

Running Head: PERMISSION TO EAT

Permission to Eat: A Dietitian's Journey with Mindful Eating

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As I pull the door open, a small bell rings, and I feel welcome as I walk through the entrance. The sweet scent and warmth of freshly baked goodies wafts over me like a warm blanket. The aroma inebriates me. The cinnamon buns are plump and freshly drizzled with homemade cream cheese icing. Dustings of cinnamon, sugar and raisins are sprinkled across the swirled treat. I am reminded of the ski hill with my family as a child. There was nothing like defrosting cold toes after a morning on the slopes heading inside for a hot and gooey cinnamon bun. Sometimes we would share it, taking turns pulling off doughy chunks with delight. We reveled in the unraveling bun and the chewy, moist center that we savoured at the end.

So often the everyday eating experience is tainted with concern about calories and fat grams. Although I am a dietitian, I don't often read food labels when I go to the grocery store. When I walk down the cereal aisle, I am bombarded by package claims. One package label indicates that its product is high in fiber, another is fortified with 12 essential nutrients, the next is low in sugar, low in fat, and high in iron. I do not take too much notice because most of the food I buy has no label. The fresh fish, the bulk lentils and beans, and the raw fruit and vegetables, are very nutritious and they don't come in a flashy package. I don't have faith in most of the items that advertise their health benefits. I trust that the foods that have always been food are usually a better choice. As food activist Michael Pollan explains in his latest book, "Don't eat anything your great-grandmother wouldn't recognize as food" (Pollan, 2008, p. 148). I realize there is value in understanding the content of foods but what concerns me is how much we value calculating our food choices in our head. Have I burned enough calories to deserve this? Should I have something else instead? How many calories have I had so far today?

Introduction

In this paper I will use my personal and professional experiences with food to frame a discussion of dietetic training, guidelines and resources. A description of the health status of Canadians will emphasize the inadequacies of current practice. My goal is to introduce mindfulness as a complementary strategy. Informed by background information surrounding mindfulness and mindful eating, I will identify ways to expand dietitians' understanding of and capacity to utilize this tool.

Recent Reflections

I yearn for the days when a crisp apple, plucked from the tree, could be appreciated instead of today's low carbohydrate snack bar. When I reflect on the experience of eating one of these bars, something is missing:

Peeling back the smooth, shiny gold and red wrapper, it slides away easily, not an important player in the eating experience. What remains is a firm rectangle of matter with a dense texture. After the first bite, chewing produces a mealy paste. It is slightly sweet but a metallic and bitter aftertaste detracts from the initial experience. After swallowing, the mouth and tongue feel dry and coated. No particular satisfaction is derived except the hope that the body is experiencing something better than could be provided by foods that come from the earth. It is a quick fix that does not involve preparation.

How did we get to a place of indoor treadmills and counting calories? Where one in five meals are eaten in the car (Pollan, 2007)? How can we begin to honour our food again rather than fight with it? How did we lose the ceremony, enjoyment, and appreciation of food? When did eating become a battle? The smells, sights, flavours, and textures in food contain so much beauty but they are often ignored while we look towards the anticipated outcome or consequence of eating it. The focus is on gaining or losing weight, increasing muscle size, or getting stronger.

What does it feel like to be content with what we have? What does it feel like to embrace the wrinkles, fat, varicose veins, and body pain because it means we're sensual beings with consciousness, an aging body, and a beating heart? When did we start fighting with the pleasurable foods? We now feel the need to hide away the desserts and call them junk food to stop ourselves from devouring them like bears storing fat for the winter's slumber. What would happen were we to eat what we wanted in order to nourish and satisfy ourselves?

When did we lose the feeling of being satiated? Just as in other areas of our lives, food is no longer enough. There has to be some way to make it bigger, better, eat a larger portion with fewer calories. Food has become the enemy rather than the social, emotional, pleasurable experience it was for people in another time and another place.

My Introduction to Dieting

My awareness of and interest in health issues began when I was competing as part of a rowing crew at the age of 14. We trained intensely both on and off the water. My legs and back had the strength to propel a rowing shell across a vast lake but there was a catch; I was a lightweight rower and had to be careful to stay below a certain weight. It was the early 1990s and the low fat diet craze was in full force so I was expected to avoid fat at all costs. In retrospect I realize that nutrition had become an obsession and at times, I had lost the enjoyment of eating.

It was always a day to rejoice when apple crumble was on the menu because it was a low fat dessert and I could eat it until my stomach hurt. During other dinner times I would watch my friends eat the brownies and cake but I could not participate because they were high in fat. Anything that wasn't fat free was not allowed. When we walked to the corner store to get a treat I had the fat free candies rather than the chocolate bar. Little did I know, my bursting bag of unsatisfying fat free candy contained more calories than my friend's single bar of creamy chocolate. I was so unaware and fat conscious that I couldn't recognize what my body craved.

A Career in Health

Since that time, I have had experience in many areas of nutrition and physical fitness. Whether volunteering in the community, researching in India, or working in a long term care facility, hospital, fitness facility, teaching exercise classes, or competing in Nationals at Ultimate Frisbee, I have been involved in the health field for the last 15 years.

In my twenties, I strove to be as productive as possible in helping people with their health. I wanted to reach as many people as I could. As a student, I held at least two volunteer positions, as well as worked at a fitness center, and played a competitive sport. Upon graduation, the volunteer positions expanded, as did my career, and I held as many as three jobs at one time.

The Grad School Journey

In September of 2007, I began my master's degree in health education (MEd) because I wanted to broaden my professional skills and scope as a health professional. For the first semester of my MEd, I felt disconnected, scrambled, and busier than ever before. I was confused because my education hadn't provided me with an additional feeling of purpose or learning. I was becoming aware, as were my fellow students, about the need for a multidisciplinary approach to health education. We were learning that various factors such as social, physical, cultural, and environmental contribute to one's health (Public Health Agency of Canada, 2001). I also recognized that multiple stakeholder and participant involvement increases the feasibility for sustainable and effective health promotion programming. During the last class of the semester we had a guest lecturer speak to us about mindfulness and meditation. All of a sudden I felt passionate. The mindfulness concept involved acknowledging and exploring the sensations of the physical and emotional body without judgment or expectation. During this class I realized there was a lack of importance placed on mental well being with the majority of health programming.

I began to realize the limitations of my current practice as a dietitian. Some of my clients know more about the macro and micronutrient content of food than I do. The problem for many patients and clients is not a lack of knowledge, it's that they don't know how to translate it into a sustainable practice in their own lives. Additionally, they are so disconnected from their own bodies that they don't even know what their bodies need and want. Throughout my degree I worked with clients with a multitude of acute and chronic conditions, many of which would be improved with changes in nutrition and physical activity. It didn't matter which hospital area I worked in, it was clear that mindful eating techniques could be useful in all areas of my dietetic practice.

In the next section, I will take a closer look at the dietetic profession and the health of Canadians to further explore the need for change. The introduction to mindfulness and mindful eating will follow.

The Dietetic Profession

Dietetic Training and Certification

Training for dietitians begins with a five-year rigorous science program at university, which includes courses in various disciplines such as biology, chemistry, food science, as well as statistics and agricultural sciences (UBC, 2009). Despite thorough deliverables in other areas, and background in physiology to develop understanding of the physical body, addressing the clients' psychological challenges is largely ignored within the core curriculum (UBC, 2009).

The BC College of Dietitians (2009) defines the goals of diet education “to attain, maintain and promote health”. Additionally “a Registered Dietitian is able to assess the nutritional needs of clients; design, implement and evaluate nutritional care plans and therapeutic diets; and disseminate information about food and human nutrition to attain, maintain and promote the health of individuals, groups and the community” (College of Dietitians of BC,

2009). Per the national dietetic guidelines, education should be client centered and include collaboration with others as necessary (Dietitians of Canada, 2000). There are no details outlined for dietitians' pedagogy and therefore it is learned through norms of practice during one's career.

Current Dietetic Practice

Whether a patient has chronic kidney disease (CKD), diabetes, heart disease, high blood pressure, or other chronic or acute ailments, the diet guidelines designed for management of these and other health conditions can exclude numerous foods and preparation methods (CDA, 2009; Heart and Stroke Foundation, 2009; Kidney Foundation of Canada, 2006). This can lead to significantly reduced choices because large amounts of the restricted items are found in common foods that people eat (Wells, 2003). Patients have varying levels of competence, limitations and motivation when they receive education. Significant challenges complicate a patient's capacity for change. Whether they're sick in the hospital or struggling with significant emotional or financial stress, the challenge is for the dietitian to find a way to make the diet realistic for individual patients while including the requirements of the often, strict diet guidelines.

The expectation is that if patients gain specific skills, habits, and attitudes, it is possible to improve or maintain their health. The hope is that if the educator understands client's individual barriers and communicates appropriate and relevant information, the client will understand how to apply the standardized guidelines. Dietetic education is planned through exposure to techniques as well as learning from other practicing dietitians.

The national resource for practice-based evidence in nutrition (PEN) for dietitians contains handouts and background information for dietitians in a variety of areas. The database contains information surrounding nutrition education and nutrition counseling. A tool identified in PEN and commonly used by dietitians in chronic disease management is the motivational interviewing technique (Ciliska, Thomas, Catallo, Gauld, Kingston et al., 2006). This approach

takes a client-centered view to education and behaviour change that uses empathic or reflective listening and directive questioning to help clients move toward self-defined behaviour change goals (Miller & Rodnick, 2002).

Challenges for Dietetic Practice: The Health Status of Canadians

I went online recently and entered “diet” into the Google search engine. In 0.33 seconds, 23 billion results came up. Then, I entered “The Zone Diet”, “The Atkins Diet”, then “Weight Watchers”, and “The South Beach Diet”. I found that each search produced several million results. I also performed a search on the Canadian Chapters/Indigo website in the book section with the keyword “diet” and 4,450 results came up. I recognize that Google and book searches are not scientific evidence but it demonstrates the obsession with diet in our culture.

The above results are a concern because the focus on diets has not fostered an improvement in the health status of Canadians. In 2003, nearly one in seven people were identified as obese (WHO, 2009) Diabetes prevalence is also rapidly increasing with one in 17 Canadians currently diagnosed. The number is higher than the recognized statistic because many people are unaware that they have the disease. More people die in Canada each year from heart disease than any other condition (Health Canada, 2008). Another prevalent chronic disease on the rise is mental illness, which affects 20% of the population (Provincial Health Agency of Canada (PHAC), 2009a). Total incidence of various types of cancer has also increased in the last 20 years (PHAC, 2009b). Significant risk factors and contributing factors for diabetes, heart disease, mental illness and cancer include poor diet, obesity, physical activity, and high cholesterol (PHAC, 2009a). Obesity rates have increased more than 12% across Canada in the last ten years (PHAC, 2009b). Another indicator of ill health in Canada is supported by the fact that less than half of Canadians eat the recommended minimum of five servings of fruit and vegetables each day (PHAC, 2009a). Meeting the guidelines for fruit and vegetable consumption has been linked

with improved health status (PHAC, 2009a). Despite dietitians' significant efforts with nutrition education, compliance with and adherence to health promoting recommendations is unsatisfactory.

The Need for a Shift in Practice

Whether it's in the hospital, community, or schools, it is not enough to teach Canada's food guide, reading labels, and how to take advantage of exercise classes at the community center. There is an abundance of existing knowledge and yet obesity and unhealthy habits are on the rise (WHO, 2009). There is a need for a shift in the current practice. Dietitians are key health professionals involved with promoting people's healthy behaviours (ADA, 2006), and as such are in a position to effect the necessary changes.

Having worked in a variety of dietetic areas such as kidney disease, internal medicine, geriatrics, surgery, gastrointestinal, diabetes, heart disease, cancer, HIV, and eating disorders, I realize that compliance is extremely challenging for patients. Diet therapy often targets making changes in what people do with a functional and definitive focus. The goal is to promote improvements in future health outcomes. A mindful approach involves increasing awareness of what is happening in the moment and focusing on the present. In the next section I will define and explore the concepts of mindfulness and mindful eating.

Introduction to Mindfulness

Walking along the beach with camera in hand, I feel transformed and connected to the sand beneath my feet. As I look through the viewfinder to capture the beauty and artistry that nature has created, everything else melts away. The picture that is framed before me is all that I am aware of in that moment. I find photography grounding and I can do it in a mindful way.

Have you ever truly noticed what you're cooking? The beads of quinoa burst with a nutty flavour in my mouth as I sample the freshly seasoned dish. The pressed soybeans are cold and

moist as the knife slides easily through its flesh. In the pan, the tofu sizzles as the strips begin to crisp and turn golden in their shallow bath of oil. The aroma of fresh garlic and ginger stimulates the senses, creating intense pleasure in my soul. This experience makes me feel alive. I am struck that eating is something I do at least three times a day and so rarely I focus on the moment enough to be able to appreciate it. The idea of supporting patients to be more connected to their food in this way excites me.

Mindfulness and Mindful Eating Background

The principle of mindfulness awareness has been incorporated in a variety of therapy modalities. Some of the most prevalent treatments include mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), acceptance and commitment therapy (ACT), Dialectical behaviour therapy (DBT), and specific mindful meditation training.

The scientific application of a meditative approach was first explored in the 1970s (Benson, 1975) from which Jon Kabat-Zinn further developed into the clinical application of mindfulness (Kabat-Zinn, 1982). Mindfulness has been defined as paying attention in a particular way: on purpose, in the present moment, and non-judgmentally (Ludwig & Kabat-Zinn, 2008). The goal is to keep oneself in the present and observe and ponder the sensations that arise to facilitate a better understanding of one's situation rather than focus on the past or the future (Ludwig & Kabat-Zinn, 2008). Mindfulness approaches are designed to create more willingness to incorporate new ideas without judgment and utilizing multiple perspectives in one's problem solving (Langer, 2000). Essentially, mindfulness is an approach that increases awareness and facilitates a skillful response to destructive behaviour and psychological pain (Bishop, 2006).

Mindful eating is under the umbrella of general mindfulness strategies with the focus centered in food and the eating experience. It is defined by paying attention to an eating experience with all our senses (seeing, tasting, hearing, smelling, feeling); witnessing, without

judgment, the emotional and physical responses that take place before, during and after the experience (Hammond, 2007).

The goal with mindful eating is to support a shift from fighting and feeling deprived with food, to feeling satisfied with and enjoying food (Satter, 2009). The focus is more on how to eat, and less on what to eat (Satter, 2009).

Mindfulness Research

Clinical application of mindfulness therapy. A large literature review explored 82 randomized controlled trials, including a Cochrane review, and analyzed the efficacy and safety of mindfulness practices utilized in the treatment of various chronic and acute illnesses (Arias, 2006). The strongest evidence existed with disorders relating to mood and anxiety, those that begin with psychological factors that ultimately affect the physical as well (Arias, 2006). The conclusion noted the lack of large, randomized studies and although no harm could be identified from mindfulness strategies, further research would be beneficial to increase the evidence to support its efficacy. The following explanations describe details from the research of specific areas.

Mindfulness therapy and diet adherence. Several case studies have been completed to investigate the experience for individual intervention with mindfulness based therapy and obesity. In three separate studies, subjects experienced improved diet adherence leading to weight loss (Singh, Lancioni, Singh, Winton, Singh et al., 2008; Singh, McAleavey, Adkins, Singh, Lancioni et al., 2008; Vetter-Smith, Luebbe, Tobias, & Dude, 2008). Additionally, one study demonstrated a pre- and post-test 10-week mindfulness-based intervention with post bariatric surgery patients (Leahey, 2008). Results supported mindfulness practice and a correlation with better adherence to the post-surgical diet (Leahey, 2008).

Mindfulness therapy and mental well-being. Results from a literature review studying the effects of MBSR therapy and mental health supported improvements in levels of stress and sense control over health after intervention (Baer, 2003). A need for more randomized control studies was identified (Baer, 2003). Consistent with the findings of the literature review, another experiment explored the 8 week MBSR program in a pre- and post-test intervention for mental health demonstrating improvements in stress levels and self-efficacy but without a control group (Chang, Palesh, Caldwell, Glasgow, Abramson et al., 2004). Several intervention studies in the area of obesity reduction also found that patients had improved emotional well-being and quality of life after MBSR (Leahey, 2008; Singh, Lancioni et al., 2008; Singh, McAleavey et al., 2008; Veter-Smith et al., 2008).

One randomized controlled trial for patients with heart disease, found improvements in anxiety, coping and control of health issues after MBSR (Tacon, McComb, Caldera, & Randolph, 2003). A prospective study in the area of diabetes also supported improved stress levels after mindfulness therapy (Rosenzweig, Reibel, Greeson, Edman, Jasser et al., 2007). MBSR therapy has been shown to be effective for improved quality of life in one pre- and post-study intervention with HIV patients but once again, without a control group (Logsdon-Conradsen, 2002).

A literature review analyzing the research in cancer and MBSR therapy found outcomes of pre and post test designed studies resulting in improvements in sleep, stress and mood (Garland, Carlson, Cook, Lansdell, & Speca, 2007).

Mindfulness therapy and control of disease parameters. A large randomized control trial in the area of heart disease demonstrated improved overall CVD outcomes after 10 years (Edelman, Oddone, Liebowitz, William, Olsen et al., 2006). Another randomized study was completed with a diabetes clinic intervention that included standard therapy or the inclusion of

mindfulness therapy as well. After a three month follow up, better control of diabetes was seen with the intervention group (Gregg, Callaghan, Hayes, & Glenn-Lawson, 2007). Another study was not randomized but employed the 8 week MBSR program with a prospective observational study; results demonstrated improved diabetic disease parameters (Rosenzweig et al., 2007).

Mindful Eating Research

Numerous books have been published on the topic of mindful eating (Albers, 2003; Altman, 2004; David, 2005; Johnston, 1996; Normandi & Roark, 2008; Somov, 2008; Tribole & Resch, 2003; Wansink, 2007) however limited research has established the efficacy of the concept. The results from one study supported the potential benefit of mindful eating exercises but it was without a control group (Smith et al., 2006). A second exploratory study resulted in decreased depression, anxiety and binge eating rates and increased locus of control after 6 weeks of treatment involving mindful eating practices (Kristeller & Hallet, 1999).

Applying Mindfulness in Dietetic Practice

As outlined above, the limited research supports the use of mindfulness therapy to improve health outcomes for various chronic disease populations. Given the poor health of a significant segment of the population, mindful eating therapy appears to be a beneficial intervention. I hope to support the expansion of mindful eating therapy as part of a comprehensive nutrition intervention strategy to enable patients and clients to improve their quality of life and physical health.

Current State of Mindful Eating in Dietetics

After reviewing the UBC dietetic degree requirements (UBC, 2009) and communication with the program coordinator, I discovered that there is no mindful eating content in the dietetic curriculum. When I explained my interest in mindful eating, the coordinator identified its potential efficacy in practice and is interested in further discussion regarding adding content to

the students' program for 2010.

Additionally, PEN includes only the previously mentioned education tools. There is no content relating to mindfulness and mindful eating. The director of PEN expressed interest in including mindful eating in the database and suggested I submit content for review.

At St. Paul's hospital where I work as a dietitian, there are no mindful eating resources in our online or print databases. After surveying the dietitians, I found that a few had purchased and used resources of their own on the topic.

I sent an email to the provincial dietetic distribution list to request resources and insights from others about mindful eating practices and nearly 30 dietitians responded. Their responses indicated that some dietitians are using mindful eating books, exercises and resources in practice (Albers, 2003; Altman, 2004; David, 2005; Johnston, 1996; Normandi & Roark, 2008; Somov, 2008; Tribble & Resch, 2003; Wansink, 2007). I had several requests from dietitians and students for further mindful eating information for use in their current work and practice.

Promoting Mindful Eating in Dietetic Practice

As previously indicated, there are several resources and books on the topic of mindful eating. Dietitian exposure and understanding of the concept are limiting factors in its usage and as a result, I want to increase availability and access to these resources. My first step has been to increase my understanding of and abilities with mindful eating in my practice. I have been using mindful eating exercises with my patients and continue to review the literature. Secondly, I have developed a mindful eating curriculum for use with patients and clients (see Appendix A).

Additionally, I hope to take a course on mindful eating to facilitate not only improved understanding of the concept but also to support my ability to teach the technique to patients, clients and other health professionals.

In addition to increasing personal capacity, I plan to increase other dietitians' training in

and awareness of mindful eating techniques for use in their practice. I will continue to work with the director of PEN to develop a handout and backgrounder on mindful eating to ensure the information is available. By developing a mindful eating curriculum to be offered to dietitians, dietetic students, and other health professionals, I hope to increase understanding and exposure to mindful eating as a tool in practice. Through collaboration with the clinical practice leader at St. Paul's Hospital, I was provided with funds to purchase a mindful eating resource "Discover Mindful Eating" (Burggraf & Hammond, 2005) for the dietitians' use. I also delivered a mindful eating exercise to introduce the resources and principles to dietitians at one of the bimonthly general meetings. Lastly, I have put together a mindful eating reference list and have shared it with the dietetic listserv (see Appendix C).

Through the previously mentioned strategies, I hope to expose more dietitians and dietetic students to the concept of mindful eating and increase many professionals' knowledge, interest and abilities with the education strategy. I recognize dietitians' training and exposure to the core curriculum and professional norms are important. I envision that the addition of mindful eating will enhance current practice.

Further Considerations

I see value in fostering the increased usage of mindful eating strategies in dietetic practice. However, further research in exploring the efficacy and understanding of mindful eating strategies could be helpful. Dietitians strive to practise in an evidence based fashion and the current evidence is limited. Well designed research studies in mindful eating could provide further support for utilizing this potentially powerful technique in dietetic practice.

Conclusions

As I think back to my recent experience in the bakery, I remember standing at the counter and choosing one of the delicious cinnamon buns. Every piece I took had all the flavour, texture

and taste that I remembered from childhood. I couldn't have imagined a better snack. I had given myself permission to eat the whole bun. I savoured each bite and fully appreciated the treat. After eating 3 large pieces, laden with icing, I realized that my stomach was feeling full. I was satisfied. A third of the delicious pastry was enough. If I had been having that treat with guilt or without giving myself true permission, I imagine that I would have eaten it all and possibly still not been satisfied. Perhaps if I had been skiing all morning, my body would have wanted more but that afternoon, I only wanted a third. I have found physical and emotional freedom and acceptance in giving myself permission to eat. I hope more people can be educated with a mindfulness approach and experience satisfaction and joy with eating. As a dietitian, I am optimistic about the potential of mindful eating in dietetic practice to produce physiological and psychological benefits for all.

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Appendix A

Mindful Eating: Exploring Eating in the Moment

Objective:

Introduce participants to the concept of mindful eating and explore the principles through a mindful eating exercise.

Time: 10-30 minutes

Class size: Dependent on room or space capacity

Materials: 1 piece of fruit for each participant (choose one with a strong aroma such as a strawberry or peeled orange or mango slice)

1 small bowl, plate or paper towel for each participant

A quiet and comfortable space

Introduction to mindful eating

Definition:

Paying attention to an eating experience with all our senses (seeing, tasting, hearing, smelling, feeling); witnessing, without judgment, the emotional and physical responses that take place before, during and after the experience. (Hammond, 2007)

Background:

Artistic endeavors such as photography and dance require mindful attention and are generally understood as such. Routine experiences that are embedded in everyone's lives such as eating (or even washing dishes or sweeping the floor) are not typically thought of as mindful but they can with the right attention.

A Mindful Eating Experience:

“The beads of quinoa burst with a nutty flavour in my mouth as I sample the freshly seasoned dish. The pressed soybeans are cold and moist as the knife slides easily through its flesh. In the pan, the tofu sizzles as the strips begin to crisp and turn golden in their shallow bath of oil. The aroma of fresh garlic and ginger stimulates the senses, creating intense pleasure in my soul.”

Preparation:

- 1) Each participant receives a piece of fruit
- 2) Inform participants to wait until directed to focus on the fruit

Facilitation Steps:

Lead the patients through mindful eating with the following as a guide:

1) Preparing

- a. Make yourself as comfortable as possible
 - i. Ensure you have a straight back but it is not rigid
 - ii. Allow your breathing to be open and easy
 - iii. Focus on softness in your arms and eyes

2) Exploring

- a. Pick up the fruit and hold it in your hand.
 - i. Notice its shape, texture, colour
- b. Close your eyes
 - i. explore its texture
 - ii. explore its shape
 - iii. explore how it feels in your hand
 - iv. explore how it smells by bringing it up to your nose

* As we move through this exercise, if you begin to think about events in the past or the future, just recognize it and bring your attention back to the present with the fruit

3) Refocusing

- a. Open your eyes and look at the fruit more closely
 - i. Look again at its shape, texture, and colour
- b. Bring the fruit up to your nose and smell it again.
- c. Hold the fruit up to the light
 - i. What does it look like now?

* If there are any thoughts surrounding the fruit- anticipation of what it will taste like, disappointment, acknowledge the thoughts and then release them.

4) Exploring further

- a. Without biting down, take a small bite of the fruit
 - i. Roll it around on your tongue

- b. Close your eyes again
 - i. explore the feeling, the texture, the taste, and the smell of it in your mouth
- c. Bite down fully
 - i. notice how the experience changes as your teeth compresses the fruit
 - ii. Chew slowly, appreciating each morsel as you move it around in your mouth

* As the flavour begins to fade, you may feel a strong desire to take another bite. Try to keep yourself in the moment with the piece that is currently in your mouth.

- d. When you've chewed it well, swallow it.
- e. Stay with the experience and sensations of the fruit as it travels to your stomach
- f. At this point, ask yourself if you want another bite of fruit right now
 - i. Focus on what is happening currently, rather than what will happen next
- g. Continue to eat as much as you want of the rest of your fruit
- h. As yourself, does the current piece taste the same as the one before?
- i. What does your stomach feel like now?
- j. Can you sense the food in there?
- k. Am I hungry?

* Think of yourself as a detective.

- l. Continue to pay attention to the experience. Is it appetizing?
- m. What is the texture like? Smooth? Chewy? Crunchy? Creamy?
- n. What is the flavour like? Is it sweet, sour, bitter, salty?

* Concentrate on the pleasure of eating, allowing yourself to relax and sink into the experience as much as possible.

5) Reflections

- a. I invite you to share your reactions to these eating experiences

Key Messages (facilitate through an open forum discussion):

When we are not present, we are not really living our lives (Hammond, 2007).

- 1) Mindful eating helps improve your relationship with food.
- 2) Being aware and accepting of your feelings and experiences surrounding eating, you are more connected with your body and therefore its hunger and satiety.

- 3) In slowing down eating, it allows your body the 20 minutes that it takes for digestion to begin and fullness cues to process.
- 4) Eating mindfully decreases temptations from craving. Such as if only you had some nuts, then you'd be satisfied? If that's the case, the opportunity for satisfaction from the current experience is diminished.

Practice for home:

- 1) Encourage participants to practice mindful eating at home, and develop practical strategies for making their eating experiences as relaxing as possible
 - a. Make time to appreciate food and prepare foods that appeal to all senses- the desirable flavour, colour, texture, appearance, and smell
 - b. Ask yourself if you are hungry or if there are emotions that could be addressed
 - c. Sit down while you eat
 - d. Exclude all distractions except socializing while preparing and eating food (no TV, computer, reading etc)
 - e. Take a few deep breaths before eating to help focus your attention
 - f. Put your utensils down now and then

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Appendix B

Mindful Eating Resource List

The following reference list consists of books, websites and manuals along with a brief note about the content that I have come across during my mindful eating research. Several of these resources have inspired me and others warranted mention because of their value for other dietitians' practices. This is not an exhaustive list but a good place to begin for practitioners who are interested in developing their skills and abilities with eating mindfully.

* Note that all resources on this list are easily viewable or purchased online through mainstream bookstores unless otherwise indicated.

- 1) Albers, S. (2003). *Eating mindfully: How to end mindless eating and enjoy a balanced relationship with food*. Oakland, CA: New Harbinger Publications.

Albers, S., PsyD uses a Buddhist approach with mindful eating. She identifies four foundations of mindfulness- the mind, body, feelings, and thoughts. Throughout the book, 46 mindful steps are explored, each fitting into one of the four foundations. A skill building exercise is included with each step.

- 2) Albers, S. (2008). *Eat, drink, and be mindful: How to end your struggle with mindless eating and start savoring food with intention and joy*. Oakland, CA: New Harbinger Publications.

Albers, S., PsyD includes more than seventy worksheets designed to support clients with mindful eating. It can be used as a tool for health professionals to lead clients and as an introduction for people to explore mindful eating on their own.

Website: www.eatingmindfully.com

- 3) Altman, D. (2004). *Meal by meal: 365 daily meditations for finding balance through mindful eating*. New World Library, Novato, CA.

Altman, D., M.A., LPC offers a mindful eating related reflection for each day of the year in this collection. Throughout the book he draws on various wisdom traditions including Buddhism and Native American practices.

- 4) Altman, D. (1999). *Art of the inner meal: Eating as a spiritual path*. New York: Harper Collins.

Altman, D., M.A., LPC explores the concept of mindful eating and ties in how food has played a significant role in a variety of cultures and religions.

- 5) Bays, J. (2009). *Mindful eating: A guide to rediscovering a healthy and joyful relationship with food*. Boston, MA: Shambhala Publications.

Bays, J., MD and Zen teacher, offers an exploration of mindfulness and its link with healthy eating. Various exercises are included throughout the book for skill application. Additionally, there is a 70 minute audio CD that leads the listener through a variety of mindful exercises.

6) Burggraf, F. & Hammond, M. (2005). *Discover mindful eating*. Charlotte Hall, MD: DayOne Publishing.

Burggraf, F., MEd & Hammond, M., MEd., RD, CDE, LD include 51 mindful eating related handouts and supplemental teaching tips for professionals to use with clients. The sections are divided into 3 areas of focus- before the meal, during, and after.

Website for purchase: <http://www.dayonepublishing.com/DiscoverMindfulEating/>

7) David, Marc. (2005). *The slow down diet: Eating for pleasure, energy, and weight loss*. Rochester, VT: Healing Arts Press.

David, M., MA. provides the reader with an 8 week weight loss program. His approach is to support weight loss through a mindful approach with eating. Each week of the program includes background information and exercises as well as debunking common diet myths.

8) Johnston, A. (1996). *Eating in the Light of the Moon: how women can transform their relationships with food through myths, metaphors and storytelling*. Carlsbad, CA: Gurze Books.

Johnston, A., PhD writes this book with an exploratory lens. Through wisdom and practical application tips, her stories support an empowered shift for women with eating disorders to improve their relationship with food.

9) Normandi, C., & Roark, L. (2008). *It's not about food: End your obsession with food and weight*. New York: Penguin Group.

Normandi, C., MFT & Roark, L., CCHT founded the nonprofit organization Beyond Hunger, Inc.. This book shares the insights and tools used in their workshops to support recovery from disordered eating through reconnecting with food.

10) Satter, E. (1999). *Secrets of feeding a healthy family*. Madison, WI: Kelcy Press.

Satter, E., MS., RD, LCSW identifies practical advice on how to foster positive feelings about eating, healthy meal preparation, and including children and family in the experience.

Website: <http://www.ellynsatter.com/>

11) Somov, P. (2008). *Eating the Moment: 141 mindful practices to overcome overeating one meal at a time*. Oakland, CA: New Harbinger Publications.

Somov, P., Ph.D brings awareness to the eating experience and also offers practical habit changing strategies with 141 mindfulness activities.

Website: <http://www.eatingthemoment.com/>

12) The Centre for Mindful Eating

The centre for mindful eating was created and is maintained by experts in the area. The online resource contains a wealth of information and webcasts surrounding mindful eating. The purchase of an annual membership provides one with further access to mindful eating training, handouts and research.

Website: <http://www.tcme.org/>

13) Tribole, E. & Resch, E. (2003). *Intuitive eating: A revolutionary program that works*. New York: St.Martin's Press.

Tribole, E., RD & Resch, E. RD explore why dieting does not work and how to shift one's thinking to connect the body to the eating experience. The book is guided by ten principles designed to offer practical tips to eat with intuition.

Website: <http://www.intuitiveeating.com/>

14) Wansink, B. (2006). *Mindless eating: Why we eat more than we think*. New York: Bantam Dell.

Wansink, B., PhD focuses on the principles behind the various influences that affect eating decisions. He outlines steps to make a shift towards supporting healthier eating habits.

Website: <http://www.mindlesseating.org/>