour. Additionally, limited qualitative research has examined implicit theories of self-control in an eating context.

Keywords: healthy eating, weight maintenance, focus groups, self-control, young adult

Article Classification: Research paper

1 **Introduction**

2 Overweight and obesity are major health problems in many countries, with 61% of the
3 Australian population (Australian Bureau of Statistics, 2009) and 69% of the United
4 States population (Allender et al., 2006) being either overweight or obese. Young adults
5 are of particular concern as recent research has indicated that this group experience
6 more weight gain than any other (Barr et al., 2006; Gordon-Larsen et al., 2004).
7 Importantly, this weight gain in young adults has been shown to contribute to the
8 incidence of obesity in later life (i.e. by the mid-30s; Guo et al., 2000). Given the health
9 risks associated with obesity including cardiovascular diseases, hypertension, cancer
10 and diabetes (Visscher and Seidell, 2001), many individuals have become increasingly
11 concerned with their eating behaviour. However, the current food-rich environment, in
12 which unhealthy choices are readily available, makes achieving and maintaining the
13 goal of eating healthily difficult.

14 The accessibility of food and the presence of cues in the environment, such as
15 the sight, smell and palatability of food has been found to powerfully influence eating
16 behaviour (Wansink, 2004; Maas et al., 2012). For example, Harris et al. (2009)
17 demonstrated that viewing television advertisements increased consumption of food
18 products, regardless of hunger level. While this provides insight into how people are
19 influenced by cues in the environment, it is not clear how successful healthy eaters
20 navigate this environment, or what strategies they engage in to lessen the negative
21 impact of these cues.

22 Recent research examining food-related cognitions and behaviours of non-
23 clinical populations has suggested that self-control; the ability to regulate immediate
24 desires in order to reach long term goals, plays an important role in healthy eating
25 (Allom and Mullan, 2012; Houben and Jansen, 2011). However, while the role of self-

26 control has been assessed using self-report scales of related facets such as impulsivity
27 (Grubbs and Carter, 2002) and/or cognitive tasks said to objectively measure such facets
28 (Hofmann et al., 2009), little is known about individuals' perceptions of self-control and
29 how this might influence behaviour.

30 Given that previous research has tended to focus on those who are unable to
31 regulate their eating behaviour, the aim of the present study was to qualitatively explore
32 the perceptions and experiences of a population of healthy weight individuals to provide
33 insight into how these individuals are able to successfully maintain healthy eating
34 behaviour. Specifically, the aim of this research was to determine whether the success
35 of healthy eaters is due to different barriers faced by these individuals, compared to
36 those faced by unhealthy eaters, or if healthy eaters are better able to cope with the same
37 barriers. These factors have the potential to inform future quantitative research and
38 develop alternatives to current interventions in young people which are generally not
39 successful at supporting healthy eating maintenance (Hebden et al., 2012).

40 **Methods**

41 *Participants*

42 Forty-one participants enrolled in the study and provided weight status information.
43 One participant who was classed as underweight (BMI = 17.78) was excluded,
44 debriefed and provided with information regarding healthy weight and counselling
45 services. Five participants did not attend, leaving 35 participants (4-6 in each group; 7
46 groups in total). The mean BMI of the remaining sample was 21.47 ($SD = 1.53$). No
47 participant indicated having an eating disorder in the past or present. The mean age of
48 participants was 19.46 years ($SD = 2.31$), identified as being either Australian (68.6%; n
49 = 24) or Asian (31.4%; $n = 11$) and the majority of the sample was female (71.4%; $n =$
50 25).

51 ***Procedure***

52 The study was approved by the University Human Research Ethics Committee.
53 Participants enrolled in an undergraduate psychology course at an Australian university
54 were recruited using an online registration system and participated for course credit. All
55 participants gave their informed consent before providing self-reported demographic
56 information. Those who were 18 years or older, considered themselves to be healthy
57 eaters, had maintained a healthy weight (BMI between 18.50 and 24.99; since they were
58 18) and indicated no current or prior eating disorders were then invited to join a focus
59 group. Sessions lasted approximately one hour and took place from 2pm to 3pm
60 weekdays on the university campus.

61 Sessions were audio-taped and transcribed verbatim. The transcripts were
62 entered into NVivo 9 (QSR International, 2010) and reviewed line-by-line for concepts,
63 themes and ideas. A coding scheme was developed based on the previously described
64 literature and included: facilitators of healthy eating, barriers to maintaining healthy
65 eating and perspectives on self-control and the role of environment. A thematic
66 framework was then created which involved determining the primary and secondary
67 themes. Themes were discussed and agreed upon by the authors.

68 ***Measures***

69 *Focus group questions*

70 Focus groups were guided by a semi-structured interview schedule based on the five
71 categories of questions and probes developed by Krueger and Casey (2009). Firstly, a
72 warm-up question, designed to acquaint participants, was asked (“*Tell us your name*
73 *and your favourite food.*”). An introductory question followed which began discussion
74 of the topic (“*Describe a healthy diet.*”). Transition questions were used to move into
75 and between key questions and to help participants grasp the central issues (“*Describe*

76 *your eating behaviour*). Key questions addressed the primary concerns of the study
77 (“*What enables/impedes the maintenance of your healthy eating behaviour? Prompt:*
78 *Routine, internal states, particular situations. Describe particular successes or*
79 *struggles you’ve encountered while trying to eat healthily. Prompt: maintaining focus*
80 *on healthy eating goal, self-control*”). Finally, a concluding question closed the
81 discussion and helped researchers determine where to place emphasis (“*We are*
82 *interested in how healthy eaters differ from unhealthy eaters, what advice do you have*
83 *for us?*”).

84 A pilot focus group was conducted to determine the appropriateness of questions
85 for eliciting responses to the target issues, and for the optimal length of focus groups.
86 Data from the pilot focus group were not included in the analysis.

87 **Results**

88 Four themes were identified that represented the healthy eating experiences and
89 perceptions of healthy weight young adults. Table 1 provides a summary of themes.
90 Primary and secondary themes are reported below and representative quotes are
91 presented in Tables 2-5.

92 **INSERT TABLE 1 NEAR HERE**

93 ***Healthy eating enablers and barriers***

94 ***Self-control***

95 Self-control, described as ‘willpower’ and ‘dedication’, was consistently noted as a
96 necessary determinant of healthy eating (see Table 2). Participants clearly attributed
97 their success at maintaining healthy eating behaviour, to higher order cognitive
98 processes. Particularly, focusing on the long-term goal of achieving a healthy lifestyle
99 rather than the short-term goal of seeking gratification from the consumption of high-

100 calorie foods was described as an enabler to healthy eating. Participants speculated that
101 unhealthy eaters find this task more difficult than they did, and are thus more likely to
102 abandon their healthy eating goals.

103 *Success as a facilitator or inhibitor*

104 A factor that was seen to be both a facilitator and an inhibitor of healthy eating was
105 perceived success. Success could refer to either losing/maintaining weight or adhering
106 to a healthy diet. Participants described that experiencing success facilitated healthy
107 eating behaviour as the goal became achievable and salient, whereas not perceiving any
108 result was discouraging and led to abandonment of healthy eating behaviour.

109 Participants also discussed how experiencing success may be detrimental in that it
110 provided a license to return to previous unhealthily eating behaviours. This was
111 sometimes associated with cycling between dieting and over-indulging. However,
112 healthy eaters in this sample appeared to be somewhat resilient to these setbacks and
113 expressed optimism in the face of these challenges.

114 *Cognitive framing*

115 The ability to maintain healthy eating behaviour was attributed to the way in which this
116 goal was cognitively framed. Participants described their healthy eating behaviour as
117 part of an ongoing healthy lifestyle rather than a temporary diet, improving the
118 likelihood of maintenance. Correspondingly, participants held negative opinions
119 towards dieting and all agreed that such short term measures inevitably led to failure.

120 INSERT TABLE 2 NEAR HERE

121 *Coping with environment barriers*

122 *Availability of high-calorie foods*

123 It was agreed that the environment provides multiple sources of inexpensive, high
124 caloric foods, which results in overeating and contributes to poor dietary choices (see

125 Table 3). Participants commented on how the availability of food encourages
126 individuals to eat regardless of whether they are hungry or not. However, participants
127 believed that to some extent, this was a misinterpretation. Particularly, the notion that
128 fast food is convenient and inexpensive was challenged. Participants discussed how
129 people often choose fast-foods as they believe they do not have enough time to prepare
130 healthy meals, when in actuality preparing healthy meals is not always a time-
131 consuming event.

132 *Cues to action*

133 External factors such as advertisements and internal factors such as sensory and
134 biological cues were seen as influencers of eating behaviour. While participants
135 described their awareness of these cues, they described being less responsive and better
136 able to resist the temptations stimulated by these cues in comparison to their peers. Yet,
137 it was noted that it was not always possible to ignore external cues, particularly when
138 participants had consumed alcohol, were stressed or bored. In order to combat the
139 influence of such cues, participants physically altered their environments. For example,
140 during a lunch break rather than exposing themselves to unhealthy options, they would
141 walk to locations that offered healthy options. Additionally, they would make unhealthy
142 food less accessible by removing tempting items from their pantry or fridge.

143 INSERT TABLE 3 NEAR HERE

144 *Nature of self-control*

145 *Limited versus non-limited resource*

146 While participants credited their success to their ability to exert self-control, it was
147 consistently noted that this ability was a limited resource where repeated exertion led to
148 unhealthy eating (see Table 4). This reflects previous comments which suggested that at
149 times participants were more susceptible to environmental cues. However, in order to

150 combat the limited nature of self-control participants exercised self-control in
151 moderation and allowed a few occasions of unhealthy eating. Participants also noted
152 that with multiple successful healthy eating attempts, the process of exerting self-
153 control became easier.

154 *Carry-over effects*

155 Participants found that exerting self-control in one area of their life carried over to
156 successful regulation of another behaviour such as exercise or studying. However, some
157 individuals described how when they consistently denied themselves snack foods they
158 experienced poorer self-control in another area, such as binge drinking.

159 *Planning and monitoring*

160 Participants described specific abilities that they regarded as responsible for their
161 success, including planning. It was noted that the ability to plan allowed these
162 individuals to better navigate their environment, as unhealthy options did not distract
163 them from their healthy eating goal. Further, planning enabled participants to eat
164 regularly which offset the chance of engaging in unhealthy eating. Participants also
165 described engaging in self-monitoring, whereby they were consistently aware of what
166 they were eating rather than engaging in mindless snacking or overindulgence.

167 INSERT TABLE 4 NEAR HERE

168 ***Habit***

169 *Increasing automaticity*

170 Participants also described how after a period of successfully maintaining their
171 behaviour, this process, and healthy eating itself, had become somewhat automatic (see
172 Table 5). It was suggested that developing healthy habits would be key in helping others
173 to maintain healthy eating behaviour. Participants described their behaviour as a
174 transition from being initially intention based and under cognitive control to a less

175 effortful process. Once behaviour had become habitual, external cues seemed to have
176 less of an influence.

177 *Breaking routine*

178 However, when routine was broken, for example due to a social event, participants
179 noted that they were likely to eat unhealthily and experience some difficulty resuming
180 their previous eating behaviour and recruiting self-control resources. Others noted that
181 planning was an important self-control technique to utilise in these situations.

182 INSERT TABLE 5 NEAR HERE

183 **Discussion**

184 This is the first study to investigate the factors that influence the maintenance of healthy
185 eating behaviour within a healthy weight population of young adults. The primary
186 themes that emerged indicated that while healthy eaters face the same barriers to healthy
187 eating as others, they tend to respond differently by employing techniques to overcome
188 these barriers including altering their environment and engaging in self-control.

189 The first theme in which participants discussed how a 'diet' is inherently
190 temporary and leads to failure has been supported by previous literature (Mann et al.,
191 2007). This sample differed in that participants made dietary choices with the mindset
192 of fulfilling a healthy lifestyle, inherent in which is the goal of maintenance. Framing in
193 this way may establish an intention to maintain this behaviour and if plans are made to
194 carry out this intention, temptations should be easier to overcome (Gollwitzer, 1999).

195 The perception that the experience of success may lead to setbacks in those with
196 short term dieting goals is consistent with the restrained eating literature where it has
197 been found that individuals who attempt to strictly control their intake cycle back and
198 forth between restricting and indulging (Amigo and Fernández, 2007; Hawks et al.,
199 2008). Participants in this sample highlighted the importance of setting and reaching

200 realistic goals as this increased the salience and achievability of long term healthy
201 eating. This reflects findings that implicate perceived behavioural control and self-
202 efficacy in the execution of health behaviours (Conner et al., 2002).

203 Participants discussed the role that the external environment plays on eating
204 behaviour, reflecting the finding that the salience of food can initiate unplanned
205 consumption or increase consumption in general (Remick et al., 2009). Importantly,
206 participants described techniques that they either consciously or automatically engaged
207 in to avoid the influence of environmental cues. Namely, participants either re-
208 interpreted their environment or manipulated the availability of potential triggers to
209 unhealthy eating. Previous research has found that if the salience of these cues is
210 reduced, their influence on consumption is reduced (Coelho et al., 2009). Additionally,
211 exposing individuals to a healthy eating goal has been shown to outweigh the influence
212 of the cue to eat unhealthily (Papies and Hamstra, 2010). The current results suggest
213 that those who maintain healthy eating behaviours may do so as a result of efforts to
214 reduce the salience of cues in the environment.

215 The mechanism which enables healthy eaters to cope with temptations from
216 their environment appears to be self-control. Participants explicitly described self-
217 control techniques such as self-monitoring (Baumeister et al., 2006), planning (Wong
218 and Mullan, 2009) and delay of gratification (Daugherty and Brase, 2010), to which
219 they attributed their success. Specifically, healthy eaters seem to be able to maintain
220 their healthy eating goal even when faced with challenges or distraction, perhaps
221 implicating the role of working memory. Working memory can be described as the
222 ability to keep information in an active, quickly retrievable state and shield this
223 information from distraction (Kane et al., 2001). Indeed, research has shown that
224 presenting the goal to eat healthily guided the eating behaviour of those with a superior

225 working memory capacity but not those with a low capacity (Hofmann et al., 2008).
226 Additionally, participants seemed to be less reactive to cues, perhaps implicating the
227 role of inhibitory control. It has been shown that those who are better able to withhold a
228 pre-potent response are also less likely to engage in unhealthy eating behaviour (Veling
229 et al., 2011).

230 Some participants in the current sample described how they experienced a lack
231 of self-control in other areas when they resisted the temptation of unhealthy foods,
232 implicating a depletion effect; however, others also experienced the generalisation of
233 self-control whereby success in one domain led to another. The strength model of self-
234 control (Baumeister et al., 2007) also predicts that exercising self-control will leave one
235 depleted and less able to exert self-control in other contexts (Hagger et al., 2009). But it
236 has also been found that exercising self-control in one area leads to better self-control in
237 other areas (Oaten and Cheng, 2006). Thus, it is likely that while individuals become
238 exhausted in the short term, after a period of recovery and repeated exercising of self-
239 control, this resource strengthened, accounting for the carry-over effects and the
240 perceived improvement in self-control exertion described by the current sample.

241 Experimental research to improve self-control has demonstrated that participants
242 trained on a cognitive task related to inhibitory control not only improved their
243 inhibitory control, as measured by another task, but also consumed less chocolate than
244 those who had not been trained (Houben and Jansen, 2011). While more research is
245 required to replicate these results, healthy eating within young adults may be facilitated
246 through cognitive training. Furthermore, participants in the current sample indicated
247 that as their self-control improved, the need to consciously engage these resources
248 declined, and exerting self-control, and thus healthy eating itself, came to reflect
249 habitual processes. Research has suggested that habits are formed when a specific

250 behaviour is performed frequently and consistently in the same situation for the same
251 purpose (Lally et al., 2010; Lally et al., 2011). It is likely that the stable goal to eat
252 healthily and the repeated enactment of self-control techniques to achieve this goal,
253 facilitated habit formation.

254 *Limitations*

255 As several of the participants described behaviours similar to that of restrained eaters,
256 the current study may have benefited from the inclusion of a measure of dietary restraint
257 to determine the level of restrained eating within this sample. However, the majority of
258 participants indicated that restricting their intake did not lead to successful maintenance
259 of healthy eating, therefore, while some of the participants may have been classed as
260 restrained eaters in the past, it is unlikely that these participants remained restrained
261 eaters. Additionally, the sample was primarily comprised of women with low BMI and
262 of high socioeconomic status which may not be representative of the Australian
263 population and thus impacts on the generalisability of these findings. Specifically, while
264 male participants agreed with female participants on most themes, including
265 environmental influences, fewer males described experiences with dieting. Further,
266 university students may have different economic influences on food and therefore
267 describe and experience different food environments to those less educated and living in
268 less affluent areas, limiting the applicability of these findings to other groups of young
269 adults. Finally, perceptions and practices regarding young adults' exercise behaviour
270 may provide further insight into weight maintenance, however exercise behaviour was
271 beyond the scope of the current research which focused specifically on healthy eating,
272 and has been qualitatively examined previously (Grubbs and Carter, 2002; Allender et
273 al., 2006).

274 *Conclusion*

275 These findings reveal the processes underlying healthy eating, and specifically highlight
276 the factors to which healthy eaters attribute their success. Healthy eaters provided
277 insight into the nature of these processes including self-control and the manner by
278 which healthy eating behaviours become habitual. Qualitative research addressing the
279 factors that enable healthier eaters to maintain this behaviour is important as overweight
280 and obesity are significant problems within young adults, for whom current weight
281 status is predictive of future overweight and obesity and current interventions are
282 unsuccessful.

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402 489-504.

Table 1
 Themes by focus group session

	Focus group session						
	1	2	3	4	5	6	7
Demographics							
N	5	5	4	6	5	6	7
Gender (F, M)	3, 2	4, 1	3, 1	3, 3	5, 0	5, 1	2, 2
Theme							
<i>Healthy eating enablers and barriers</i>							
Self-control	Y	Y	Y	Y	Y	Y	Y
Success as a facilitator and inhibitor	—	Y	Y	Y	—	Y	—
Cognitive framing	Y	Y	Y	Y	—	—	Y
<i>Coping with environmental barriers</i>							
Availability of high-calorie foods	Y	Y	Y	Y	Y	Y	Y
Cues to action	Y	—	Y	Y	Y	Y	Y
<i>Nature of self-control</i>							
Limited versus non-limited resource	Y	Y	—	—	Y	Y	Y
Carry-over effects	—	Y	Y	Y	Y	—	—
Planning and monitoring	Y	Y	Y	Y	Y	Y	Y
<i>Habit</i>							
Increasing automaticity	Y	Y	Y	Y	Y	Y	Y
Breaking routine	Y	—	Y	—	—	Y	Y

Note. Y = discussed in focus group.

Table 2

Representative quotes for Theme 1: Healthy eating enablers and barriers, with focus group indicated

<i>Self-Control</i>	
“Mental power, definitely”	2
“You have to be really committed”	2
“Sticking to your goals. So if you see chocolate you just think well not having this is good for me in the long term”	3
“It benefits you in the long run but it takes so long so you have to be willing to wait”	4
“Yeah if it’s not immediate a lot of the time people are like ‘oh screw it’”	4
<i>Success as facilitator or inhibitor</i>	
“By seeing results you feel more motivated to keep going but I think someone who wasn’t seeing immediate results or results after a while may be a bit discouraged to keep on going and think ‘what’s the point?’”	2
“Yeah, that happens to everyone, I guess you just have to keep going or, like, be realistic about it [<i>healthy eating</i>]”	2
“On the other hand some people see results and think they’re doing well so they say oh I can have some chocolate”	4
“People eating healthily for a while start to feel good but then they start to think they can indulge more and they’re stuck in this cycle”	6
“I do tend to think like that but I just keep reminding myself how good I’d feel if I kept at it [<i>eating healthily</i>]”	6
<i>Cognitive framing</i>	
“It [<i>healthy eating</i>] should be a lifestyle”	1
“I think it’s a mindset that they need to keep in their minds and integrate it into their lifestyle not just during the period of time of their diet”	3
“Restriction”	1
“Deprivation”	2
“Boring”	4
“Starvation”	7
“...diets don’t work because they are like a temporary thing. You need to actually make a change- it [<i>healthy eating</i>] is something that you are now doing forever”	4

Table 3

Representative quotes for Theme 2: Coping with environmental barriers, with focus group indicated

<i>Availability of high-calorie foods</i>	
“There’s just such a high availability of bad food”	3
“It’s so easy to walk into McDonalds or buy a bag a chips”	3
“Yeah if the opportunity is there people are like okay [<i>I’ll eat it</i>] when really they should be questioning whether they’re actually hungry or not”	4
“And the idea of convenience of fast food like that mindset that it’s quick and easy and it will fill you up and it’s like the complete opposite as well, because once you have it you’re never satisfied, it digests quickly and you’re looking for something else to eat”	3
“A lot of people think it’s too hard to eat healthy like ‘Aww, it’s too expensive’”	5
“It’s not always more expensive”	5
“I definitely feel it’s cheaper”	5
“People think there’s not enough time but they’ve probably never even tried. I make my lunch every day for Uni, it really doesn’t take long”	7
“Yeah I guess it is a bit of an excuse”	7
<i>Cues to action</i>	
“I guess advertisements really affect people, like if they see a picture of some new or delicious food they want to try it”	5
“...it’s the smell, like if you pass a bakery and it’s hard to stop thinking about it”	7
“Stuff like that use to make me eat more but now when I get full I just stop. Whatever I want to eat, I eat, but when I’m full I stop”	1
“If I have lack of sleep I really want to eat something.	1
“If you’ve been out and it’s late at night drinking then yes, it’s harder to control”	3
“You eat more when you’re studying, bored eating or procrastination”	3
“I always walk away to Glebe Point Road and get something I know is healthy”	1
“Yes or prepare my own food”	1
“I don’t have easily accessible unhealthy stuff at home”	4
“Just having healthy foods available in your fridge”	5

Table 4

Representative quotes for Theme 3: Nature of self-control, with focus group indicated

<i>Limited versus non-limited resource</i>	
“If you deprive yourself from something for long enough you want it”	7
“I don’t think it [<i>sustained self-control</i>] is possible... it just depends like how extreme the restrictions are”	5
“It’s better to only withhold to a limit. Maybe like over a week have a snack”	6
“It’s definitely easier to maintain than an overall restriction, you wouldn’t be able to keep that up for very long”	6
“I don’t think anyone can maintain it long term”	2
“It’s not something you can have forever”	1
“Just practicing saying ‘no’. If someone offered me something I’d always say ‘yeah’ but I found when I kept saying ‘no, I’m okay’ it got easier”	5
“I think you know watching what you put in your mouth it does help to an extent like if you don’t eat chocolate for a week, you’ll find that you get better”	5
<i>Carry-over effects</i>	
“Yeah it helps with everything, you’ll find that if you’re able to stick to an exercise plan you’ll be able to study better and all kinds of things”	3
“Completely matches what’s going on in the rest of my life so if I’m having a crap time I’ll probably eat whatever I want”	4
“Also if you’re like substituting or anything like that yeah so like if you stop eating sweets you substitute it with something else that’s bad like drinking [alcohol]”	5
<i>Planning and monitoring</i>	
“I set it all out for myself- what I’m eating and when”	4
“So yeah I’m pretty good at planning I guess”	3
“Like having a plan really helps, so not like you eat whatever you want but know what good things you can eat and where they’re available”	4
“I would eat regularly; I would eat at the same time every day”	7
“I do make sure I’m aware of what I’m eating, make sure it’s not mindless”	4
“I always pull myself up like; ‘No you can’t eat that.’ I’m always monitoring, I guess it’s like a constant thing”	7

Table 5

Representative quotes for Theme 4: Habit, with focus group indicated

<i>Increasing automaticity</i>	
“I don’t think it’s a conscious thing for me anymore that’s just how it happened for so long and it’s become routine”	6
“Sometimes you get into the routine and eating healthy just keeps kind of going, you don’t think about it”	5
“Maybe it needs to be a more subconscious thing because people are very aware of their diets but it just comes naturally to me”	7
“You contemplate and you think about it but yeah as soon as you get it over and done with its easier from there it’s like you have to force yourself to do that”	5
“I guess like getting over the initial hump of watching what you’re eating and once you’ve gotten use it you don’t tend to be affected by cravings so much”	7
<i>Breaking routine</i>	
“It’s sometimes difficult on the weekend when you’re doing different things and it’s hard to keep in routine”	3
“I guess that’s where planning comes in”	3