Understanding and Managing Emotional Eating

THE TALKING THERAPIES UK SELF-HELP SERIES



Understanding and Managing Emotional Eating

An eight-module programme for using food to manage feelings less, and managing feelings more directly

A self-help workbook · 8 modules · about 8 weeks

TALKING THERAPIES UK

First edition · 2026

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First edition, 2026.

This workbook accompanies the Understanding and Managing Emotional Eating programme on the Talking Therapies UK self-help platform. Its text is drawn from the programme and is kept current with it: whenever the programme changes, the workbook is set again.

This printing was set on 21 November 2026 from the programme as it stood that day.

A note on using this workbook. It offers self-help based on established psychological approaches for difficulties of mild to moderate severity. It is not a substitute for assessment or treatment by a qualified professional and is not designed for use in a crisis. The examples in it are fictional; no real person appears in them. If you are worried about your safety, or your difficulties are getting worse, the page headed “When self-help is not enough” says where to turn.

Set in Poppins and Roboto, the Talking Therapies UK typefaces.

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How to use this workbook

Emotional eating means eating in response to a feeling rather than in response to physical hunger: reaching for food to soothe sadness, blunt anxiety, fill loneliness, settle anger, relieve boredom, or simply stop an uncomfortable internal state from being felt. It is one of the most common difficulties adults bring to conversations about eating, and one of the most frequently misunderstood, because the popular advice aimed at it (eat more slowly, keep a food diary, practise willpower) addresses the behaviour without addressing the function the behaviour is serving. This programme draws on three converging evidence bases. The first is the escape theory of overeating developed by Heatherton and Baumeister, which proposes that eating in this way functions to narrow attention away from distressing self-awareness and onto the immediate, absorbing, low-level sensory experience of eating itself; the eating is doing a job, and the job is escape from an uncomfortable state of mind, not hunger. The second is Linehan's model of emotion regulation from Dialectical Behaviour Therapy, which frames emotional eating as one among many possible emotion-driven behaviours and teaches alternative, more durable ways of tolerating and working with difficult emotion, rather than treating the eating in isolation from the feeling that drives it. The third is the cognitive-behavioural literature on binge eating, particularly the role of rule-breaking and the all-or-nothing thinking that often follows an episode of emotional eating, which this programme adapts for presentations that do not meet full diagnostic thresholds but still cause real distress and disruption. This is not a weight-loss programme, a diet, or a nutrition course, and it contains no calorie information, weight targets, or food rules of any kind. Dietary restriction and food rules are themselves common triggers for the kind of eating this programme addresses, so introducing them here would work against the programme's own purpose. The focus throughout is on the relationship between feeling and eating, and on building a wider repertoire of ways to meet the feeling directly. Who this is for. The programme is suitable for adults whose use of food to manage emotion is frequent enough to be noticed and to feel like a problem, where there is no pattern of dietary restriction leading to significantly low weight, no regular compensatory behaviour such as self-induced vomiting or laxative misuse, and no indication of a diagnosable eating disorder requiring specialist input. Many adults who would describe themselves as emotional eaters fit this description precisely: they are not dieting, not bingeing to a clinical threshold, and not purging; they are using food, often in fairly ordinary amounts, as their main way of managing difficult feelings, and want to build other ways of doing that. Who this is not for, and where to go instead. If your pattern involves significant dietary restriction, objectively large binge episodes with a clear sense of loss of control, or any compensatory behaviour, the practice's existing Understanding and Working with Disordered Eating programme, built on the CBT-E model and concordant with NICE guideline NG69, is the more appropriate and more thoroughly evidence-matched route, and Module 1 of this programme will help you tell the difference and point you there if that is what your own pattern turns out to be. If your pattern involves markers of medical risk or a diagnosable eating disorder at any severity, specialist eating disorder services are needed rather than either self-help programme, and Module 1 sets this out in full.

This workbook is the written form of the Understanding and Managing Emotional Eating

programme on the Talking Therapies UK self-help platform. It follows the programme module by module: each part of the book is one module, and each chapter is one piece of the module's teaching, set in the order the programme presents it.

Read the chapters of a part in order, then turn to the worksheets that follow them. The worksheets are the part of the work that changes things, so give them the time they ask for and come back to them as the weeks go on. You may copy or print the worksheets for your own use, as often as you need.

Most people work through one module a week, which takes the whole programme about 8 weeks. Go at the pace that suits you: a module done properly is worth more than two done quickly.

The check-in questionnaires let you see how things are changing. Complete each one when you reach it, note the date and your total, and compare it with the last.

When self-help is not enough

- If you are in danger now, or have seriously harmed yourself, call 999 or go to your nearest accident and emergency department.
- If you need help urgently but it is not an emergency, call NHS 111 or contact your GP surgery.
- Samaritans are there day and night, every day of the year: call 116 123 free from any phone.
- If you would rather not talk, text SHOUT to 85258 for free, confidential support at any hour.
- If your difficulties are getting worse as you work through this book, or you find yourself thinking about ending your life, stop and speak to your GP or a mental health professional. A workbook can be a good start, and some difficulties need more help than a book can give.

What this workbook will help you to do

- Define emotional eating as a function (managing a feeling) rather than a behaviour judged in isolation. Place your own pattern accurately on the spectrum between ordinary comfort eating, this programme's intended scope, the practice's existing disordered eating programme, and specialist eating-disorder services. Understand why this programme deliberately contains no weight, calorie or food-rule content.
- Describe your own emotional eating in terms of the five-stage cycle rather than as an isolated event. Understand negative reinforcement as the mechanism that keeps the cycle going, and why this means willpower and suppression tend to fail or backfire. Begin a structured daily record that the rest of the programme will build on.
- Distinguish physical hunger from emotional hunger using specific, checkable markers rather than guesswork. Use the HALT check as a quick first-line tool. Identify your own most frequent recurring triggers from the diary entries kept since Module 2.
- Understand urge surfing and why it works better than fighting or suppressing an urge. Use the delay-and-distract technique with a specific, committed time and a genuinely absorbing alternative. Build when-then plans for your own two or three biggest triggers from Module 3.
- Understand why coping strategies need to be matched to the specific emotion rather than generic. Learn opposite action from Dialectical Behaviour Therapy and when it is and is not the right tool. Build a personal menu of planned alternative responses for your own most frequent triggering emotions.

- Understand the what-the-hell effect and why shame tends to drive further episodes rather than prevent them. Distinguish shame from guilt and understand why the distinction matters. Challenge your own self-critical thoughts after an episode using a structured thought record, and build a self-compassion practice as a genuine alternative.
- Understand how linking self-worth to eating performance or body shape fuels all-or-nothing thinking and the what-the-hell effect. Recognise this link in your own thinking using a structured rating exercise. Begin broadening your own sources of self-worth beyond food and body.
- Distinguish a lapse from a relapse and understand why that distinction, and your response in the moment it matters, is the single biggest predictor of which one occurs. Identify your own high-risk situations ahead and your early warning signs. Build a written maintenance plan drawing on every skill from the programme.

PART 1

Understanding Emotional Eating

What emotional eating is, how it differs from the eating difficulties the practice already treats, and making sure this programme is the right fit before you start

CHAPTER 1

Welcome to the programme

If you have ever eaten something, barely noticed doing it, and realised only afterwards that you had not been hungry at all, you already know the pattern this programme is about. Emotional eating is eating that is organised around a feeling rather than around physical hunger: the cause is an internal state (stress, sadness, loneliness, boredom, anger, anxiety, even a diffuse sense of flatness that is hard to name) and the eating is the response, usually quick, usually effective in the short term at changing how the feeling is experienced, and usually followed by some version of regret, frustration, or self-criticism once it has passed.

This programme does not ask you to stop eating this way through willpower, and it does not offer a diet, a meal plan, or any form of calorie or weight guidance. None of that addresses what is actually happening, which is that food has become one of your main tools for managing feelings, often a highly effective one in the moment, and the work here is to understand why that tool works as well as it does and to build other tools alongside it, so that food is no longer doing a job it was never well suited to doing in the long run.

Across the eight modules, you will build an accurate picture of your own triggers and the cycle that maintains the pattern; learn to catch the gap between an urge and an action, which is where change becomes possible; build a genuine alternative repertoire for managing the feelings that currently go to food; work with the self-criticism and shame that often follow an episode and that, counter-intuitively, tend to make the next episode more rather than less likely; and put together a realistic plan for maintaining the changes once the programme ends.

Before any of that, this first module has one job that matters more than any other: making sure this is the right programme for you. Emotional eating overlaps with, but is genuinely different from, the eating difficulties that the practice's existing Understanding and Working with Disordered Eating programme addresses, and both are different again from the presentations that need specialist eating-disorder services rather than any self-help route. Please read the next two sections carefully and complete the exercises honestly before continuing, even if you are confident you already know which category you fall into.

CHAPTER 2

What emotional eating is, and what it is not

Emotional eating is best understood as a function rather than as a behaviour that can be judged on its own. The function is managing an internal state that would otherwise have to be felt directly: narrowing attention away from a difficult thought or feeling and onto the immediate, absorbing, low-level sensory experience of eating. Psychologists Roy Baumeister and Todd Heatherton, whose escape theory of overeating remains one of the most influential accounts of this pattern, proposed that this narrowing of attention is the central mechanism: eating does not resolve the underlying feeling, but it does succeed, briefly and reliably, in making that feeling less present in awareness. This is why emotional eating is so remarkably effective in the short term and so unsatisfying in the slightly longer term; it changes what you are attending to, not what is actually going on underneath.

This matters for how the work ahead is framed. If emotional eating is fundamentally a way of managing feeling, then the useful question is not “how do I stop eating” but “what would I do with this feeling if eating were not the answer”, and that is the question this programme spends most of its time on. Marsha Linehan’s work on emotion regulation, developed within Dialectical Behaviour Therapy, is built on exactly this logic: a difficult emotion will be managed somehow, and the therapeutic task is widening the range of ways available for managing it, rather than trying to suppress the emotion itself or simply remove the one strategy currently in use without replacing it with anything.

Common triggers for this pattern include stress and overwhelm, loneliness and disconnection, boredom and understimulation, sadness and low mood, anxiety and anticipatory worry, anger and frustration that feel unsafe to express directly, tiredness that has nowhere else to go, and a kind of flat, low-grade restlessness that many people struggle to name at all. The triggers are often specific to a person and to a time of day; evenings are common, because the day’s structure and distraction have fallen away and unprocessed feeling from earlier in the day has room to surface.

Where this differs from the eating difficulties already covered elsewhere in the practice’s self-help catalogue matters and is worth being precise about. Binge eating disorder involves objectively large amounts of food eaten within a discrete period, together with a marked sense of loss of control during the episode, occurring regularly and causing significant distress; a good proportion of binge eating disorder is emotionally triggered, and there is real overlap between the two pictures, but emotional eating as addressed in this programme does not require either the objectively large quantity or the loss-of-control threshold that defines the clinical disorder. Bulimia nervosa additionally involves compensatory behaviour, such as self-induced vomiting, laxative misuse, or compensatory excessive exercise, intended to prevent weight gain after an eating episode; this programme is not appropriate for anyone engaging in such behaviour. Anorexia nervosa involves restriction of intake leading to significantly low body weight and is not related to emotional eating at all in its core mechanism, though some people who restrict during the day find that suppressed hunger and depleted willpower combine with evening emotional triggers to produce an evening eating episode; if restriction of this kind is part of your picture, the pattern is

closer to a restrict-eat cycle than to straightforward emotional eating, and the next section will help you tell the difference.

What this programme is not. It is not a weight-management programme, and weight is not discussed anywhere in its content. It is not a nutrition course, and it contains no advice about what to eat, how much to eat, or how to plan meals. It is not a programme about willpower, and nothing in it treats emotional eating as a discipline problem to be solved by trying harder. All of these framings tend to backfire for this presentation specifically, because dietary restriction and an excessive focus on food rules are themselves common triggers for exactly the pattern this programme addresses; a programme that introduced calorie counting or food rules would risk making the underlying problem worse rather than better. The work here stays with the relationship between feeling and eating throughout.

CHAPTER 3

When the disordered eating programme or specialist services are needed instead

Several specific features mean that this programme is not the right fit and that either the practice's existing disordered eating programme or specialist eating-disorder services should be the route instead. Please read this section as carefully as the one above.

Choose the practice's Understanding and Working with Disordered Eating programme instead of this one if your pattern includes a clear and persistent cycle of dietary restriction followed by episodes of eating that feel driven and out of control, rather than emotional eating that happens without any particular dietary rule having been broken beforehand; regular binge episodes involving an objectively large amount of food together with a strong sense of loss of control during the episode, occurring at least once a week; or significant preoccupation with dietary rules, forbidden foods, and a sense that your eating ought to be more restricted than it currently is. That programme is built on the CBT-E model, is concordant with NICE guideline NG69's recommendations for bulimia nervosa and binge eating disorder, and will do more for a pattern of this shape than this programme will, because it works directly with the restriction and the rules that this programme deliberately leaves untouched.

Contact your GP for a referral to specialist eating-disorder services, rather than continuing with either self-help programme, if any of the following apply. A current or suspected diagnosis of anorexia nervosa, or any pattern of restriction leading to significantly low or rapidly falling body weight. Any regular compensatory behaviour, including self-induced vomiting, laxative or diuretic misuse, or compensatory exercise undertaken specifically to prevent weight gain after eating. Loss of menstrual periods where applicable, fainting or persistent dizziness, heart palpitations, or other physical signs that may indicate medical risk. Severe psychological comorbidity, including major depression, persistent suicidal ideation, recent self-harm, or significant substance use occurring alongside the eating difficulty. Being under eighteen, since the child and adolescent eating disorder pathway, which includes family-based treatment, is different from the adult pathway and is the appropriate route for anyone below that age.

A NOTE

If you are at all unsure which of the three routes fits, please err on the side of caution and contact your GP, the practice's clinical team, or Beat, the UK eating disorders charity, on their free helpline 0808 801 0677, before continuing with this programme. Self-help for a pattern that needs specialist services delays the care that would actually help, and that delay carries real risk. You do not need a diagnosis to call Beat, and their trained advisors are used to exactly this kind of uncertainty.

Two adults considering whether this programme is the right fit. As with all eating-related material in this catalogue, no specific weights, calorie figures, or exercise targets appear in this example; the point is the shape of the pattern, not any number attached to it.

D: emotional eating, exactly the target of this programme. D is in their early forties and has noticed for several years that stressful days at work reliably end the same way: once home, alone, with the day finally over, they find themselves eating steadily through the evening, often from the cupboard rather than sitting down to a meal, without much awareness of starting and with a vague sense afterwards of having "switched off" for an hour or two. There is no pattern of restriction earlier in the day, no sense of an objectively large quantity consumed in a discrete binge episode, and no compensatory behaviour afterwards, only a familiar wash of frustration with themselves once the evening settles. D's weight has been stable for years and there are no physical symptoms of concern. This is squarely what this programme is for: a clear, frequent, distressing link between a feeling (the release and depletion after a stressful day) and a behaviour (steady, semi-automatic evening eating), with no dietary restriction and no clinical-threshold features anywhere in the picture.

E: a restrict-binge pattern that needs the disordered eating programme instead. E is in their late twenties and has spent the last eighteen months trying to eat "cleanly" during the day, with firm rules about which foods are allowed and a growing list of foods they have declared off-limits. Most evenings this holds, but several times a week it breaks: a binge episode follows, usually triggered by having eaten one of the forbidden foods, with a clear sense during the episode of having lost control and being unable to stop, eating well past the point of comfort. No compensatory behaviour follows, and E's weight has not changed. Although the trigger for each episode is at least partly emotional (frustration and a sense of having already failed for the day), the defining shape here is the restrict-binge cycle itself, driven by the dietary rules E has imposed, not emotional eating in the sense this programme addresses. E would be better served starting with the practice's disordered eating programme, which works directly with exactly this cycle; many of the emotion-regulation skills in this programme would still be useful to E later, but the dietary rules need to be addressed first, and this programme does not touch them.

WORKSHEET

Sort each presentation into the right route

Before writing your own honest pattern description, sort eleven short presentations into the three routes described above. Recognising the distinction in other people's examples builds the same discrimination skill you will need when you look at your own pattern in the next exercise, and the distinction matters because the wrong route delays the help that would actually work.

This programme is the right fit for patterns of eating that are triggered mainly by feeling rather than by a dietary rule having been broken, with no objectively large binge episodes with loss of control occurring weekly or more, and no compensatory behaviour. The disordered eating programme is the better fit where a restriction and rules cycle, or regular clinical-threshold binge episodes, or any compensatory behaviour, is the central feature. Specialist services are needed now, in place of either self-help route, where there are markers of medical risk, a suspected diagnosis of anorexia nervosa, severe psychological comorbidity, or the person is under eighteen.

The groups: A This programme is the right fit B The disordered eating programme is the better fit C Specialist services are needed now

Write the letter of the group each item belongs to in its box.

☐ 1. Eating steadily through most evenings after a demanding day at work, with little awareness of starting, no dietary restriction earlier in the day, no objectively large binge episode, and no compensatory behaviour; weight has been stable for years

☐ 2. Strict food rules held during the day that break several times a week into binge episodes with a clear sense of loss of control, triggered by having eaten a forbidden food, with no compensatory behaviour and stable weight

☐ 3. Eating in response to loneliness most evenings alone, a long-standing pattern with no dieting, no binge episodes of an objectively large amount, and no compensatory behaviour, but a strong wish to have other ways of managing the loneliness

☐ 4. Restriction of intake leading to significantly low and continuing to fall body weight, intense fear of weight gain, and loss of menstrual periods

☐ 5. Occasional comfort eating of a favourite food on a difficult evening once or twice a month, with no distress about the pattern and no sense that it is causing a problem

☐ 6. Binge eating episodes several times a week involving an objectively large amount of food with a strong sense of loss of control, occurring without any preceding dietary restriction, causing significant distress and some impairment at work

☐ 7. Self-induced vomiting after eating more than intended, occurring several times a week for the past year, alongside low mood

☐ 8. Eating when bored on weekend afternoons with little else planned, a pattern noticed over the past year and mildly frustrating but not distressing, no restriction, no binge episodes, no compensatory behaviour

☐ 9. A seventeen-year-old who eats in response to stress before exams, noticed by a parent, with no other features of concern

☐ 10. A pattern of eating in response to anger and frustration that feels unsafe to express directly, occurring several times a week for years, with no dietary restriction, no objectively large binge episodes, and no compensatory behaviour, but considerable shame about the pattern

☐ 11. Heavy use of alcohol most evenings alongside eating more than intended, with low mood that has included thoughts of self-harm in the past month

The answers are at the back of the book.

WORKSHEET

Locating your own pattern

Take fifteen to twenty minutes and write an honest description of your own pattern, covering what tends to trigger it (naming the feeling or situation as precisely as you can), how often it happens, whether there is any dietary restriction earlier in the day or week, whether there are episodes involving an objectively large amount of food with a strong sense of loss of control, whether there is any compensatory behaviour such as vomiting, laxative use, or compensatory exercise, what the consequences are for you (distress, shame, impact on daily life or relationships), and how long

this has been going on.

Then look honestly at what you have written against the three routes set out above. If anything in your description points towards the disordered eating programme or towards specialist services, please pause here and take that route instead, or speak to your GP, the practice's clinical team, or Beat on 0808 801 0677 if you are unsure. If you are confident this programme is the right fit, the next module begins the actual work, starting with the cycle that keeps emotional eating going.

Describe your own eating pattern honestly and check it against the three routes above.

CHAPTER 4

What you have done in this module

You understand emotional eating as a way of managing feeling rather than as a behaviour to be judged in isolation, and you know the evidence this programme draws on: the escape theory of overeating, Linehan's model of emotion regulation, and the cognitive-behavioural literature on binge eating and all-or-nothing thinking. You can distinguish this programme's scope from the practice's existing disordered eating programme and from presentations that need specialist eating-disorder services, and you have located your own pattern honestly against all three.

The next module covers the emotional eating cycle in detail: how a trigger, an urge, the eating itself, and what happens afterwards fit together into a loop that tends to repeat itself, and why understanding the shape of that loop is the first real step towards interrupting it.

CHECK-IN

Mood check-in (PHQ-9)

Before you begin, take a few minutes to complete this short questionnaire. It is the same one used in NHS Talking Therapies and gives us a baseline against which to measure your progress over the programme.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Total: _____ Date: _____

Add up the numbers you have circled. A total of 0 to 4 suggests minimal symptoms of depression, 5 to 9 mild, 10 to 14 moderate, 15 to 19 moderately severe and 20 to 27 severe. Note your total and the date, so you can compare the next check-in with this one.

If you circled anything other than 0 for the last question, please talk to your GP or call NHS 111 today. If you are in danger now, call 999.

The PHQ-9 and GAD-7 were developed by Drs Robert L. Spitzer, Janet B. W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission is required to reproduce, translate, display or distribute them.

CHECK-IN

Everyday life check-in (WSAS)

And one more short questionnaire about how things are affecting everyday life: work, home, social life, relationships and leisure. Functioning often recovers on a different timetable to symptoms, and it matters just as much.

This check-in uses the WSAS (Work and Social Adjustment Scale). If you are using the online programme, complete it there, where your scores are kept and compared for you. If you are working from this book alone, your GP or therapist can give you a copy.

WORKSHEET

Taking this forward

Before you move on, take two minutes to make this module harder to lose. Skills fade fastest in exactly the moments they are needed most, so the work here is to decide now, while things are steady, what you will reach for when they are not.

If things ever feel much worse rather than better, that is a signal to reach out rather than push on alone: use the messaging button to contact the practice, speak to your GP, or if you feel unsafe right now contact 999 or the Samaritans on 116 123.

Three short answers, in your own words. First: what single idea or skill from this module do you most want to keep? Second: when, realistically, will it be hardest to use, name the actual situation. Third: what exactly will you do in that moment? Write it as a sentence you could follow when stressed.

PART 2

The Emotional Eating Cycle

How a trigger, an urge, the eating itself, and what happens afterwards fit together into a self-reinforcing loop, and why that loop is not a failure of willpower

CHAPTER 5

The loop that keeps emotional eating going

Emotional eating rarely happens as a single isolated event. It happens as a loop, and the loop has a shape that repeats itself with remarkable consistency once you learn to see it. There are five stages.

The first stage is the trigger: a situation, a thought, or simply the passage of time into a particular part of the day (the end of the working day is extremely common) that brings on a feeling. The second stage is the feeling itself, which by the time it is noticed often already carries some intensity: stress, sadness, loneliness, boredom, anger, anxiety, or the harder-to-name flat restlessness mentioned in Module 1. The third stage is the urge: a pull towards food that arrives, often quite suddenly, as the mind's proposed solution to the feeling. The fourth stage is the eating itself, which is frequently semi-automatic, with limited awareness of starting and sometimes limited memory of the middle part of the episode. The fifth stage is what happens afterwards: an initial, real, physiological sense of relief or numbing, which is the whole reason the loop exists, followed within minutes or hours by some combination of guilt, shame, frustration, or disappointment, which is itself an uncomfortable feeling, which can become the trigger for the next turn of the same loop.

The mechanism that keeps this loop turning is called negative reinforcement, one of the best-established principles in the whole of behavioural science. A behaviour that reliably removes or reduces something unpleasant becomes strongly and durably learned, often more strongly than a behaviour that is rewarded with something pleasant, because the relief is immediate and the brain is extremely good at learning from immediate consequences. This is not a special property of food or of people who struggle with their eating; it is how operant learning works for everyone, for every behaviour that reliably switches off an aversive state, from checking a phone to avoid the discomfort of not knowing, to a smoker reaching for a cigarette to relieve withdrawal-driven irritability. The eating in stage four works, in the narrow and immediate sense of changing an uncomfortable internal state quickly and reliably, and that is precisely why it has become so well learned and so hard to simply decide not to do.

This has a direct and important consequence for why pure willpower approaches tend to fail, and

why they sometimes backfire. Daniel Wegner's research on thought suppression, often summarised as ironic process theory, found that deliberately trying not to think about something tends to increase its presence in mind rather than reduce it, because monitoring for the forbidden thought in order to suppress it requires keeping that thought active and available. The same logic applies to urges. Telling yourself firmly not to eat, or trying hard to not think about food, tends to keep food and the urge more active in mind, not less, and the effort of suppression is itself a drain on the very capacity you need to manage the underlying feeling well. This is why so many people who have tried to control emotional eating through willpower alone describe it as fighting themselves, exhausting, and ultimately unsuccessful; they were not failing through weakness, they were using an approach that tends not to work for this kind of problem, however well it might work for other kinds of problem.

The way out is not a better form of willpower. It is interrupting the loop at an earlier stage than the eating itself, and building a wider set of things that can be done with the feeling once it is noticed, so the eating is no longer the only option on offer at stage three. That is the work of the rest of this programme. This module's task is simply to see your own version of the loop clearly enough to work with it, which the exercises below will help you do.

CHAPTER 6

One person's cycle, mapped stage by stage

F works in a demanding, people-facing job and finds that most weekday evenings follow a similar shape, though it took some deliberate noticing before the shape became visible.

Trigger. The specific trigger is arriving home after a day that has required holding a calm, patient manner with difficult colleagues or clients for eight or nine hours straight, with no real opportunity during the day to let that effort down.

Feeling. Once the front door closes and the effort of the day is no longer required, what surfaces is a kind of depleted irritability, mixed with a vague sense of not having had a moment that belonged entirely to F all day. F had not previously named this feeling with any precision; it had simply registered as "just tired" or "stressed", which turned out to be too general a label to do anything useful with.

Urge. Within minutes of arriving home, an urge appears, experienced almost as a pull towards the kitchen, with a loosely formed thought along the lines of "I deserve something" or "I need this after today."

Eating. What follows is not a sit-down meal but a period of fairly continuous eating from the cupboard and fridge over perhaps forty minutes, standing up, often with the television or phone providing background noise, with limited clear memory afterwards of exactly what or how much was eaten.

Afterwards. In the first few minutes afterwards there is a real, noticeable settling: the irritable edge from the end of the working day has gone quiet. Within an hour or two, a different feeling arrives: frustration with having "done it again", a loose thought that there is something wrong with F's self-control, and a familiar resolve to do better tomorrow that rarely survives the next demanding working day.

Where the loop closes. The frustration and self-criticism that arrive in the "afterwards" stage are themselves uncomfortable feelings, and on a day when they linger into the evening or the following morning, they can function as their own trigger, starting the loop again. F's cycle, like most people's, is not one event but a closed loop with the end feeding back into the beginning.

A NOTE

This is a learned pattern being maintained by a real, powerful mechanism, not a character flaw or a failure of willpower. The relief in the "afterwards" stage is genuine and is precisely why the loop has become so well established. Naming it accurately, as this module asks you to do, is not an exercise in self-blame; it is the necessary first step to working with the loop rather than simply trying, and failing, to overpower it.

WORKSHEET

Map your own most recent episode

Bring to mind the most recent time you ate in response to a feeling rather than physical hunger, as recently as you can manage. Walk it through each of the five stages below, writing a sentence or two for each. Being specific matters more than being eloquent.

Use your most recent episode. If you cannot immediately bring one to mind, use the next one that happens after reading this, as close to the time as you can manage, and come back to fill this in afterwards.

1. What was the trigger? The situation, thought, or point in the day that set things off.

2. What was the feeling, named as precisely as you can, not just "stressed" or "bad"?

3. What did the urge feel like, and how did it first show up?

4. What did you actually eat, and how aware were you while it was happening?

5. What did you feel in the first few minutes afterwards?

6. What did you feel in the hours afterwards, once the first relief had passed?

7. Looking at what you have written, can you see how the ending might feed into the beginning of the next episode?

WORKSHEET

Start your daily urge and eating record

From today, use this record whenever you notice an urge to eat in response to a feeling, whether or not you act on the urge. Recording urges you do not act on is just as valuable as recording episodes where you do, because it shows you the moments where another option was already, even briefly, available. Aim for at least one entry most days; a handful of careful entries across the module is worth far more than an attempt at recording everything.

Fill in a new entry close to the time of the urge or the episode, while the detail is still fresh. A short, honest entry is far more useful than a long one written from memory the next day.

The form below holds one day's entry: copy it for each further day.

Roughly what time was this?

What was the trigger or situation?

What was the feeling, named as precisely as you can?

How intense was the feeling? (0 = barely there, 10 = overwhelming)

0	1	2	3	4	5	6	7	8	9	10

How strong was the urge to eat? (0 = none, 10 = irresistible)

0	1	2	3	4	5	6	7	8	9	10

What did you actually do? (Include it if you ate, and include it if you did not.)

How did you feel in the hour or two afterwards?

Anything that may have made you more vulnerable right then? (Poor sleep, hunger, alcohol, a difficult conversation, physical pain)

The end of the sample

This is a free sample of "Understanding and Managing Emotional Eating", and it ends here.

Everything you have read here is from the opening of the book, set exactly as it is printed in it. The rest follows in the same way, chapter by chapter, with its worksheets, its examples and its reference list.

The full book is on sale in the Talking Therapies UK shop. A copy is yours to keep, as a PDF and an ebook, licensed to you by name: a short line saying so is printed at the foot of each page of the PDF and on the title page of the ebook.