

UNC School of Social Work Clinical
Lecture Series

**A Mindfulness Approach to
Eating Disorders and Everyday Eating**

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Intro

- Eating Awareness Exercise



Overview

- **Mindfulness** Defined
- **Mindful Eating** Defined
- Application to **Eating Disorders**
- Application to **Everyday Eating**

Mindfulness Defined

- Awareness that emerges through **paying attention on purpose, in the present moment**, non-judgmentally to things as they are. (Kabat-Zinn, 2005)
- Being emotionally, physically, and mentally **fully present in each moment** (Hanh, 2009)
- Practicing **acceptance of what is**.
- Mindfulness leads to **freedom from reactive, habitual patterns** of thinking, feeling and acting.

Mindfulness & meditation:
spiritual / areligious / weird?

- **Spirituality**: awareness/connection to something larger than the self
- **Meditation**: checking in, slowing down, turning off the chatter, centering, detaching
- Most religious traditions use **meditation to “quiet the mind/access inner wisdom”** (Kristeller, 1999)
- Evidence Base: “mindfulness associated with **less emotional distress, more positive states of mind, and ...[c]hanges in health behaviors including eating”** (Greeson, 2008)

Mindfulness across theoretical
orientations

- Understanding **thoughts are mental events**, not truths
- Living in the **present moment**, not past or future
- Increasing **self-knowledge and compassion**
- Becoming more **accepting of emotional states**
- **Decreasing automatic behavior**; Developing alternative behaviors

Mindful eating

- Using the full attention of the whole mind, heart and body to **wisely and compassionately feed the self**.
- Developing ability to be **aware and in the present moment** each time food is consumed.
- **Using the 5 senses** to make nourishing and pleasing food choices.
- **Feeding the body**, not the emotions or the mind.
- Using **physical hunger and satiety cues**.

Unmindful eating

- **Feeling** eating: self soothing /feeling avoidance/ boredom/ distraction
- **Habit** eating
- **Restricting**: denying awareness of hunger
- **“Should”** eating
- **External** cue eating

Who needs mindful eating training?

- 2/3 US adults are **overweight**. 1/3 are **obese**. **BED** occurs in 1/35 US adults
- 17% of children and adolescents aged 2—19 years are obese. 1/7 of low-income, preschool-aged children obese. Obesity prevalence among children/adolescents tripled since 1980. (Ogden, 2009)
- 80% of 13 yo have attempted to lose weight. 9% girls and 4% boys vomit daily. Anorexia in adol = 3rd most common chronic illness. (Public Health Service, 2000)
- ED largest increases among children below 12 and adults 45-65. 2/3 of college women could be dx with EDNOS.
- BED equal in Caucasians and African Americans (Spitzer et al., 1993)
- Men, Middle Aged Women. (Bulik, 2011; Zerbe, 2003)

Overweight & Obesity	Eating Disorders
➤ 2/3 US adults overweight	➤ 80% of 13 yr old have attempted to lose weight.
Obesity: ➤ 1/3 US adults ➤ 1/6 to 1/7 youths (aged 2-19) ➤ 1/7 of low-income, preschool-aged children ➤ prevalence tripled since 1980 (Ogden, 2009)	➤ 1/35 US adults have BED ➤ vomit daily: 9% girls and 4% boys ➤ anorexia = 3rd most common chronic illness in adolescents (Public Health Service, 2000) ➤ 2/3 of college women could be diagnosed with Eating Disorder NOS ➤ largest increases among children under 12 and adults 45-65 ➤ BED equal in caucasians and African Americans (Spitzer et al., 1993)

Why is mindful eating hard?

- **“Habit Energy”** (Hanh, 2010)
- Mindfulness/mindful eating harder now?
- **“Obesogenic”** Society
- **“Hyperpalatibilty”** (Kessler, 2009)
- **No abstinence** option

Other mindful eating challenges

- **External** influences cause disconnection from internal cues. **Mindless Eating** (Wansink, 2010)
- **Hidden Cues/Persuaders**
- **Peer pressure**
- **Neurobiological issues**: hormone and induced cravings

From Mindless Eating to ED

ED Etiology Emotion regulation model

- Disordered eating result of **maladaptive emotion regulation** and **wish for escape from self-awareness**. (Heatherton et al., 1991)
- Binge eating functions to **reduce unpleasant emotional states**. (Wiser et al., 1999)
- Binge eating **distracts attention from negative affect**, temporarily relieves distress, is negatively reinforced.

ED Etiology Cognitive

- **Distorted cognitions** about dieting/thinness perpetuate food restriction, lead to bingeing/purging. (Apple & Agras, 1997)
- **Rigid rules** about eating. Violation triggers failure thoughts, leads to binge eating, increases failure thoughts.
- **Outcome expectancies**: OE for thinness much higher in ED. (Hohlstein, et al., 1998) Thinness OE predicts BN development in middle school girls. Smith et al. (2005)

ED Etiology Physiological

- **Genetics**. 50- 80 % of risk of an eating disorder due to genetic factors. (Bulik, 2006)
- **Personality** correlations (**perfectionism**).
- **Neurochemistry**. e.g. Serotonin abnormalities BN (Kaye et al., 1999)
- **Dieting**. Binge eaters with extensive histories of dieting develop **impaired hunger/satiety cues**. (Lowe, 1993) and (Craighead et al., 1995).

ED Etiology External

- **Media** bombards with unreal images.
- **Cultural idealization of thinness** triggers body dissatisfaction, dieting
- **Externally Driven Restriction** – athletes, dancers, event starvers

Ralph Lauren Scary Skinny



Etiology Summary

- ED triggered by convergence of factors: cognitive, emotional, physiological & sociocultural including **stress, negative body evaluation, external focus, weight preoccupation, dieting/restricting.**
- "Genes load the gun, the environment pulls the trigger." (Bulik, 2007)
- In a thinness obsessed culture the **biggest risk factor for an eating disorder is dieting.**



CBT for ED

- Teaches relationship between thoughts, mood, & behavior. **Challenges and replaces negative automatic thoughts/distortions/core beliefs**
- **CBT for Bulimia** eliminates B/P in 50% (Wilson, 2004)
- **CBT for BED** strong empirical support (Apple & Agras, 1997)
- **CBT-E** (Fairburn, 2003) expanded to perfectionism, core low self-esteem, mood intolerance and interpersonal difficulties.

Mindfulness based ED tx

- **MBCT:** Mindfulness Based Cognitive Therapy
- **DBT:** Dialectical Behavioral Therapy
- **ACT:** Acceptance & Commitment Therapy
- **MBEAT:** Mindfulness Based Eating Awareness Training

Theoretical basis for MB interventions

- ED, especially bingeing related to **desired escape from self-awareness/ uncomfortable feelings.**
- Observation, experience and acceptance of emotions **decreases over-reactivity.**
- Unlike traditional CBT, understand **thoughts/feelings as fluctuating mental events, not facts.**
- Evidence base: Emerging neurocognitive models support meditation as a path toward change (Lutz, et al., 2008)

DBT for ED

- 20 sessions. For **BED/BN.** Group/Individual (Safer et al., 2001; Telch, et al., 2000; 2001).
- **Model: Affect regulation.** Mindfulness skills to counteract the use of binge eating for emotional regulation & avoidance.
- **Teaches** mindfulness, emotion regulation, and distress tolerance skills to **recognize, acknowledge, accept emotional states** without engaging in automatic, impulsive behaviors.
- B/P gone for **29%**; decreased **36%** (Safer, 2001)

MBCT for ED

- 10 Session. For **BED**. (Segal et al., 2002)
- **Model:** binge motivated by **urge to avoid awareness & dieting-related impaired hunger/satiety cues**.
- **Teaches** non-judgmental, non-reactive **acceptance and observation of bodily sensations, perceptions, cognitions, and emotions**.
- **Goals:** Hunger and satiety cue improvement, Decreased avoidance of negative affect, **decreased binge-triggering negative thinking**, & increased adaptive behavior in stressful situations.

ACT for ED

- For **AN**. (Hayes et al., 1999)
- **Model:** ED a symptom of **experiential avoidance** of sensations, cognitions, emotions and urges.
- **Teaches** non-judgmental **acceptance** of thoughts and feelings, **concurrent behavioral goals**.
- Mindfulness/Acceptance strategies for **“fat” fears**.
- **Goal:** learn to observe cognitions nonjudgmentally without reacting with anorexic behaviors.

MBEAT

- for **BED and BN** (Kristeller et al., 1999, 2011)
- **Model:** ED caused by emotional dysregulation.
- **Teaches** greater awareness of hunger/satiety cues, emotional states, external triggers. Integrates CBT/ MBCT with **Guided Eating meditation**.
- **Goal:** self-regulation related to appetite, emotional balance, and behavior.
- Decrease in Depression, BES, weight loss.

Mindfulness for non ED population

- **Dx or not:** Subthreshold BED women meet criteria on shape/weight concern, dietary restraint and psychiatric concern (Striegel Moore et al., 2000)
- Is **ED hx/assessment** part of regular clinical assessment?
- **EAT, SCOFF**

Mindful Eating practices

- Eat when you're **hungry**
- Eat **what you are hungry for**
- Understand **why** you want to **eat** when you're **not hungry**
- **Taste every mouthful**
- **Stop when you're full** (before you're full)

(from Susie Orbach's *On Eating*, 2002)

Physical Hunger

- Develops **gradually** over time
- Felt **below the neck** (growling stomach)
- **No** sense of **compulsion**
- Occurs **several hours after a meal**
- Goes **away when full**
- Leads to **feeling of satisfaction** after eating

Emotional Hunger

- Develops **suddenly with urgency** to eat
- Felt **above the neck** (“craving” potato chips)
- Unrelated to time since last meal
- Specific to a particular food or “**craving**”
- **Persists** despite feeling full
- Correlated with **guilt and shame** after eating

Emotional vs. Physical Hunger

- **Am I hungry?** or in an emotional state?
- **Identify Feelings:** Upset? Anxious? Angry? Overstimulated? Sad? Irritable? Identifiable?
- **Triggered by?** Related thoughts/feelings.
- **Would food help? What do I really need?** (breathe, close eyes, get a hug, talk, read, self-CBT?)
- Notice feelings with **nonjudgmental awareness**

Body Discomfort vs. Physical Hunger

- **Am I hungry?** or a different physical sensation?
- **Where** do I feel it? Feels like? How long felt it? Thirsty? Tired? Pain? GI? Sexually Frustrated? Restless? Identifiable?
- **Would food help? What do I really need?** Water, nap, exercise, relaxation?
- Notice body sensations with **nonjudgmental awareness.**

Mindful Eating in Practice

Mindful eating is slow

- Mindful Eating is **Slow, Conscious, Aware.** Each bite is chewed and experienced.
- **Savor, Taste,** give stomach time to catch up with mouth.
- Circumvents food phobia, TSS over-ride.
- **Techniques:** left handed eating, chopsticks, chew many times, talk, read, fork down between bites.

Mindful eating is civilized

- Eat off a **Plate.** Use cloth napkin.
- **Sit down**
- Eat as if someone was watching
- Don't eat out of the pot, off a child's plate.
- Eat servings, not pinches
- **Technique:** set table for treasured guest. Eating rules.

Mindful eating engages the 5 Senses

- **Visually** appealing, multi-colored, nicely presented
- **Cooking sounds** during preparation
- **Tactile awareness** of food. In hand and mouth.
- **Aroma** triggers appetite, alerts taste
- **Taste** satisfaction, variety,
- **Technique:** raisin meditation

(Kabat-Zinn, 2005)

Mindful Eating means eating what you actually want

- Not what you “should” eat.
- **Experience vs. Outcome** based eating
- **OK to have** fat, calories, “**forbidden**” foods
- **Eating for taste**, not volume
- **Do the math**
- **Techniques:** Eat off crave/forbidden food list. Try something new. Share dessert. Weekly menu. “Why am I eating this?”

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Mindful eating means eating food worth eating

- **Food connected to its source:** not pre packaged/over-processed. **Not “diet” food**, astronaut food, air food, protein bars, Lean Cuisine.
- **Eat seasonally.** Fragrant, tasty, hot in winter. Cool, refreshing in summer.
- **Techniques:** Sunday night cooking, group cooking, snack bags, Farmer’s Market, “forgettable” food concept.

Mindful eating considers portion size

- **Often need much less food**, if actually tasting, experiencing, eating what you want.
- **Learn realistic one serving sizes:** 3 oz. meat = deck of cards. ½ c. pasta = ½ baseball. 1 ½ oz. cheese = 4 stacked dice. 2tbsp peanut butter = golf ball.
- **Techniques:** small plates, small cutlery, ½ serving first, immediately box food, halve large servings, share, avoid family style serving, survey a buffet.

Mindful eating means frequent check in with body

- **How does body feel?** Heartburn? Sweaty? Gassy from gulping? Hungry? Use feedback.
- **Check in with taste buds;** stop when not delicious. “Forgettable foods”
- Should I stop? **WWMSTD?**
- **Techniques:** Don’t eat in sweat pants on the couch. Stop halfway through, get away from table.

Mindful eating means stop when you are satisfied

- “**Satisfied**” means what? Get 80% full
- **Seconds often unnecessary.** Later concept.
- **Done is done.** Don’t continue picking. Past tense praise.
- **Techniques:** always leave some food on plate, announce it, brush teeth/mint after eating, don’t help with clean-up, fullness ratings (Roth, 1989)

Mindful eating is balanced, holistic, self-trusting

- Sometimes “**indulgent**”
- Sometimes “**restrictive**”
- Adjusts for **exercise**
- Considers **other bodily states** (illness, hormonal fluctuation)
- **Technique:** throw away scale, trust meditation

Example
“Rules” of mindful eating

- **Limit tasting** while cooking, chopping
- **Children’s plates are for children**
- **Sit down** to eat, No **multi-tasking**
- Always **leave a bite** on the plate
- The **car is off limits** for eating
- Don’t eat **from a bag**. **Bowls** not handfuls
- **Kitchen closed** between 2-5

Mindfulness & Bulimia

- Mindfulness = **self knowledge**. Of patterns, tricks, “red flag” foods, unsafe situations, emotional states
- Mindfulness engages **awareness**. Food journal.
- Mindfulness gives **Structure, Rules** until become intuitive eater.
- Engage wise mind with **Daily intention, Lists, Logic**.

Mindfulness, Bulimia and feeling feelings

- Bulimia dissociative, **purposeful disconnection from intolerable feelings**.
- Mindful awareness teaches: **State feelings, Sit with uncomfortable feelings**, Solution not always the solution.
- **Forgiveness, Acceptance, Compassion**. One meal at a time. Recovery a full time job at first.

Mindfulness work with Bulimia Case example



Mindfulness & BED

- Mindfulness is **prevention tool**.
- Increase awareness of **binge patterns**, red flags.
- **Safety, distraction**, alternative activity plans.
- Mindfulness beyond “in the moment”
- **“I want, I feel, I need”**
- Satiety. Eating related meditation

BED & Satiety

- “Strongest predictor of improvement in eating control was **amount of time participants engaged in eating-related meditation**. Improvement in satiety cues awareness significantly correlated with a reduction in binge frequency, but change in awareness of hunger cues did not.” (Kristeller, 1999)
- OK to eat when not hungry, more important to know **how to stop**.

Mindfulness & Anorexia Nervosa

- Awareness of large role mind (not body) plays in eating behavior. **Label ED thinking**.
- Psychoeducation. **Alternative tx** (art, movement)
- Challenge **ambivalence**. Larger life?
- **Bodyfulness**: Challenge Dissociation from sensation. Retrain hunger awareness.

Bodyfulness

- Intentional practice of **Body Awareness, Gratitude, and Compassion**
- Feel feelings body has, feel body topographically, look at /see **whole body**.
- Acceptance of Genetics, **Body reality**, Graceful Aging.
- **Exercise** differently
- Body Scan, Self-Soothing Touch, Mindful Walking (Kristeller, 1999)

Mindfulness/Bodyfulness exercise

Before you eat:

Stretch, Breathe, Close your Eyes

Locate your hunger—**rate** it. Where do you want food to go? Which parts need to be fed?

Midway through meal:

Close your eyes, Breathe, Rate your satiety. What part are you still feeding? Head, Heart, Stomach? Eating with Eyes? Mouth? Brain? Mind or Body?

Mindfulness with AN Case Example



Mindful Eating supports

- **Lists**: How to **Soothe, Relax, Distract** without food
- **Letters to self**: record victories, loving self, self that remembers and cares, internalized therapist.
- **Why am I here?**
- **Daily Intention**
- **PM Check-in**

Mindfulness & self care to avoid emotional eating

Things to do instead of eating: drink a glass of water, do a task, lay down, call a friend, shower, music, "Pinterest," paint your nails, take a walk, gratitude journal, debate yourself out loud, tactile comfort, progressive relaxation, get outside.

Self CBT: this will pass (a bad day, not a bad life) don't make momentary decisions, use perspective, "it's just a feeling!" use wisdom.

Meditate: "Breathing in, I feel my body and heart, Breathing out, I calm my body and heart."

Beyond eating: Everyday mindfulness practice

- **Journaling**
- **Productivity**
- **Simplify** interests, connections, engagements
- **Exercise**
- **Mindful activity** practice: driving, doing dishes
- **Avoid Screens**

Mindfulness for the ED tx

- **Countertransference Issues** unique to ED work: body scrutiny, boundary issues, sick of food
- Like other addictions, lots of relapses before recovery. AN very intractable. **Compassion, non-judgment** for therapist and client.
- Reasonable Outcome measures. Glass half full.
- Stay in **present moment**.

Closing experiential exercise



Raisin meditation (Kabat-Zinn, 2005)

- Sit comfortably in a chair.
- Place a raisin in your hand.
- Examine the raisin as if you had never seen it before.
- Imagine it as its "plump self" growing on the vine surrounded by nature.
- As you look at the raisin, become conscious of what you see: the shape, texture, color, size. Is it hard or soft?
- Bring the raisin to your nose and smell it.

Raisin Meditation p. 2

- Are you anticipating eating the raisin? Is it difficult not to just pop it in your mouth?
- How does the raisin feel? How small it is in your hand?
- Place the raisin in your mouth. Become aware of what your tongue is doing.
- Bite lightly into the raisin. Feel its squishiness.
- Chew three times and stop.
- Describe the flavor of the raisin. What is the texture?
- Complete chewing and swallow the raisin.
- Sit quietly, breathing, aware of what you are sensing.