Chapter 4
Mindful Eating:
A Novel Therapeutic Tool

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ABSTRACT

The chapter is an attempt by authors to highlight the scope of mindful eating as an adjunct therapeutic tool. There is a close link between emotional states and eating, specifically intense emotional states and unhealthy eating practices. Mediating factors such as an individual's perception of food-related cues, changes in cognitive control, and eating as an emotional coping strategy influence the relationship between emotion and eating behavior. Mindful eating can be utilized as an adjunct in therapy by helping clients to practice cognitive control and by breaking the cycle of unhealthy coping strategies like emotional eating. Similar to other mindfulness techniques, mindful eating involves paying attention to the food intentionally, in the moment and without judgment. The chapter covers various approaches to mindfulness eating. Authors have compiled guidelines for therapists on how to introduce mindful eating as an adjunct in therapy settings for clients who have unhealthy eating patterns along with anxiety and depressive symptoms as well as for those suffering from eating disorders.

INTRODUCTION

Mindfulness is an intentional practice of focusing one's attention on the present moment without any judgment. It is a deliberate act that involves regulating one's attention through the observation of thoughts, emotions, and body states (Black et al., 2009). The practice of Mindfulness has its roots in Buddhism. The practice of Mindfulness has recently gained popularity among mental health practitioners. A much secular version of mindfulness is practiced in clinical settings. The trend of using mindfulness in therapy began with the Mindfulness-Based Stress Reduction Program (MBSR). John Kabat-Zinn developed the MBSR Program in 1991. Mindfulness meditation was a major component in the MBSR program

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(Kabat-Zinn, 2013). Practicing mindfulness has helped many individuals live an intentional life and learn skills necessary to manage problems such as chronic pain, sleep disturbances, anxiety, and depression. (Chambers et al., 2009). The general goal of practicing mindfulness is to achieve a state of alertness and focused relaxation. This state is attained by deliberately paying attention to thoughts and sensations without judgement, which helps in focusing the mind on the present moment. There are various techniques used to practice mindfulness. Techniques such as mindful breathing and body scan meditation are some of the most popular methods used in current therapy settings. Along with the techniques mentioned above, some therapists also encourage their clients to be more mindful in their day-to-day activities such as eating, walking, cleaning, etc. (Baer & Krietemeyer, 2006). Even though not very often used, being mindful while carrying out day-to-day activities in life is helpful in reducing the symptoms of disorders such as anxiety and depression (Fuchs et al., 2016).

Mindful eating is one of the less used methods to practice mindfulness. It is a practice in which the individual brings one's focus on the sensations experienced when they are eating as well as their general experience of food. Similar to other mindfulness techniques, mindful eating involves paying attention to the food intentionally, in the moment and without judgment. Here 'paying attention' refers to focusing on the process of eating and at the same time being aware of one's thoughts, feelings, and memories that come up at that moment. It is also important to be aware that the mind is wandering as this awareness is essential to bring back focus (Baer & Krietemeyer, 2006). Albers described the first step of mindful eating as noticing all sensations experienced while eating. This involves all the physical sensations as well as emotions and memories. The second step is to identify habits such as eating mindlessly or eating while multitasking. Being aware of the ways in which one mindlessly eats will help change those habits and practice a more mindful way of eating. The third step is to be aware of what triggers the initiation and stopping of eating. This will help to understand and work on emotional or cognitive triggers that lead to mindless eating (Albers, 2008).

There is a close link between emotional states and eating, specifically intense emotional states and unhealthy eating practices (Kandiah et al., 2006). Uncomfortable emotions such as sadness, anger and fear tend to increase the tendency to eat impulsively, although with a reduced feeling of the pleasantness of food and of satisfaction. On the other hand, pleasant emotions such as joy increases the pleasantness of food and thereby encourages the individual to consume healthier foods (Macht et al., 2002). There are several mediating factors that influence the relationship between emotion and eating behavior in an individual, including the perception of food-related cues, changes in cognitive control and eating as an emotional coping strategy.

Emotions induced by food-related cues affect food choice and eating behavior. Stimuli that are related to appetitive food can induce craving, which is a strong desire to eat. These cravings occur along with various autonomic body responses, which differ from individuals to individuals. Such autonomic responses can lead to binge eating in many individuals. When emotions and food-related cues occur in a contingent manner, emotions become a conditioned stimulus and can elicit the response of eating behavior just like food-related cues (Bongers & Jansen, 2016).

Variations can happen in cognitive control of eating behavior as a result of changes in the intensity of emotions. An increase in the intensity of experience of negative and positive emotions impairs cognitive control, thereby leading to increased food intake. Meals eaten while an individual was experiencing a positive or negative mood were significantly larger in quantity than meals eaten when the individual was in a neutral mood (Patel & Schlundt, 2001). According to Restraint theory, negative emotions disinhibit an individual's cognitive control and thereby lead to increase in food intake (Herman & Polivy, 1984).