

1 Larger portions make me eat more: Awareness of the external factors  
2 that influence food intake

3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20

Gregory S. Keenan<sup>1,2</sup>, Florence Sheen<sup>2</sup>, Ashleigh Haynes<sup>2,3</sup>, & Charlotte A, Hardman<sup>2</sup>

<sup>1</sup> School of Psychology, School of Health & Society, University of Salford, UK

<sup>2</sup> Department of Psychology, University of Liverpool, Liverpool, UK

<sup>3</sup> Centre for Behavioural Research in Cancer, Cancer Council Victoria, Melbourne, Australia

Corresponding Author:

Gregory Keenan, School of Psychology, School of Health & Society, University of Salford,  
UK,  
g.s.keenan@salford.ac.uk

21 **Running head:** Awareness of external factors that influence food intake

22

23

## ABSTRACT

24 There is consistent evidence that the amount of food people consume can be influenced by  
25 external factors, such as food portion size or the amount of food others are eating. However  
26 research studies to date have suggested that people are generally unaware of the influence  
27 that these external factors have on food intake. In the present research we directly tested  
28 whether consumers are aware of how external factors can affect their food intake. In Study 1  
29 we re-analysed data from a study in which an effect of portion size on food intake was  
30 observed and post-consumption, participants were asked whether they believed portion size  
31 had influenced their food intake. In Study 2 participants were asked to indicate whether  
32 several different external factors known to increase food intake would be likely to increase,  
33 decrease or have no effect on how much they would eat in hypothetical scenarios. In Study 1,  
34 a large proportion of participants (56%) believed that their food intake was influenced by  
35 portion size. In Study 2, a large proportion of participants accurately identified that external  
36 factors known to affect eating behaviour would be likely to increase their food intake:  
37 portion size (73%), social influence (40%), food variety (75%), and distraction (59%).  
38 Together these results suggest that consumers show awareness of the influence that external  
39 factors have on their food intake.

40

41

42

43

44

45

## INTRODUCTION

46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69

The amount eaten during a meal is influenced by several factors. For example, pre-meal hunger predicts ad-libitum meal intake (Bellisle, Lucas, Amrani, & Lemagnen, 1984; Sadoul, Schuring, Mela, & Peters, 2014). Factors in the ‘external’ environment can also influence eating behaviour. There is consistent evidence that consumers eat more when meals contain a variety of different flavours (Raynor & Epstein, 2001; Remick, Polivy, & Pliner, 2009), when they are distracted during eating (Bellisle, Dalix, & Slama, 2004; Temple, Giacomelli, Kent, Roemmich, & Epstein, 2007), if they eat in the presence of someone who eats a large amount of food (Vartanian, Spanos, Herman, & Polivy, 2015) and when served larger portion sizes (French et al., 2014; Hollands et al., 2015; Zlatevska, Dubelaar, & Holden, 2014).

There is some evidence to suggest that people may be largely unaware of the influence that external factors have on their food intake (Spanos, Vartanian, Herman, & Polivy, 2014; Vartanian, Herman, & Wansink, 2008; Vartanian, Sokol, Herman, & Polivy, 2013). First, participants in laboratory studies appear relatively insensitive to the effects of eating different sized portions (e.g., Levitsky & Youn, 2004; Rolls et al., 2002) and may therefore not identify that they have over or undereaten due to external factors. In addition, when asked why they have eaten the amount of food consumed, participants in these laboratory studies often cite internal cues as the drivers for their food intake (e.g. hunger, satiety, taste) rather than external factors, such as the portion size (Cavanagh, Vartanian, Herman, & Polivy, 2014; Vartanian, Herman, & Wansink, 2008; Vartanian, Sokol, Herman, & Polivy, 2013; Vartanian, Spanos, Herman & Polivy, 2017). Using a different study design, Myers, Brunstrom, Rogers & Holtzman (2019) also found that members of the Samburu tribe in Kenya who ate two separate sized portions of food on alternate days, had difficulties identifying on which day they had consumed the larger of the two portions.

70           However, several other studies suggest that consumers do show some awareness of  
71 external influences on food intake. Keenan, Childs, Hetherington, Rogers, & Brunstrom  
72 (2018) used a computerised version of ‘a method of constant stimuli’ to estimate how much  
73 participants intended to consume of three separate foods. After being served either a large or  
74 small portion of one of these foods and eating until comfortably full, participants were asked  
75 to indicate if they believed that had eaten less or more than the amount they had earlier  
76 identified as their intended intake amount. Most participants could accurately identify if they  
77 had eaten less or more than their intended intake amount, indicating some level of awareness.  
78 Similarly, Robinson and Field (2015) analysed data from a study examining the influence that  
79 social norms have on food intake (Robinson, Sharps, Price, & Dallas, 2014). After eating,  
80 participants were asked whether they believed the amount they had consumed was socially  
81 influenced. In total, 34% of participants believed they had been influenced. Critically, these  
82 participants appeared to be correct: the amount of food consumed by participants who  
83 reported social influence, was affected by the amount eaten by other people. In contrast, for  
84 those reporting no social influence, there was no evidence that their food intake had been  
85 influenced by the amount others had eaten. Together, these findings indicate that participants  
86 in laboratory studies are to some extent aware of how much they consume when influenced  
87 by external factors.

88           A potential explanation for these contradictory results could lie in the different types  
89 of questions used to address awareness of external influences on food intake. Several of the  
90 studies showing that people unknowingly over-consume have asked participants how the  
91 amount they ate compared to their typical portion, as opposed to directly asking about  
92 awareness of having been influenced by an external factor. Several other studies have asked  
93 participants post-meal to select the reason for the amount of food they consumed from a list  
94 including internal cues (e.g. hunger) and external cues (e.g. portion size, social factors)

95 (Vartanian, Herman, & Wansink, 2008; Vartanian Sokol, Herman, & Polivy, 2013;  
96 Vartanian, Spanos, Herman & Polivy, 2017; Vartanian, Reily, Spanos, Herman, & Polivy;  
97 2017). In general, factors such as taste or liking are selected as the most important influences  
98 on meal intake, whilst external factors like how much others ate, are rarely selected, when  
99 this method is adopted. In contrast, in Keenan, Childs, Hetherington, Rogers, & Brunstrom  
100 (2018) participants were directly asked if they were aware of having eaten more or less than  
101 their initial plan. Similarly, in Robinson & Field (2015) participants were directly asked  
102 whether the amount they ate was influenced by the information they saw about the number of  
103 cookies other participants had eaten and a sizeable proportion of participants reported having  
104 been influenced by the number of cookies other participants had eaten. However, it should be  
105 noted that participants in Myers, Brunstrom, Rogers & Holtzman (2019) were asked a  
106 similar direct question about which day they believed they had consumed the larger portion  
107 but still struggled to answer correctly, raising uncertainty about whether it is the nature of the  
108 question asked

109 A further factor that may play a role in whether or not consumers report that their  
110 food intake has been influenced by external factors is social desirability. Vartanian, Reily,  
111 Spanos, McGuirk, Herman and Polivy (2017) concluded that consumers may acknowledge  
112 the influence of external cues on food intake under specific conditions. Namely, that  
113 consumers will report external influence for self-serving purposes; e.g. to justify over-eating.  
114 Moreover, Vartanian and colleagues report empirical data that supports this proposition; in  
115 one study participants who believed they had overeaten were more likely to acknowledge the  
116 influence of portion size than participants who believed they had not overeaten (Vartanian,  
117 Reily, Spanos, Herman & Polivy, 2017). Thus, although it is clear from these studies that  
118 consumers will sometimes report external influence on their food intake, whether or not



144 strategy made use of data from the large portion condition only<sup>1</sup> of Robinson, te Raa &  
145 Hardman (2015). We hypothesised that if consumers are aware of external influences on their  
146 food intake, a sizeable proportion should report that they were influenced by portion size. We  
147 also examined whether reports of being influenced by portion size were associated with the  
148 amount of food participants consumed. We hypothesised that if participant reports of being  
149 influenced were accurate, awareness should be most common among participants who ate  
150 large quantities when served a large portion of food.

151

## 152 Method

### 153 *Original Study*

154 For a detailed description of the method and results of the original study, see Robinson, te  
155 Raa, & Hardman (2015). In the original study 88 participants (44 male and 44 female) were  
156 recruited from the University of Liverpool and surrounding area in exchange for a small  
157 monetary reward. The main aim of the study was to examine whether pre-meal intentions  
158 (how much of a meal a person intends to eat) relate to actual meal intake. The study  
159 advertisement described the study as being about cognitive ability and mood in order to  
160 distract participants from the true aims of the study. Participants were informed that a lunch-  
161 time meal would be provided and they must have no history of any food allergies. The study  
162 was approved by the University's ethics board.

163

### 164 *Procedure*

165 Participants arrived for a lunchtime laboratory session and were seated in a cubicle alone. To  
166 corroborate the cover story of cognitive ability and mood participants first completed mood  
167 ratings, followed by a word search task that lasted 5 minutes. After this participants were  
168 served a standard sized sandwich and asked to indicate how much (as a percentage) of the

169 sandwich they intended to eat. After consuming the sandwich, participants were served either  
170 a smaller (approximately 75 grams, 62 kcals) or a larger portion of vanilla ice cream  
171 (approximately 175 grams, 145 kcals) in a bowl. Participants rated how much of the ice  
172 cream they intended to eat and were then told that they could eat as much or as little as they  
173 wanted. The bowl was weighed and re-weighed after consumption in order to calculate the  
174 amount eaten. After this, participants were provided with a final questionnaire which  
175 included questions about their experience during the study, including ‘would you say that the  
176 amount of food you ate was influenced by the portion size of the food you were given?’ with  
177 five response options: ‘strongly disagree’, ‘disagree’, ‘unsure’, ‘agree’, ‘strongly agree’.  
178 Next, participants were asked to write down why they were (or were not) influenced.  
179 Participants then had their height and weight measured before being debriefed, reimbursed  
180 and thanked for their time.

181

### 182 *Planned analysis (a-priori)*

183 In order to characterise the numbers of participants reporting vs. not reporting being  
184 influenced by portion size, participants were first categorised as reporting they were  
185 influenced by portion size if they selected ‘strongly agree’ or ‘agree’ in response to the  
186 question asking them whether their food intake was influenced by portion size. Conversely,  
187 participants selecting ‘strongly disagree’ or ‘disagree’ were categorised as believing they had  
188 not been influenced. Participants who selected ‘unsure’ were categorised as being unsure.  
189 We planned to use a chi-square to examine whether the number of participants in each  
190 response category differed to chance expectation.

191 To examine whether participants reported being influenced by portion did eat more  
192 from a large portion size we planned linear regression analysis. Reporting of the influence of  
193 portion size on food intake was the dependent variable (continuous data). Ice cream intake (in



194 grams) was entered as a predictor variable and gender was also included as a predictor  
195 variable in the model because males consumed more than females in the original study.

196 Finally, for those participants that did report having been influenced, we examined the  
197 reasons why they believed they had been influenced. Two independent coders read  
198 participants' responses and identified any common explanations for the influence of portion  
199 size. Next, they independently coded each response to calculate the number of participants  
200 endorsing any of the commonly endorsed explanations. If there were any inconsistencies in  
201 coding, the two coders reached agreement on discussion.

202

203

## **Results**

### *Participant Characteristics*

204 The study sample size was determined by the number of participants that participated in the  
205 original experiment. Three of the 44 participants who were served the large portion of ice  
206 cream did not answer the question about the influence of portion size, resulting in a final  
207 sample of 41 participants (21 males, 20 females). The sample had a mean age of 33.2 years  
208 (SD = 12.2), and mean BMI of 25.6 kg/m<sup>2</sup> (SD = 4.3).

210

### *Reports of being influenced by portion size*

211 Of the 41 participants, 56.1% (23/41) believed they had been influenced, 14.6% (6/41) were  
212 unsure, and 29.2% (12/41) did not believe they had been influenced by portion size. A chi-  
213 square test was significant ( $\chi^2(2) = 10.88, p = .004$ ) indicating that the proportion of  
214 participants reporting influence, no influence or uncertainty about having been influenced  
215 significantly differed to chance expectation.

217

### *Relationship between food intake and reporting of having been influenced by portion size*

219 Of the 175 grams of ice cream served, mean ice cream consumption was 102.7 grams (SD =  
220 51.3). The overall regression model was significant (Adjusted  $R^2 = .12$ ,  $p = .037$ ). As  
221 predicted, participants who reported being aware that the size of the portion had influenced  
222 their intake, tended to eat more than those who reported no influence (standardised  $B = .43$ ,  $p$   
223 = .035). Gender did not significantly predict reports of having been influenced by portion size  
224 (standardised  $B = .05$ ,  $p = .81$ ). The unadjusted association between reports of being  
225 influenced by portion size and ice cream intake was  $r = .40$ ,  $p = .010$ .

226

### 227 *Explanations for why participants were influenced by portion size*

228 One common theme was identified in participants' responses for why they were influenced  
229 by portion size; multiple participants reported that they were used to 'plate clearing' or trying  
230 to 'eat everything' served. When coding the presence of this explanation in each participant's  
231 response, the two independent coders had good inter-rater reliability (96.2% agreement) and  
232 agreed on the inconsistencies through discussion. In total, 34.8% (8/23) of participants  
233 endorsed this explanation for why their food intake had been influenced by portion size.

234

235

## **Discussion**

236 In Study 1 we found that after being served a large portion of ice cream, a sizeable proportion  
237 of participants (56%) reported that they believed the amount they ate had been influenced by  
238 portion size. Moreover, participants who ate the most ice cream from the large portion were  
239 more likely to report having been influenced. In addition, when asked to explain why they  
240 thought their food intake had been influenced by portion size, a number of participants  
241 reported that this was because they wanted to try and clear their plate when eating. Thus,  
242 Study 1 provides evidence that consumers may be aware of how an external factor like  
243 portion size can increase their food intake. However, in this study participants reported on

244 having been influenced shortly after eating. It is plausible that participants' reports may have  
245 been in part caused by motivated reasoning, as opposed to 'genuine' awareness. For example,  
246 some participants may have believed they had overeaten, and could have attributed their  
247 intake to the portion size they were provided with to alleviate feelings of guilt (Vartanian,  
248 Reily, Spanos, Herman, & Polivy, 2017). A second potential issue with the method adopted  
249 in the present study is that participants were asked prior to eating how much they intended to  
250 eat and this may have influenced subsequent post-consumption responses about having been  
251 influenced by portion size. We addressed these concerns in Study 2 by examining  
252 participants' awareness of external influences on food intake when asked about how much  
253 they thought they would be likely to eat in future hypothetical eating scenarios. In Study 2, as  
254 well as examining awareness of the influence of portion size, we also examined awareness of  
255 a range of other external influences on food intake.

256

257

## **STUDY 2**

258

### **Overview**

259

260

261

262

263

264

265

266

267

268

In a recent study Vartanian, Reily, Spanos, McGuirk, Herman, & Polivy (2017) asked  
participants to predict how much they and others would consume when eating in the presence  
of someone else or when served a larger portion. They were asked to imagine how these  
external cues might influence intake on their own, or in conjunction with internal cues (e.g.  
hunger, taste). Participant predictions were influenced by both internal (e.g., taste, hunger)  
and external factors (portion size / social influence). In the present study we asked  
participants directly about the potential influence of external factors on food intake and  
extended these findings by surveying participants on a wider number of external factors that  
have been empirically shown to increase food intake; portion size (Rolls, Roe, Kral, Meengs,  
& Wall, 2004) social influence (Robinson, Tobias, Shaw, Freeman, & Higgs, 2011) food

269 variety (Rolls, Vanduijvenvoorde, & Rolls, 1984) and distraction whilst eating (Robinson et  
270 al., 2013).

271 Participants were asked whether they believed that the presence of that factor would  
272 affect their food intake, in what way the external factor would affect their food intake and  
273 why. In addition, to gauge whether participants were confident in their responses, we asked  
274 participants to report how certain they felt about each response. We also included a ‘dummy’  
275 external factor that would be unlikely to have any meaningful effect on food intake (being sat  
276 at a square vs. round table), as this would allow us to further examine whether participants  
277 awareness is accurate; i.e. if participants are genuinely aware when reporting on the influence  
278 of external factors that influence their food intake, we hypothesised that very few participants  
279 should report that the ‘dummy’ external factor would affect their food intake.

280 In addition, we examined individual differences. Previous research has shown that  
281 individuals are more likely to acknowledge social influences on their own intake if they  
282 report being responsive to social cues (Spanos Vartanian, Herman, & Polivy, 2014). Here, we  
283 reasoned that if reports of awareness of external influence on food intake are accurate, then  
284 consumers who are influenced by external factors when normally eating should be most  
285 likely to identify that their food intake would be influenced in the eating scenarios. Thus, we  
286 also included self-report trait measures of external eating in Study 2. However, we were  
287 aware of a number of recent studies questioning the validity of self-report trait measures of  
288 eating behaviour and whether they accurately characterise what people actually do, as  
289 opposed to their beliefs about how they behave (Adriaanse, Prinsen, de Witt Huberts, de  
290 Ridder, & Evers, 2016; Evers, de Ridder, & Adriaanse, 2009). Thus, we tentatively predicted  
291 that higher scores on trait measures of external eating behaviour would be associated with  
292 participants being more likely to report external influences on food intake.

293

294

295

## Method

296 *Participants*

297 Participants were recruited from the student and staff population of the University of  
298 Liverpool. Participation was incentivized by entering participants into a small cash prize  
299 draw. The study was advertised as being about opinions towards eating behaviours and  
300 specified that participants were required to be 18 or older and not currently taking any  
301 medication which may influence their appetite. To ensure more than adequate statistical  
302 power in all our planned analyses ( $f = 0.25$ ,  $p < .05$ , 80% power) we aimed to recruit a  
303 minimum of 100 participants during a data collection period of 8 weeks. One hundred and  
304 fifty eight participants started the survey, but 20 participants did not complete the survey. The  
305 final sample consisted of 138 participants; 103 were female and 35 male, with a mean age of  
306 37.4 (SD = 12.6) and a mean BMI of 24.95 (SD = 4.44) kg/m<sup>2</sup>. The study was approved by  
307 the University of Liverpool's Institute of Psychology, Health and Society research ethics  
308 board.

309

310 *Questionnaire*

311 After providing electronic informed consent, participants were shown (in a random order)  
312 five dining scenarios on separate pages of the online survey. For each scenario (see section  
313 '*Eating scenarios*'), participants read a brief summary of the scenario, and were then  
314 presented (in fixed order) with four response options on the same page: the external factor  
315 would make them consume more, the external factor would make them consume less, the  
316 external factor would have no influence on amount consumed, and unsure. Participants were  
317 then asked how certain they were about their response about whether they would be  
318 influenced, on a 5-point scale ranging from 'very uncertain' to 'very certain'. Next,

319 participants were asked to explain why they believed they would (would not) be influenced  
320 by the external factor. After this, participants were asked to provide demographics, including  
321 self-reported weight and height (to calculate BMI). To measure self-reported trait  
322 responsiveness to external vs. internal cues when eating, participants then completed the  
323 ‘external eating’ scale of the Dutch Eating Behaviour Questionnaire (van Strien, Frijters,  
324 Bergers, & Defares, 1986), the ‘uncontrolled eating’ subscale from the revised three Factor  
325 Eating Questionnaire (Karlsson, Sjöström, & Sullivan, 2000) and the ‘reliance on internal  
326 hunger/satiety’ questions from the Intuitive Eating Scale (Tylka, 2006). Finally, debriefing  
327 information was provided and participants were thanked for their time.

328

### 329 *Eating scenarios*

330 For the portion size scenario participants were asked: ‘Imagine you are dining out at a  
331 restaurant. You order a meal and when the waiter brings over your order, the portion size of  
332 the meal is very large. Do you think that being served a very large portion would affect how  
333 much you eat?’, response options: ‘Yes, I would eat more if served a larger portion, as  
334 opposed to a smaller portion’, ‘Yes, I would eat less if served a larger portion, as opposed to  
335 a smaller portion’, ‘No, being served a larger portion would have no effect on how much I  
336 eat’, ‘I am unsure whether a large portion would have any effect on how much I eat’. For the  
337 social influence scenario participants were asked ‘Imagine you are eating with a friend and  
338 they select and consume a very large amount of food. Do you think a friend eating a large  
339 amount would affect how much you eat?’ For the variety scenario participants were asked  
340 ‘Imagine that you are at a friend’s house for a buffet. If there was a wide variety of different  
341 food items on option at the buffet, do you think this would affect how much you would eat?’  
342 For the distraction scenario participants were asked ‘Do you think you would eat more if you  
343 were snacking whilst watching TV, compared to snacking with no distraction?’ Finally, for

344 the table shape ‘dummy’ scenario, participants were asked ‘Imagine you are eating at a  
345 restaurant and you are seated at a square table rather than a round table; do you think this  
346 would influence how much you eat?’ For the wording of the individual response options for  
347 each of the scenarios see *supplementary material*.

348

#### 349 *Planned analysis (a-priori)*

350 For participants’ reports of external influence in each eating scenario, we planned to use a  
351 chi-square test to determine whether the number of participants in each response category  
352 (‘not influenced’, ‘influenced to eat more’, ‘influenced to eat less’, ‘unsure’) differed to  
353 chance expectation. To determine whether participants were certain or uncertain about how  
354 their food intake would (not) be influenced, we conducted a one sample t-test comparing the  
355 certainty ratings for each scenario with a test value of 3 (equal to the midpoint of the scale).  
356 To examine whether the individual difference measures were associated with accurate  
357 reporting of external influence, we correlated (Pearson’s r) trait external eating with the total  
358 number of times a participant reported that their food intake would be increased by either  
359 portion size, social influence, food variety and/or distraction whilst eating (resulting in a 5  
360 point scale from 0-4). Finally, two independent coders read participants’ responses and  
361 identified any common explanations for each of the external factors. If any common  
362 explanations were identified, the two coders independently coded each response for the  
363 presence of the identified theme.

364

## 365 **Results**

### 366 *Reporting of influence of external factors*

367 We found consistent evidence that participants believed their intake would be influenced by  
368 external factors, and that larger portion sizes (73% of participants), social influence (40%),

369 food variety (75%) and distraction (59%) would cause them to increase their food intake. On  
 370 average, participants reported that 2.5 of the four external factors (SD = 1.1) would increase  
 371 their food intake and 97.1% (134/138) of participants reported that their food intake would be  
 372 increased by one or more of the four external factors. Conversely, when asked about a  
 373 ‘dummy’ external factor that should not affect food intake (table shape), very few participants  
 374 (5%) believed this would affect their food intake. Participants who did not report that an  
 375 external factor would increase their food intake, tended to report that they would be  
 376 unaffected or were unsure, rather than reporting that the external factor would decrease their  
 377 intake. See Table 1.

378

379 *Certainty*

380 Participants’ ratings of their certainty in their report of each external factor’s influence were  
 381 significantly greater than the midpoint of the scale indicating that participants tended to be  
 382 certain about their responses. See Table 2.

383

384 **Table 1:** Frequencies of participants reporting influence of external factors on food intake

	<i>Beliefs about external influence on food intake</i>				<i>Chi-square test results</i>
	<i>Would not affect</i>	<i>Uncertain</i>	<i>Would decrease</i>	<i>Would increase</i>	
<b>Portion size</b>	25 (18.1%)	5 (3.6%)	7 (5.1%)	101 (73.2%)	$\chi^2 (3) = 177.94, p < .001$
<b>Social influence</b>	60 (43.5%)	17 (12.3%)	6 (4.3%)	55 (39.9%)	$\chi^2 (3) = 63.45, p < .001$
<b>Food variety</b>	20 (14.5%)	6 (4.3%)	8 (5.8%)	104 (75.4%)	$\chi^2 (3) = 190.00, p < .001$
<b>Distraction</b>	35 (25.4%)	17 (12.3%)	5 (3.6%)	81 (58.7%)	$\chi^2 (3) = 96.78, p < .001$
<b>Table shape</b>	86 (62.3%)	45 (32.6%)	4 (2.9%)	3 (2.2%)	$\chi^2 (3) = 135.80, p < .001$

385 Values denote number of participants (percentages in parentheses)

386

387



388 **Table 2:** Participants' certainty of the influence of external factors on their food intake

	<i>N</i>	<i>Certainty</i> <sup>a</sup>	<i>One sample t-test results</i>
<b>Portion size</b>	138	4.09 (.74)	$t(137) = 17.26, p < .001$
<b>Social influence</b>	138	3.69 (.90)	$t(137) = 9.00, p < .001$
<b>Food variety</b>	138	3.96 (.84)	$t(137) = 13.47, p < .001$
<b>Distraction</b>	138	3.93 (.73)	$t(137) = 14.90, p < .001$

389 <sup>a</sup> denotes mean score on 1 (very uncertain) to 5 (very certain) response scale. SDs in brackets

390

391 *Trait external eating*

392 The three trait measures of external eating (the external eating subscale from the Dutch  
 393 Eating Behaviour Questionnaire; the uncontrolled eating subscale from the Three Factor  
 394 Eating Questionnaire; the reliance on internal hunger/satiety questions from the Intuitive  
 395 Eating Scale) were correlated and principal component analysis indicated that they loaded  
 396 onto a single factor. Thus, we z-scored each of the three scale scores and summed these to  
 397 produce a single composite measure of external eating, whereby a high score denoted higher  
 398 trait external (as opposed to internal) eating. The number of scenarios in which participants  
 399 believed their food intake would be increased by an external factor was significantly  
 400 correlated with trait external eating ( $r = .48, p < .001$ ). This relationship remained significant  
 401 when accounting for participant BMI and gender in follow up linear regression models ( $p <$   
 402  $.05$ ).

403

404 *Explanations for why external factors would influence food intake*

405 Initial agreement between two coders was high for each of the scenarios ( $> 90\%$ ). The most  
 406 common theme for why participants believed they would eat more when served larger portion  
 407 sizes was the desire to plate clear 39% (39/101), e.g. 'I would want to clear my plate'. The  
 408 most common theme for why an eating partner consuming a large amount of food would  
 409 increase food intake was because of social norms; 44% (24/55), e.g. 'makes it seem more

410 acceptable to eat more if everyone else is'. For the variety scenario participants tended to  
411 report that variety would increase their food intake because of enjoyment of trying different  
412 food items; 65% (68/104), e.g. 'I like to taste lots of different things'. Finally, the most  
413 common theme for why participants believed they would eat more when watching television  
414 was because they believed they would be distracted and lose track of how much they had  
415 eaten; 49% (40/81), e.g. 'not really thinking about how much I have eaten as distracted'.

416

417

## GENERAL DISCUSSION

418 In two studies we examined whether consumers are aware of the external factors that  
419 influence their food intake. In Study 1 we re-analysed data from a previous study (Robinson,  
420 te Raa, & Hardman, 2015) in which participants served a large portion consumed  
421 significantly more food than those served a standard portion and participants were also asked  
422 to report whether they believed portion size had influenced their intake. A sizeable number of  
423 participants served the large portion of ice cream (59%) believed that their food intake had  
424 been influenced by portion size, whereas a minority of participants did not believe they had  
425 been influenced. Participants who ate the most from the large portion of food were most  
426 likely to report that they had been influenced. A limitation of Study 1 was that awareness of  
427 the influence of portion size was measured retrospectively. We addressed this limitation in  
428 Study 2 by asking participants to indicate whether external factors that have been shown  
429 empirically to increase food intake (e.g. portion size, social influence, food variety,  
430 distraction) would be likely to affect how much they would eat in hypothetical eating  
431 scenarios. Large numbers of participants reported that they would be influenced by external  
432 factors known to affect food intake and participants tended to correctly believe that these  
433 external factors would increase their food intake.

434 In Study 2 we also examined whether trait self-report measures of external eating  
435 were associated with the degree to which participants reported awareness that their food  
436 intake would be influenced by external factors. We found that participants who scored highly  
437 on trait 'external' eating behaviour measures were more likely to identify that portion size,  
438 social influence, food variety and distraction would affect their food intake. This finding  
439 could be interpreted as evidence that consumers show genuine awareness of when external  
440 factors will increase their food intake, because we would expect that awareness should be  
441 most common among those that are regularly externally influenced when eating. However, it  
442 has been argued that self-report trait eating behaviour questionnaires measure beliefs about  
443 behaviour, rather than how people actually behave (Evers et al., 2009; Evers et al., 2011).  
444 Thus, the correlation we observed may in part be caused by the trait measures of external  
445 eating and the hypothetical external eating scenarios used in Study 2 both measuring the same  
446 underlying construct or 'belief'. Thus, this correlational finding should be interpreted  
447 cautiously.

448

#### 449 *Previous Research*

450 Previous research has suggested that consumers are unaware of the external or environmental  
451 factors that influence their food intake (e.g., Vartanian, Herman & Wansink, 2008; Vartanian,  
452 Sokol, Herman, & Polivy, 2013). Here we found that a sizeable proportion of participants  
453 reported being aware of the influence of external factors on their food intake. One possible  
454 explanation for this difference could be the methods used to assess awareness of external  
455 influences. In the present study and in Keenan, Childs, Hetherington, Rogers & Brunstrom  
456 (2018) and Robinson and Field (2015), participants were asked directly about the influence of  
457 a specific external factor. Other studies have often involved asking participants how their  
458 intake compared to their typical intake (e.g. Vartanian, Herman & Wansink, 2008). As

459 identified by Vartanian, Reily, Spanos, Herman and Polivy (2017) responses to this measure  
460 might be influenced by social desirability, with participants acknowledging the influence of  
461 external cues when they are motivated to do so; for example, as a way of justifying  
462 overconsumption. Asking a direct question might reduce the presence of this form of bias.  
463 Another factor that might explain why past studies have found participants to be unaware of  
464 the influence of external factors on their intake is that many have focused on social influence  
465 (Vartanian Herman & Wansink, 2008; Vartanian, Sokol, Herman, & Polivy., 2013; Spanos,  
466 Vartanian, Herman, & Polivy., 2014; 2015). In Study 2 we found that although participants  
467 tended to report awareness of external influences on food intake, this was less pronounced  
468 when reporting on social influence. For example, 73% of participants reported that they  
469 would be influenced by portion size when eating, whereas this number was 40% for social  
470 influence. One explanation of this finding is that people feel embarrassed to report that they  
471 would conform to the actions of others, so may wish to deny social influence. This  
472 explanation is consistent with the findings of Spanos et al (2015): participants thought it was  
473 more socially acceptable to eat more in response to larger portions than because of social  
474 influence. However, it is also plausible that the extent to which participants report they would  
475 be and/or were influenced by different external factors may reflect how powerful these  
476 different external factors are in shaping food intake. For example, there may be a subset of  
477 people whose food intake is not strongly socially influenced and this results in fewer people  
478 identifying that social influence affects their food intake (Robinson & Field, 2015). Indeed,  
479 there is evidence that personality traits relating to social approval predict whether a person is  
480 likely to be susceptible to social influence on eating and drinking behaviour (Caudill & Kong,  
481 2001; Litt, Stock, & Lewis, 2012; Robinson et al., 2011). Further work to understand the  
482 factors that determine whether consumers accurately report on the external factors that  
483 influence their food intake would be informative.

484

485 *Implications*

486 The results of the present studies indicate that consumers are likely to be aware of the types  
487 of external factors that cause them to eat more, so this casts doubt on whether intervention  
488 approaches that aim to educate consumers about external influences on food intake will  
489 reduce over-eating. This observation is in line with studies showing that educating consumers  
490 about the influence of external factors on eating behaviour (such as social influence and  
491 portion size) does not reduce the effect that these factors subsequently have on food intake  
492 (Bevelander, Engels, Anschutz, & Wansink, 2013; Cavanagh, Vartanian, Herman, & Polivy,  
493 2014). If consumers are aware that external factors like large food portion sizes increase their  
494 food intake but still eat more in response to these external cues, the most powerful approach  
495 to reducing over-eating is likely to be one that targets the external factor directly. For  
496 example, rather than reminding consumers about the influence that large portion sizes of  
497 commercially available food products can have on food intake, we suggest that the most  
498 effective intervention approach will be to reduce the size of commercially available food  
499 portion sizes.

500

501 *Strengths and Limitations*

502 A strength of the present research was that we addressed our research question using two  
503 methodological approaches (laboratory and survey data) and findings were consistent across  
504 both studies. Although other research has examined awareness after a meal (Robinson &  
505 Field, 2015; Keenan et al., 2018), we did not measure awareness during a meal. It could be  
506 argued that measurement of awareness during a meal would provide even stronger evidence  
507 for or against consumer awareness of the external factors that influence food intake.

508 However, taking such measurements during a meal may affect intra-meal eating behaviour

509 and also make it difficult to determine whether it is the external factor being manipulated or  
510 mere measurement of awareness. In the present study we predominantly asked about external  
511 factors likely to increase food intake and it would therefore be valuable to examine whether a  
512 similar pattern of results is observed for factors likely to decrease food intake. It is also  
513 possible that media coverage could have influenced how individuals responded to the  
514 hypothetical scenarios used in the present study. If any participants were conscientious  
515 readers of health news, they may have been exposed to stories highlighting how external  
516 factors influence intake. Likewise, socially desirable responding or ‘demand characteristics’  
517 are potential issues with survey research and although our results suggest that people report  
518 that they believe their food intake would be influenced by external factors in the present  
519 study we did not validate these reports. However, nearly all participants reported that they  
520 would not be influenced by an external factor that we know would be very unlikely to affect  
521 food intake and this indicates validity of participant reports from this study. Likewise, when  
522 asked why they would be influenced by specific external factors, participants often provided  
523 reasons that are consistent with the mechanisms of action thought to explain why these  
524 factors are likely to affect food intake (e.g. TV viewing causing overeating via distraction),  
525 which suggests participants reports may reflect accurate awareness.

526

### 527 *Conclusions*

528 Across two studies, we find evidence that consumers show awareness of the influence that  
529 external factors have on their food intake.

530

531

### **NOTES**

532 <sup>1</sup> In this paper we focused on the relationship between food intake and awareness of the  
533 influence of portion size for participants in the large portion size condition from Robinson, te

534 Raa & Hardman (2015) due to practical considerations concerning statistical power. For a  
535 detailed justification and descriptive statistics of data from the standard portion size  
536 condition, please see *Online Supplementary Materials*.

537

538

539

## REFERENCES

540 Adriaanse, M. A., Prinsen, S., de Witt Huberts, J. C., de Ridder, D. T., & Evers, C. (2016). 'I  
541 ate too much so I must have been sad': Emotions as a confabulated reason for  
542 overeating. *Appetite*, *103*, 318-323. doi:10.1016/j.appet.2016.04.028

543 Bellisle, F., Dalix, A. M., & Slama, G. (2004). Non food-related environmental stimuli  
544 induce increased meal intake in healthy women: comparison of television viewing  
545 versus listening to a recorded story in laboratory settings. *Appetite*, *43*(2), 175-180.  
546 doi:10.1016/j.appet.2004.04.004

547 Bellisle, F., Lucas, F., Amrani, R., & Lemagnen, J. (1984). Deprivation, Palatability and the  
548 Micro-Structure of Meals in Human-Subjects. *Appetite*, *5*(2), 85-94.

549 Bevelander, K. E., Engels, R. C. M. E., Anschütz, D. J., & Wansink, B. (2013). The effect of  
550 an intervention on schoolchildren's susceptibility to a peer's candy intake. *European*  
551 *Journal of Clinical Nutrition*, *67*(8), 829-835. doi:10.1038/ejcn.2013.122

552 Caudill, B. D., & Kong, F. H. (2001). Social approval and facilitation in predicting modeling  
553 effects in alcohol consumption. *Journal of Substance Abuse*, *13*(4), 425-441.

554 Cavanagh, K., Vartanian, L. R., Herman, C. P., & Polivy, J. (2014). The effect of portion size  
555 on food intake is robust to brief education and mindfulness exercises. *Journal of*  
556 *Health Psychology*, *19*(6), 730-739. doi:10.1177/1359105313478645

557 Evers, C., de Ridder, D. T., & Adriaanse, M. A. (2009). Assessing yourself as an emotional  
558 eater: mission impossible? *Health Psychology, 28*(6), 717-725. doi:10.1037/a0016700

559 Evers, C., Stok, F. M., Danner, U. N., Salmon, S. J., de Ridder, D. T., & Adriaanse, M. A.  
560 (2011). The shaping role of hunger on self-reported external eating status. *Appetite,*  
561 *57*(2), 318-320.

562 French, S. A., Mitchell, N. R., Wolfson, J., Harnack, L. J., Jeffery, R. W., Gerlach, A. F.,  
563 Blundell, J. E., & Pentel, P. R. (2014). Portion size effects on weight gain in a free  
564 living setting. *Obesity, 22*(6), 1400-1405. doi:10.1002/oby.20720

565 Hollands, G. J., Shemilt, I., Marteau, T. M., Jebb, S. A., Lewis, H. B., Wei, Y., Higgins, J., &  
566 Ogilvie, D. (2015). Portion, package or tableware size for changing selection and  
567 consumption of food, alcohol and tobacco. *Cochrane Database Systematic Reviews,*  
568 *(9)*, CD011045. doi:10.1002/14651858.CD011045.pub2

569 Karlsson, J., Persson, L. O., Sjöström, L., & Sullivan, M. (2000). Psychometric properties  
570 and factor structure of the Three-Factor Eating Questionnaire (TFEQ) in obese men  
571 and women. Results from the Swedish Obese Subjects (SOS) study. *International*  
572 *Journal of Obesity and Related Metabolic Disorders, 24*, 1715–1725.

573 Keenan G. S., Childs L., Rogers, P. J., Hetherington, M. M., & Brunstrom, J. M. (2018). The  
574 portion size effect: Women demonstrate an awareness of eating more than intended  
575 when served larger than normal portions, *Appetite, 120*, 54-60, doi:  
576 10.1016/j.appet.2018.03.009.

577 Levitsky, D. A., & Youn, T. (2004). The more food young adults are served, the more they  
578 overeat. *The American Society for Nutritional Sciences, 134* (10), 2546-2549.



- 579 Litt, D. M., Stock, M. L., & Lewis, M. A. (2012). Drinking to Fit in: Examining the Need to  
580 Belong as a Moderator of Perceptions of Best Friends' Alcohol Use and Related Risk  
581 Cognitions Among College Students. *Basic and Applied Social Psychology*, 34(4),  
582 313-321. doi:10.1080/01973533.2012.693357
- 583 Myers, K. P., Brunstrom, J. P., Rogers, P. J., & Holtzman, J. D. (2019). Portion size  
584 influences intake in Samburu Kenyan people not exposed to the Western obesogenic  
585 environment. *Appetite*, 133, 212-216. doi.org/10.1016/j.appet.2018.11.007
- 586 Parmenter, K., Waller, J., & Wardle, J., (2000) Demographic variation in nutrition knowledge  
587 in England. *Health Education Research*, 15(2), 163–174.  
588 doi.org/10.1093/her/15.2.163
- 589 Raynor, H. A., & Epstein, L. H. (2001). Dietary variety, energy regulation, and obesity.  
590 *Psychological Bulletin*, 127(3), 325-341. doi:10.1037//0033-2909.127.3.325
- 591 Remick, A. K., Polivy, J., & Pliner, P. (2009). Internal and External Moderators of the Effect  
592 of Variety on Food Intake. *Psychological Bulletin*, 135(3), 434-451.  
593 doi:10.1037/a0015327
- 594 Robinson, E., Aveyard, P., Daley, A., Jolly, K., Lewis, A., Lycett, D., & Higgs, S. (2013).  
595 Eating attentively: a systematic review and meta-analysis of the effect of food intake  
596 memory and awareness on eating. *American Journal of Clinical Nutrition*, 1-15.  
597 doi:10.3945/ajcn.112.045245
- 598 Robinson, E., & Field, M. (2015). Awareness of social influence on food intake. An analysis  
599 of two experimental studies. *Appetite*, 85, 165-170. doi:10.1016/j.appet.2014.11.019

- 600 Robinson, E., Sharps, M., Price, N., & Dallas, R. (2014). Eating like you are overweight: the  
601 effect of overweight models on food intake in a remote confederate study. *Appetite*,  
602 82, 119-123. doi:10.1016/j.appet.2014.07.019
- 603 Robinson, E., te Raa, W., & Hardman, C. A. (2015). Portion size and intended consumption.  
604 Evidence for a pre-consumption portion size effect in males? *Appetite*, 91, 83-89.  
605 doi:10.1016/j.appet.2015.04.009
- 606 Robinson, E., Thomas, J., Aveyard, P., & Higgs, S. (2014). What everyone else is eating: a  
607 systematic review and meta-analysis of the effect of informational eating norms on  
608 eating behavior. *Journal of the Academy of Nutrition and Dietetics*, 114(3), 414-429.  
609 doi:10.1016/j.jand.2013.11.009
- 610 Robinson, E., Tobias, T., Shaw, L., Freeman, E., & Higgs, S. (2011). Social matching of food  
611 intake and the need for social acceptance. *Appetite*, 56(3), 747-752.
- 612 Rolls, B. J., Morris, E. L., & Roe, L. S. (2002). Portion size of food affects energy intake in  
613 normal-weight and overweight men and women. *Journal of the Academy of Nutrition  
614 and Dietetics*, 76, 1207-1213.
- 615 Rolls, B. J., Roe, L. S., Kral, T. V., Meengs, J. S., & Wall, D. E. (2004). Increasing the  
616 portion size of a packaged snack increases energy intake in men and women. *Appetite*,  
617 42(1), 63-69. doi:10.1016/S0195-6663(03)00117-X
- 618 Rolls, B. J., Roe, L. S., Meengs, J. S., & Wall, D. E. (2004). Increasing the portion size of a  
619 sandwich increases energy intake. *Journal of the American Dietetic Association*,  
620 104(3), 367-372. doi:10.1016/j.jada.2003.12.013
- 621 Rolls, B. J., Vanduijvenvoorde, P. M., & Rolls, E. T. (1984). Pleasantness Changes and  
622 Food-Intake in a Varied 4-Course Meal. *Appetite*, 5(4), 337-348.

- 623 Sadoul, B. C., Schuring, E. A. H., Mela, D. J., & Peters, H. P. F. (2014). The relationship  
624 between appetite scores and subsequent energy intake: An analysis based on 23  
625 randomized controlled studies. *Appetite*, *83*, 153-159.  
626 doi:10.1016/j.appet.2014.08.016
- 627 Spanos, S., Vartanian, L. R., Herman, C. P., & Polivy, J. (2014). Failure to report social  
628 influences on food intake: Lack of awareness or motivated denial? *Health*  
629 *Psychology*, *33*(12), 1487-1494. doi:10.1037/hea0000008
- 630 Spanos, S., Vartanian, L. R., Herman, C. P., & Polivy, J. (2015). Personality, perceived  
631 appropriateness, and acknowledgement of social influences on food intake.  
632 *Personality and individual differences*, *87*, 110-115
- 633 Temple, J., Giacomelli, A. M., Kent, K. M., Roemmich, J. N., & Epstein, L. H. (2007).  
634 Television Watching Disrupts Habituation and Increases Energy Intake in Children.  
635 *Annals of Behavioral Medicine*, *33*, S105-S105.
- 636 Tylka, T. L. (2006). Development and psychometric evaluation of a measure of intuitive  
637 eating. *Journal of Counselling Psychology*, *53*, 226-240.
- 638 van Strien, T., Frijters, J. E. R., Bergers, G. P. A., & Defares, P. B. (1986). The Dutch Eating  
639 Behavior Questionnaire (DEBQ) for assessment of restrained, emotional, and external  
640 eating behavior. *International Journal of Eating Disorders*, *5*(2), 295-315.
- 641 Vartanian, L. R., Herman, C. P., & Wansink, B. (2008). Are we aware of the external factors  
642 that influence our food intake? *Health Psychology*, *27*(5), 533-538. doi:10.1037/0278-  
643 6133.27.5.533

644 Vartanian, L. R., Sokol, N., Herman, C. P., & Polivy, J. (2013). Social models provide a  
645 norm of appropriate food intake for young women. *PloS One*, *8(11)*, e79268.  
646 doi:10.1371/journal.pone.0079268

647 Vartanian, L. R., Spanos, S., Herman, C. P., & Polivy, J. (2015). Modeling of food intake: a  
648 meta-analytic review. *Social Influence*, *10(3)*, 119-136.  
649 doi:10.1080/15534510.2015.1008037

650 Vartanian, L. R., Reily, N.M., Spanos, S., Herman, C.P., & Polivy, J. (2017). Self-reported  
651 overeating and attributions for food intake. *Psychology & Health*, *32(4)*, 483-492.

652 Vartanian, L. R., Spanos, S., Herman, C. P., & Polivy, J. (2017). Conflicting internal and  
653 external eating cues: impact on food intake and attributions. *Health Psychology*, *36*  
654 *(4)*, 365-369

655 Vartanian, L. R., Reily, N.M., Spanos, S., McGuirk, L. C., Herman, C.P., & Polivy, J.  
656 (2017). Hunger, taste and normative cues in predictions about food intake. *Appetite*,  
657 *116*, 511-517

658 Zlatevska, N., Dubelaar, C., & Holden, S. S. (2014). Sizing Up the Effect of Portion Size on  
659 Consumption: A Meta-Analytic Review. *Journal of Marketing*, *78(3)*, 140-154.

660