

## An Integrated Mindfulness Approach to Disordered Eating

Charlotte Thaarup-Owen\*

Consultant, The Mindfulness Clinic, Australia

### \*Corresponding author

Charlotte Thaarup-Owen, Consultant, The Mindfulness Clinic, Australia;  
Email: charlotte@themindfulnessclinic.com.au

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### Abstract

*This research paper aims to fill a gap in the literature by reporting on the effects of an integrated, targeted, mindful eating program. The program 'The Dear Body - Loving the Body and Freeing the Mind – based on six mindfulness practices' (The Dear Body program) is currently offered in Australia and Bali as live-in retreat programs. As Mindfulness becomes more accepted in the West, targeted applications are becoming more common in relation to stress reduction, workplace, medicine and parenting (as common examples). With obesity, stress and depression increasing in most Western cultures, Mindfulness offers a sound and comprehensive process for addressing these issues and generating positive change. This paper makes an important contribution to the exploration of the topic and its effectiveness, providing an important foundation for future research.*

### Introduction

This paper investigates the effectiveness of a mindful eating intervention. It begins with an overview of relevant literature on the topic and the rationale for why such an intervention is considered important. The method and results are reported, followed by conclusions, implications and suggestions for further research (offered at the end of the paper).

Obesity and related diseases are rising in most western societies with catastrophic results ensuing [1]. In Australia, it is reported that almost two in three Australian adults are overweight or obese [2]. Commonly, the obesity epidemic is seen as a result of 'individuals consuming more energy than they are expending' [3]. This notion is being challenged by the likes of David Ludwig, who has gathered research indicating that what we eat, as well as the state of the body (whether it relaxed or stressed) when we eat, influence whether we gain weight nor not [4].

### Mindfulness and Mindful Eating

Mindfulness has been defined as a quality of consciousness, an awareness practice; more specifically defined as "paying attention in a particular way, on purpose, in the present moment, nonjudgmentally" [5]. In other words Mindfulness is a practice rather than a theory. Mindfulness practice has been shown to enhance the activation within the pre-frontal cortex, leading to improved body regulation (heart rate, digestion), attuned communication, emotional balance, response flexibility, fear modulation, empathy, insight (perspectives) and moral awareness (social good) [6]. On the hand stress reduces the activation of the pre-frontal cortex [7].

Mindful eating has always been part of general mindfulness programs. Recently however, work undertaken by in particular Kristeller and

Chozen has elevated mindful eating to a stand-alone program, with the specific focus of reducing binge eating and weight, through increasing the awareness of eating, enabling a healthier relationship between one's body and food [8, 9].

### Mindful Eating program, 'Dear Body'

Having reviewed other mindful eating programs, it became clear that there were gaps in the curriculum. The gaps identified were; the lack of a compassion embedded body focus, and the need of the exercises to be tailored to the relationship with eating, food and weight. Another gap was the process of Taking In the Good (TIG) [7]; a practice to enhance and embed positive experiences into having a more profound effect on the brain. The final gap was a lack of the integrated approach, of the elements mentioned above, of deep mindfulness practice, cognitive behavioural therapy and transactional analysis. The objective of this paper is to investigate the preliminary explorative outcomes of the program. The aim was to measure the effectiveness of the program with respect to enabling the participants to change their relationship with their body, food and eating to a healthier one and to allow the program to be further developed based on these findings.

### Method

#### Participants

Twenty-three participants answered the pre-course questionnaire and sixteen the follow-up questionnaire. There were twenty women and three men; the highest age was 67 years, the lowest 27 and the mean 44. The participants stated the key objective for participating in the program as being 'they wanted to lose weight'. Participants were recruited through self-referral, advertising and word of mouth. There were no particular selection criteria for attending the program. All participants paid for the program and all completed it.

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## Methodology

### Measures

The study was conducted through a combination of quantitative and qualitative research. The quantitative research was conducted through a pre and post questionnaire, using a series of standardized measures to measure stress levels, general psychological wellbeing, body appreciation, restraint ability, food cravings and self-compassion. Specifically the tools used were: The Perceived Stress Scale, Revised Restraint Scale, Food Craving Inventory, Body Appreciation Scale (BAS) Depression, Anxiety and Stress Scale (DASS21), Mindful Eating Questionnaire and a Self Compassion Questionnaire [10-16]. The Perceived Stress Scale is the most widely used psychological instrument for measuring the perception of stress [10]. The DASS21 is a 21 item self-report questionnaire designed to measure the severity of a range of symptoms common to both Depression and Anxiety [17]. Both of these instruments were included to determine any undiagnosed psychological illness. The qualitative research was a mix of conversations, emails, written feedback immediately after the program and closed group Facebook Mindful Eating community posts during and after the program.

### Program

Overall the program adheres to the basics of the Mindfulness Based Stress Reduction (MBSR), but enhances it further with further insights from neuroscience, Cognitive Behavioural Therapy and Transactional Analysis. Basic information about a healthy diet, exercise, was also included. All practices and exercises are targeted to focus on the relationship with food, eating, and the body, while imbued it with compassion. Included in the program is a handbook and access to audio mind training exercises. The Dear Body program has six elements: 1. Attention training; which reduces anxiety whilst enhancing ability to notice thoughts and is also instrumental in impulse management [18]. 2. Mindfulness of the Body; which shifts the attention from the externally defined relationship with the body to an increasing compassionate internal experience of the body. 3. Stress Management; as stress has been shown to make it difficult to make changes, reduce ability to self-manage and increase cravings for carbohydrates [7]. 4. Mindfulness of feelings; learning to be with emotions, see them as temporary visitors and break habits. 5. The binge/diet cycle; uses Transactional Analysis to understand the dance of the diet/binge cycle. 6. Taking in the Good [7]. (More on the program and a longer paper on this is available on request; charlotte@themindfulnessclinic.com.au).

### Procedure

Four different group programs were held. Participants covered the same modules within the programs however the programs took place in different locations at different times. Participants filled in the questionnaire prior to commencing the program and then completed the questionnaires between 2 and 4.5 months after the program. Enrolment was online, followed by an email with the pre-course material. The questionnaire was completed during the first day of the program. After completion of the program participants are part of an email group as well as part of a private Facebook group.

## Results

### Quantitative data

The Perceived Stress Scale and the DASS21 showed no underlying psychological issues [14]. Participants were high functioning as shown across all questionnaires, but had insecurities and negative evaluations of their bodies. The largest general deviation from the

norm was the Body Appreciation Scale (BAS); this did not show up in the DASS [19]. To the question: 'I feel love for my body' only 23.1% initially said they seldom loved their bodies; at the end of the program more than 76% said they loved their bodies and felt comfortable in their bodies. According to the Food Craving Inventory after the Dear Body program over 80% of participants reported awareness of what they are eating [12].

### Qualitative data

Consistent qualitative comments from participants during and post program formed five distinct themes, which are supported by the quantitative data. The first theme identified was the power of addressing the body as 'dear body' softening the relationship with the body. This was described as 'bringing me to a new relationship with the body'. The second theme was how much more likely it is that mindfulness is practiced when it is integrated into a daily activity like eating. The third theme was that weight loss was considered to be a side effect to all the other benefits of mindfulness. The fourth theme was that after the program there was an increased inclination towards healthier food options. The fifth theme was how useful Transactional Analysis was as a tool for understanding the diet/binge cycle.

Emailed comments posted during The Dear Body Program included: 'I realized while filling in the mindful eating follow up survey, how much kinder I am being to myself!' 'I am finding that practicing mindful eating is not only enabling me to slow down my eating and appreciate what I am eating more fully - it is perhaps more importantly, enabling mindfulness practice frequently throughout the day'.

### Discussion

The aim of the study was to explore if the program could result in participants having a better relationship with body, food and weight. Both quantitative and the qualitative data suggest this to be so. Participants have a better relationship with their bodies, their weight and food after the program. The deep and compassionate body focus brings about a more caring relationship with the body. Taking in the Good (TIG) bring into experience a state that is larger than the self, where new perspectives are possible and there is a sense of awe. The diet/binge cycle, provides a usable model to be recognized as a thought pattern and therefore not identified with, not believed in as a truth. It was also noted that naturally more mindfulness practice was engaged in through making eating a mindfulness practice.

### Limitation of design and exploration

The present study carries a number of limitations. These include the fact that participants attended programs of different duration and there was no recognition of that fact in the design methodology. Of the twenty-three answering the initial questionnaire, sixteen signed into the follow up. Of the sixteen who signed in to the follow up questionnaire, only eleven completed it. Another shortcoming is the lack of consistency concerning the time gap between the end of the program and the follow up questionnaire. There was also no control group to compare the results with. The same facilitator presented to all groups, so it is not known if the outcome is directly related to the program, the therapeutic relationship with the facilitator or a combination of these.

### Importance of study

The importance of this study is to add to the explorations and

dialogue of mindfulness, and in particular, mindful eating in relation to dealing with obesity and the overall relationship with food, eating and the body. Specifically, it is useful to have identified a group of people who are well functioning, but are not satisfied with their bodies. This provides guidance for future programs for this particular target group. The study is also significant in showing the shift to being more mindful of what is eaten. Overall, it seems that there is a large potential for positively affecting the eating habits of people with obesity.

### Areas of further study

There are so many options for further studies. Comparing a program run over 7 weeks with these findings would be the first obvious one to do. It would be interesting to incorporate the online version in an evaluation process. Also the same program run with a different target group would be interesting and of course more longitudinal studies would offer a broader perspective on the effects.

### Conclusion

It is an exciting time to be exploring and researching Mindful Eating, as this research is still in its infancy and has enormous potential. Based on this early study, mindfulness based interventions deliver results when it comes to changing the relationship between body, eating and weight; but more data is required that is longitudinal and far reaching to support these results. Considering increases in obesity, stress levels and depression and the reported effectiveness of mindfulness practice to deliver antidotes for these problems, there is no doubt there will be an increased focus on what mindfulness programs can offer the West, in relation to not just mental health and wellbeing, but also to our relationship with our bodies, weight, food and eating [20-21].

### References

1. World Health Organization (2015) Australia.
2. Australian Government (2016) Overweight and obesity. Australian Authoritative Information and Statistics to promote better Health and Wellbeing (AIHW).
3. Lowe MR, Butryn ML, Didie ER, Annunziato RA, Thomas JG, et al. (2009) The Power of Food Scale. A new measure of the psychological influence of the food environment. *Appetite* 53: 114-118.
4. Ludwig D, (2016) Always Hungry. Australia: Orion Publishing Group.
5. Kabat-Zinn (2005). *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life*. New York: Random House.
6. Siegel D (2013) *Mindsight, Change Your Brain and Your Life*, Australia: Griffin Press.
7. Hanson R (2013) *Hardwiring Happiness*. UK: Random House Group.
8. Kristeller J (2014). *MB-EAT training*. Belgium.
9. Chosen Bays J (2009) *Mindful Eating: A Guide to Rediscovering a healthy and Joyful Relationship with Food*. USA: Shambala Publications.
10. Cohen (1994) *The Perceived Stress Scale*.
11. Herman CP, Mack D (1975) Restrained and unrestrained eating. *Journal of Personality* 43: 647-660.
12. Marney A. White, Brooke L. Whisenhunt, Donald A. Williamson, Frank L. Greenway, Richard G. Netemeyer (2002) Development and Validation of the Food - Craving Inventory 10: 107-114.
13. Avalos L, Tylka TL, Wood-Barcalow N (2005) The Body

Appreciation Scale: development and psychometric evaluation. *Body Image* 2:285-297.

14. DASS21, Anxiety and Stress Scale.
15. Fairburn, Beglin (2008) *Eating Disorder Examination Questionnaire (EDE-Q)*, Guilford Press, New York.
16. Neff (2003) *Self-Compassion Scales*.
17. Lovibond SH, Lovibond, PF (1995). *Manual for Depression Anxiety and Stress Scales*. (2<sup>nd</sup>. Ed.) Sydney: Psychology Foundation.
18. Goleman D. (2013) *Focus, The Hidden Driver of Excellence*. USA: Harper Collins.
19. Tylka L. Tracy, Wood-Barcalow Nichole L (2014) *The Body Appreciation Scale-2: Item refinement and psychometric evaluation*. Elsevier, *Body Image* 12: 53-67.
20. Cohen S, Williamson G (1988) *Perceived stress in a probability sample of the United States*. *The Social Psychology of Health*. Newbury Park, CA: Sage.
21. *Oxytocin nasal spray causes men to eat fewer calories* (2015) Retrieved April 4 2015.

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