

Mindful Eating in the Workplace: Shifting the Focus from Weight to Well-being



The Current Landscape: Big Investment, Little Return

Despite the significant amount of time, energy, and money spent by employers on restrictive, weight-focused programs, very little sustainable, large-scale change has been demonstrated to date. Results from a 2013 RAND study sponsored by the United States Department of Health and Human Services showed that participation in a one-year weight control program in the workplace would be associated with a body weight reduction of approximately one pound for an average adult at the end of the first year. By the fourth year, this would be reduced to one-quarter of one pound.¹

Clearly, these are not the results organizations or individuals expect or hope for.

This paper will summarize the reasons that traditional weight-focused interventions fail and lay the foundation for a non-diet, weight-neutral, mindfulness-based approach to eating, physical activity, health, and self-care.



Traditional Interventions: Restrictive and Weight-Focused

Interventions targeting weight rely on restrictive methods such as counting calories, carbohydrates, or points; measuring portion sizes; logging food intake; avoiding certain foods; eating low-calorie, low-fat, or low-carb foods; distraction instead of eating when hungry; and/or eating on a rigid schedule. Strict exercise regimens may also be prescribed.

Restrictive behaviors such as these require a significant, and for most people, unsustainable amount of time, energy, and willpower. Studies have shown that food restriction actually results in counterproductive psychological consequences such as preoccupation with food and eating, increased emotional responsiveness and dysphoria², and increased eating in the absence of hunger³. Several large scale studies indicate that eating restraint is actually associated with weight *gain* over time.⁴

Traditional Interventions are Ineffective

There is significant evidence that the current weight-focused approach is ineffective at producing sustainable changes in weight or health.

In a review of 31 long term studies on dieting, *Medicare's Search for Effective Obesity Treatments: Diets Are Not the Answer*, the authors conclude, "there is little support for the notion that diets lead to lasting weight loss or health benefits." They found that the majority of individuals are unable to maintain weight loss over the long term and one-third to two-thirds of dieters regain more weight than they lost.⁵

A recent review published in the *Journal of Obesity* concluded that no weight loss initiatives to date have generated long term results for the majority of participants. It is estimated in this review that, at best, only 20% of participants maintain weight loss at one year, and the percentage of those maintaining weight loss decreases further by the second year. The authors suggest that these statistics would be even worse if outcomes for participants who dropped out of the programs and those who had diagnosed comorbidities such as mood disorders or binge eating disorder had been included.⁶

A recent review published in the *Journal of Obesity* concluded that no weight loss initiatives to date have generated long term results for the majority of participants.



Traditional Interventions May Be Harmful

A growing body of evidence indicates that a restrictive, weight-focused approach is not only ineffective, but may also be harmful to well-being and quality of life. The *Journal of Obesity* review summarized numerous studies and documented negative effects of a weight focus. The three most prevalent were weight cycling, disordered eating, and weight stigma.

The most common outcome of weight-loss programs is weight cycling.

Weight cycling, repeated weight loss followed by weight gain (commonly referred to as yo-yo dieting), has been definitively linked with adverse physical health, including loss of muscle tissue, hypertension, chronic inflammation, increased weight gain over time, less physically active lifestyles, some forms of cancer and, most notably, higher mortality. Weight cycling is also associated with diminished psychological well-being such as greater emotional distress and lower self-esteem. There is some evidence that weight cycling may be more harmful to health than maintaining a stable weight in the overweight or obese range.

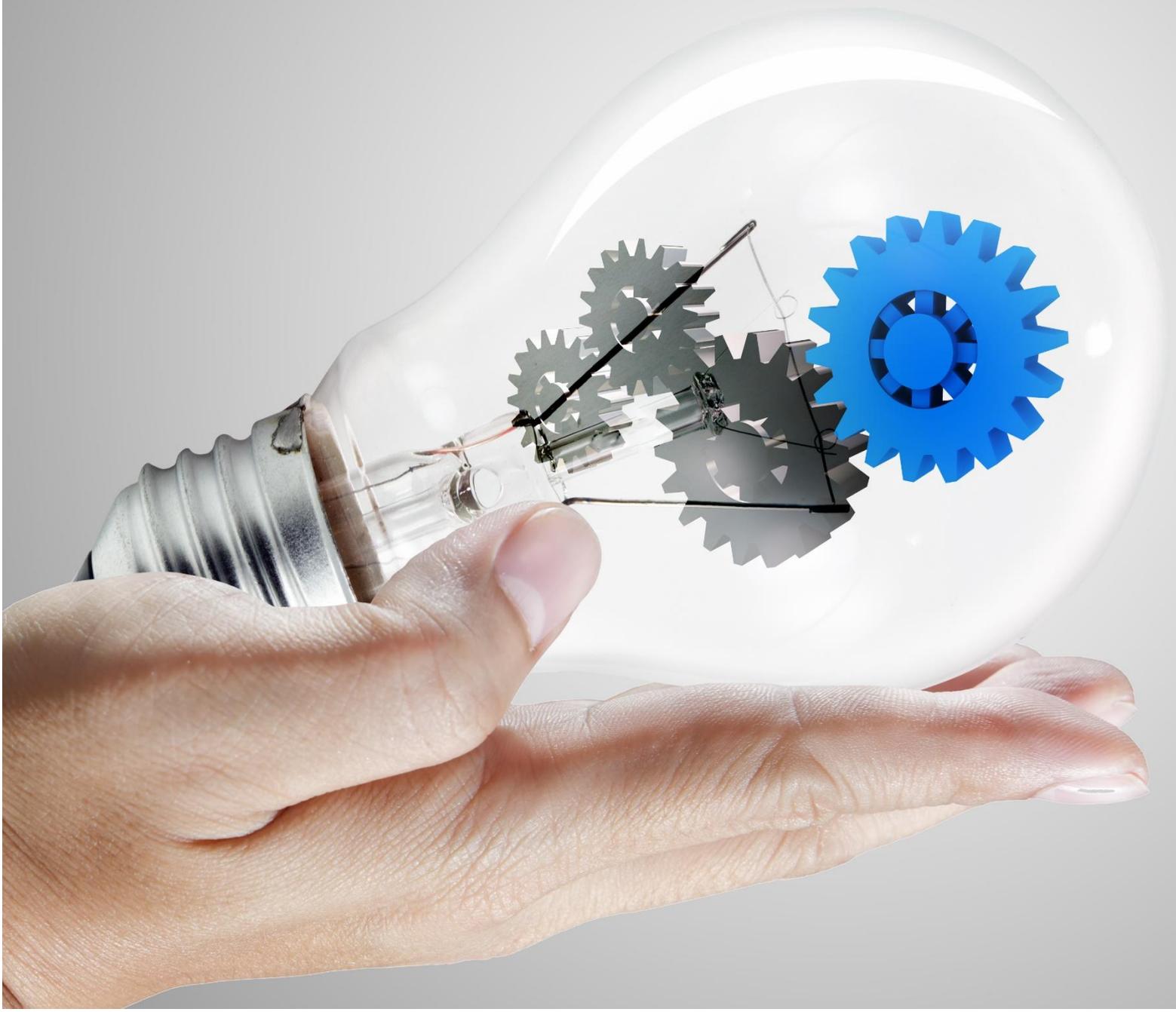
The pursuit of weight loss can lead to disordered eating behavior. The review finds “there is growing evidence that individuals who try to achieve and maintain a weight-suppressed state are at risk for binge eating disorder and bulimia nervosa.” Another recent study extends this concern from diagnosed eating disorders to “problematic eating behavior” such as chronic overeating and loss of control over eating, prevalent behaviors in American women.⁷

The focus on weight loss results in weight stigma. The prizing of thinness, weight loss, and “healthy” weight as determined by body mass index creates the conditions for weight stigma — negative beliefs and attitudes toward people who do not meet an “acceptable” weight, size, or shape. Weight stigma is associated with diminished health and well-being in myriad ways, including increased caloric consumption, diminished exercise, binge eating behaviors, low self-esteem, depression, and decreased self-rated health.

The unintended and under-recognized adverse consequences from dieting and weight-focused interventions are ultimately counterproductive. The physical and psychological risks make it unlikely that the individual or the organization will achieve their mutual goals of improved well-being and quality of life, increased productivity, and decreased health care costs.

What Now?

There is a growing trans-disciplinary movement away from restrictive, weight-focused programs toward a non-diet, weight-neutral approach to healthy lifestyles. Simultaneously, mindfulness, which has been shown to be a viable approach to improving health in the workplace, is a promising addition to the field. A variety of organizations, programs, and authors are advocating for a non-diet, weight-neutral, mindfulness-based approach. Evidence for this paradigm shift is accumulating with notable results.^{6,7,8,11}



The Non-Diet Approach Defined

A non-diet approach encourages a more natural, instinctive way of eating. It means re-learning to manage food intake by becoming attuned to internal cues of hunger and satiety, rather than external restrictive rules that are often confusing and difficult to follow indefinitely. A non-diet approach rejects the concept of “good” and “bad” foods in favor of an “all foods fit” model based on the principles of balance, variety, and moderation. Instead of a rigid eating plan, this approach promotes a balance of eating for nourishment with eating for enjoyment.

Research indicates that non-diet programs have positive and lasting effects on many dimensions of well-being, including improvements in total cholesterol, LDL, blood pressure, depression¹¹, improved nutrient intake¹², lower body weight⁸, reduced eating disorder symptomology^{13,14}, reduction of food cravings¹⁵ and improvements in psychological and behavior outcomes, including depression and anxiety¹⁶, self-esteem and eating behavior.⁴

Why Weight-Neutral?

Weight-neutral interventions are based on the fundamental idea that a person’s health status or risk level cannot be assumed based on a number on a scale. The weight-neutral approach recognizes that body weight is determined by a complex set of genetic, metabolic, physiological, cultural, social, and behavioral determinants *other* than energy intake and output, many of which individuals cannot change.⁶ Instead of focusing on a weight-oriented outcome, participants in weight-neutral interventions are taught to take charge of their thoughts and behaviors, which ultimately leads to improved well-being, regardless of weight.

Much of the research on weight-neutral interventions to date has focused on a model called Health at Every Size® (HAES), testing it against standard weight-focused approaches. Results indicate that this model results in “both statistically and clinically significant improvements for the participants on physiological measures (e.g., blood pressure), health practices (e.g., physical activity), and psychological measures (e.g., self-esteem and disordered eating)” and that these results were achieved more successfully than with standard dieting programs. It is also noteworthy that weight-neutral models demonstrate lower dropout rates with none of the adverse outcomes found with dieting.⁶

Weight-neutral interventions in the workplace can help employers avoid the negative, unintended consequences of weight-focused programs.

Weight-neutral interventions in the workplace can help employers avoid the negative consequences of weight-focused programs, including weight cycling, disordered eating, weight stigma, possible legal ramifications and the exclusion of employees who are not overweight but would benefit from engagement in healthy lifestyle interventions.

Mindfulness: An Ancient Solution to Modern Struggles

Mindfulness is an ancient practice with profound applications in modern life. Mindfulness means purposely paying attention to the present moment, cultivating awareness of both internal and external experiences, observing and accepting experiences as non-judgmentally as possible, choosing responses, and making intentional decisions.

Three decades of research support the effectiveness of mindfulness training to improve many facets of physical and emotional well-being, including depression, anxiety, coping style, medical symptoms, pain, physical impairment¹⁰; sleep, perceived stress⁹; relaxation¹⁷; and life satisfaction.¹⁸ Mindfulness training is considered a viable intervention for the workplace⁹ and many large, well-known employers including Apple, Google, and General Mills now offer mindfulness-based programs to their employees.¹⁹

Mindful eating is the application of mindfulness principles to eating behaviors and one's relationship with food. A simple definition of mindful eating is eating with *intention* and *attention*.

Eating with purpose and awareness has powerful benefits because it helps people disengage from habitual and self-defeating behaviors and replace them with more skillful and supportive behaviors. The goals of mindful eating include: awareness of physical and emotional cues; recognition of non-hunger triggers for eating; meeting non-hunger needs in more effective ways than eating; choosing food for both enjoyment and nourishment; eating for optimal satisfaction and satiety; and using the fuel consumed to live healthfully and vibrantly.

The research on mindful eating and mindfulness training directed at eating behaviors is promising. For example, mindfulness training has been shown to decrease food cravings¹⁵ and emotional eating²⁰, reduce psychological distress²¹, and decrease eating disorder symptomology²², particularly binge eating episodes.^{13, 23, 24} Studies on mindfulness training in diabetes treatment show improved dietary intake, modest weight loss, and improved glycemic control.²⁵

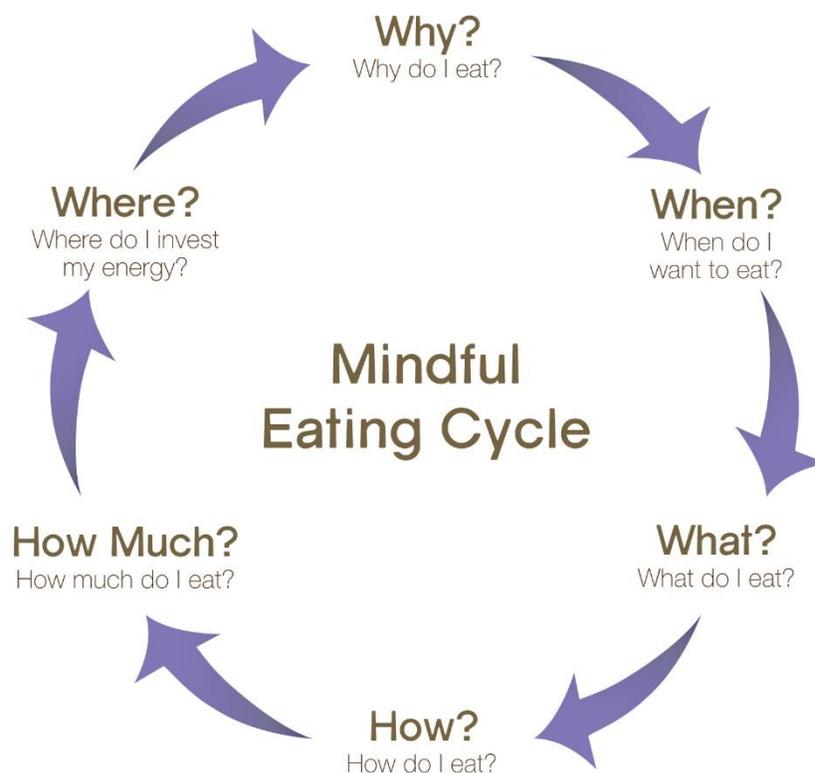
A hand holding a magnifying glass over text. The magnifying glass is held by a hand with light-colored nail polish. The lens of the magnifying glass is focused on a block of text, which is larger and bolder than the surrounding text. The background is a light, neutral color.

Three decades of research support the effectiveness of mindfulness training to improve many facets of physical and emotional well-being including depression, anxiety, coping style, medical symptoms, pain, physical impairment, perceived stress, sleep, relaxation and life satisfaction.

The Mindful Eating Cycle

The Mindful Eating Cycle is a decision-making model developed by Michelle May, M.D., founder of Am I Hungry? Mindful Eating Programs and Training. This model uses mindfulness-based strategies to develop greater awareness and make more effective choices about eating, activity, health, and self-care. The Mindful Eating Cycle serves as the structure for the learning and behavioral change process in the Am I Hungry? Mindful Eating Programs offered in community, healthcare, and workplace settings across the nation and internationally.

There are six decisions points in the Mindful Eating Cycle.



©MMXIV, Michelle May, M.D. All rights reserved.

Why? Why do I eat?

Many people lack awareness of and understanding about why they make their choices related to eating. However, the underlying reasons they are eating affect every decision that follows. For example, if a person is eating for fuel and nourishment, they may be interested in energy balance and nutrition. If they're eating in response to environmental or emotional cues such as stress, boredom, or a need for reward, they're more likely to choose foods that are convenient, energy dense, and highly palatable.²⁶ When eating doesn't adequately address the underlying trigger, they are more likely to eat food in excess.

Conventional interventions teach participants to focus on *what* and *how much* to eat, without addressing *why* they are eating in the first place.

Since conventional interventions in corporate wellness programs teach *what* and *how much* people "should" eat without addressing *why* they are eating in the first place, participants don't learn to recognize and effectively cope with their triggers or meet their true bio-psycho-social needs.^{27,28,29} Through exploration of this first decision point in the Mindful Eating Cycle, Am I Hungry? Program participants learn to recognize the triggers that drive them to eat when they aren't hungry, or continue to eat past the point of satiety.

When? When do I want to eat?

Restrictive, weight-focused programs often give participants rules to follow about when to eat such as eating on a particular schedule. These rules disconnect them from their natural fuel needs and encourage them to ignore or distrust their internal signals of hunger and satiety.

Hunger is a primitive yet reliable method of regulating dietary intake.^{30,31} Participants in Am I Hungry? Programs re-establish hunger as their primary cue for eating by pausing to ask the question, "Am I hungry?" whenever they feel like eating. This simple but powerful question, and the process of discovery that follows, helps them differentiate their fuel needs from environmental and emotional cues. Once they're able to accurately identify hunger, participants fine tune their awareness and gauge how hungry they are. Through trial and error, they discover that waiting to eat until they're sufficiently hungry increases satisfaction, while waiting too long can lead to overeating. When they recognize that the desire to eat was fueled by a non-hunger trigger, participants identify options for responding to these triggers in more effective ways than eating.

Am I
hungry?



What? What do I eat?

Restrictive eating requires individuals to maintain willpower indefinitely in order to comply with the rules. Research has shown that people who eat restrictively exhibit increased preoccupation with food, feelings of deprivation and guilt, and resignation when they “break the rules.” These feelings of failure, lowered self-esteem, and decreased self-efficacy often lead to more overeating. May calls this pattern the “eat-repent-repeat cycle.”⁸ This pattern is one of the primary reasons conventional interventions do not produce lasting change and lead to weight cycling.

Approaching the question “What do I eat?” from a non-diet perspective acknowledges that “normal” eating includes a variety of foods, including those eaten for pleasure. When favorite foods are no longer forbidden and can be enjoyed without guilt, there is less drive to overeat them. When deprivation is no longer a factor, participants naturally gravitate toward balanced eating when supported by education and personal experience regarding the effects that different foods have on their body, mood, and energy level.⁸

When deprivation is no longer a factor, participants naturally gravitate toward balanced eating when supported by education and personal experience regarding the effects that different foods have on their body, mood and energy level.

How? How do I eat?

Ironically, many people say they love food, but they don't eat in a way that shows that they love food. Instead, they eat quickly and while distracted by other activities such as watching television, driving, or working. This sets the stage for overeating because feelings of satiety and satisfaction are missed when one eats too fast or doesn't pay attention to the food or their body.

Participants of Am I Hungry? Programs learn to set an intention to feel better after eating than they did before they started. They accomplish this by devoting purposeful attention to the activity of eating, usually practiced during the program with an experiential mindful eating activity.

By exploring the relationship between the many decisions that are made about eating, participants learn strategies for becoming more mindful before, during, and after eating. Further, as they experience the benefits of eating mindfully, they often transfer these concepts to other areas of their lives including their work, relationships, and self-care.



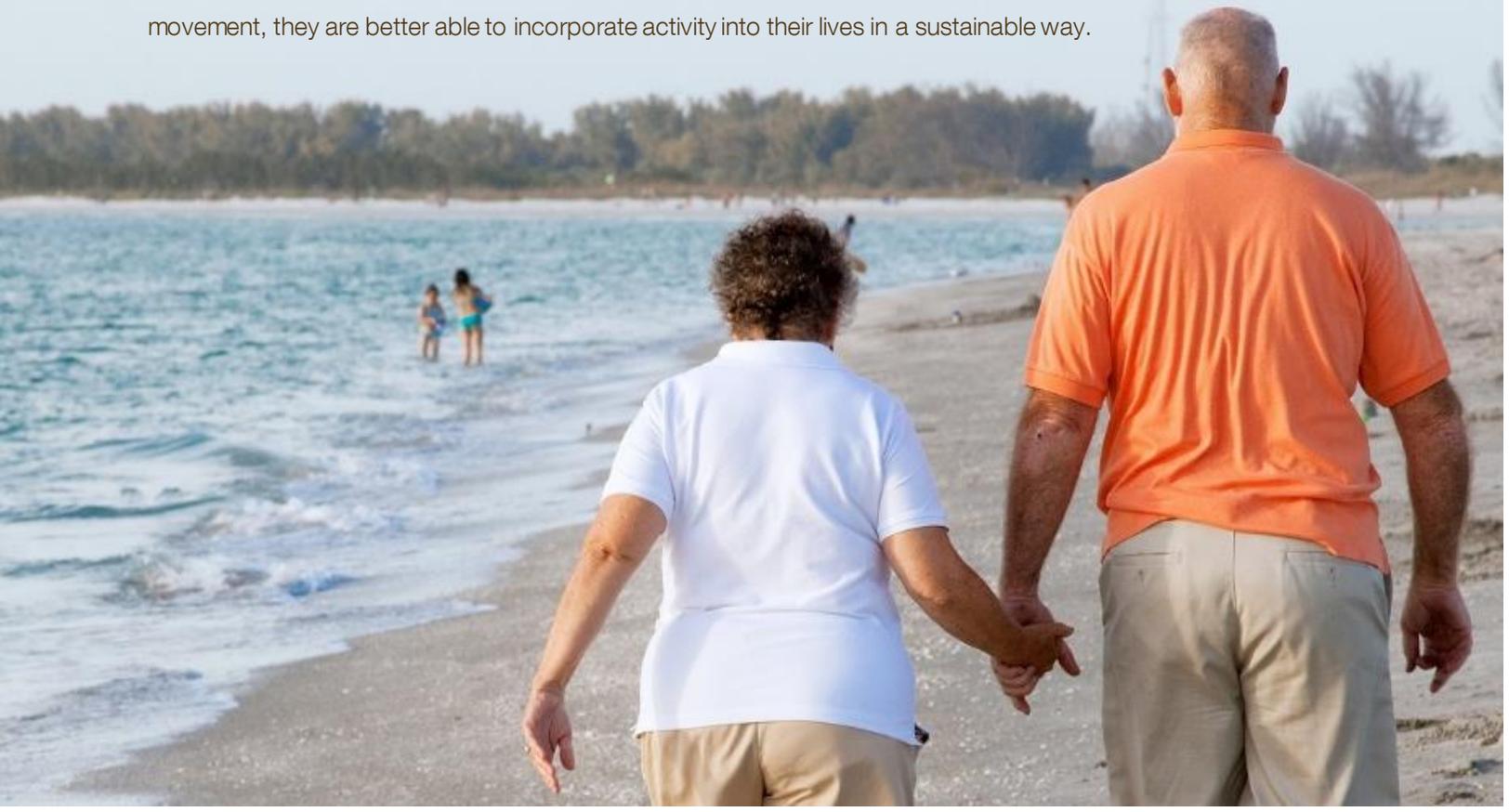
How Much? How Much do I eat?

In our modern food-abundant environment, deciding how much food one needs to eat is a critical skill. Most diets and weight loss programs focus heavily on how much participants should eat using external, control-based methods of determining quantity, such as counting calories or points, or measuring food in advance. As with other facets of restrictive approaches, these behaviors consume an unsustainable amount of time and energy and transform eating into a mechanical experience that feels disconnected from one's internal signals.

Through mindfulness training and the non-diet approach, Am I Hungry? Program participants learn to determine the appropriate amount to eat by paying attention to internal cues and clarifying situational goals. They practice using a hunger and fullness scale to determine how hungry they are and set their intention for how full they want to be when they're finished eating. They implement a variety of techniques to optimize their ability to eat an amount that is "just right" based on their body's wisdom. They learn that when the amount of food they eat aligns with the amount of fuel their body needs, they feel better, more satisfied, and are able to more effectively meet their long term health and quality of life goals.

Where? Where do I invest my energy?

Chronic dieting and widespread messages about "calories in, calories out" lead many individuals to equate exercise with punishment for eating or to earn the right to eat. In addition, many other factors such as lack of time, low energy, or physical discomfort contribute to negative associations and avoidance of physical activity. Mindfulness and a non-diet, weight-neutral approach help shift participants' perspectives on exercise from "have to" to "get to" because they feel better. As they work on personalized, small steps and rediscover joy and vitality in movement, they are better able to incorporate activity into their lives in a sustainable way.





From Weight to Well-being

Continuing to deliver restrictive, weight-focused interventions in the workplace is a waste of human and financial resources that does not promote sustainable change. Further, focusing on weight loss as the primary outcome is counterproductive for the organization and harmful to the individual's well-being. A new approach is needed.

A growing body of evidence supports the efficacy of non-diet, weight-neutral, and mindfulness-based approaches. When used together, these three key tenets create a powerful intervention that guides individuals to take charge of their decisions about eating, physical activity, health, and self-care without rigid, unsustainable rules.

Am I Hungry? Mindful Eating Programs utilize the Mindful Eating Cycle model to successfully integrate these tenets and provide the necessary structure for lasting change. As participants develop mindfulness skills and are liberated from a consuming focus on food and weight, their energy can be fully invested in their lives and their work.



References

1. Mattke, S. et al. (2013). Workplace Wellness Programs Study. RAND Corporation, Santa Monica, CA.
2. Polivy, J. (1996). Psychological consequences of food restriction. *Journal of the American Dietetic Association*, 96(6), 589-92.
3. Birch, L., Fisher, J. & Davison, K. (2003). Learning to overeat: Maternal use of restrictive feeding practices promotes girls' eating in the absence of hunger. *American Journal of Clinical Nutrition*, 78, 215-220.
4. Bacon, L., Aphramor, L. (2011). Weight Science: Evaluating the Evidence for a Paradigm Shift. *Nutrition Journal*, 10:9.
5. Mann, T. et al. (2007). Medicare's search for effective obesity treatments: Diets are not the answer. *American Psychologist*, 62, 220-233.
6. Tylka, T., et al. (2014). The Weight-Inclusive versus Weight-Normative Approach to Health: Evaluating the Evidence for Prioritizing Well-Being over Weight Loss. *Journal of Obesity*, 2014. doi:10.1155/2014/983495
7. Bush, H., Mintz, L., Rossy, L. & Schopp, L. (2014). Eat for Life: A Work Site Feasibility Study of a Novel Mindfulness-Based Intuitive Eating Intervention. *American Journal of Health Promotion*, 28, 380-388.
8. *A Non-Diet Approach to a Sustainable Healthy Lifestyle*. Retrieved July 14, 2014 from Am I Hungry? Website: <http://www.amihungry.com/pdf/Non-Diet-Approach-to-Sustainable-Healthy-Lifestyles.pdf>
9. Wolever, R. et al. (2012). Effective and Viable Mind-Body Stress Reduction in the Workplace: A Randomized Controlled Trial. *Journal of Occupational Health Psychology*, 17, 246-258.
10. Grossman, P., Niemann, L., Schmidt, S. & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: a meta-analysis. *J Psychosom Res.*, 57, 35-43.
11. Bacon, L., Stern, J., Van Loan, M. & Keim, N. (2005). Size acceptance and intuitive eating improve health for obese, female chronic dieters. *Journal of American Dietetic Association*, 105, 929-936.
12. Smith, T., Hawks, S. (2006). Intuitive eating, diet composition and the meaning of food in healthy weight promotion. *American Journal of Healthy Education*, 37, 130-136.
13. Kristeller, J., Hallet, C. (1999). An exploratory study of a meditation-based intervention for binge eating disorder. *Journal of Health Psychology*, 4, 357-363.
14. Smith, B., Shelley, B., Leahigh L. & Vanleit, B. (2006). Preliminary study of the effects of a modified mindfulness intervention on binge eating. *Complimentary Health Practice Review*, 11, 133.
15. Alberts, H. et al. (2010). Coping with food cravings: Investigating the potential of a mindfulness-based intervention. *Appetite*, 55, 160-163.

16. Keyworth, C., Knopp, J. & Roughley, K. (2014). A Mixed-Method Pilot Study of the Acceptability and Effectiveness of a Brief Meditation and Mindfulness Intervention for People with Diabetes and Coronary Heart Disease. *Behavioral Medicine, 40*, 53-64.
17. Schaefer, J., Magnuson, A. (2014). A Review of Interventions that Promote Eating by Internal Cues. *Journal of the Academy of Nutrition and Dietetics, 114*, 734-760.
18. Harnett, P. et al. (2010). The short term impact of a brief group-based mindfulness therapy program on depression and life satisfaction. *Mindfulness, 1.4*, 183-188.
19. *A Guide to Mindfulness at Work*. Retrieved November 10, 2014 from Forbes Website: <http://www.forbes.com/sites/drewhansen/2012/10/31/a-guide-to-mindfulness-at-work/>
20. Alberts, H., Thewissen, R., & Raes, L. (2012). Dealing with problematic eating behaviour. The effects of a mindfulness-based intervention on eating behaviour, food cravings, dichotomous thinking and body image concern. *Appetite, 58*, 847-851.
21. Dalen, J., et al. (2010). Pilot study: Mindful eating and living (MEAL): Weight, eating behavior and psychological outcomes associated with a mindfulness-based intervention for people with obesity. *Complementary Theories in Medicine, 18(6)*, 260-264.
22. Baer, R.A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10*, 125-143.
23. Kristeller, J., Sheets, V. & Wolever, R. (2013). Mindfulness-Based Eating Awareness Training (MB-EAT) for binge eating: a randomized clinical trial. *Mindfulness, 5*, 282-297.
24. Anderson, K., May, M. (2012). The Mindful Eating Cycle: Treatment for Binge Eating Disorder. Doctoral Culminating Project. Arizona State University.
25. Miller, C., et al. (2012). Comparative effectiveness of a mindful eating intervention to a diabetes self-management intervention among adults with type 2 diabetes: a pilot study. *Journal of the Academy of Nutrition and Dietetics, 112*, 1835-42.
26. Oliver, G., Wardle, J. & Gibson, L. (2000). Stress and food choice: A laboratory study. *Psychosomatic Medicine, 62*, 853-865.
27. Hill, A., Weaver, C. & Blundell, J. (1991). Food craving, dietary restraint and mood. *Appetite, 17*, 187-197.
28. Heatherton, T., Herman, C. & Polivy, J. (1992). Effects of distress on eating: The importance of ego-involvement. *Journal of Personality and Social Psychology, 62*, 801-803.
29. Kayman, S., Bruvold, W. & Stern, J. (1990). Maintenance and relapse after weight loss in women: behavior aspects. *American Journal of Clinical Nutrition, 52*, 800-807.
30. Magnen J. *Hunger*. Great Britain, UK: Press Syndicate of the University of Cambridge; 1985.
31. Ciampolini, M., Bianchi, R. (2006). Training to estimate blood glucose and to form associations with initial hunger. *Nutrition and Metabolism, 3*, 42.



480-704-7811, ext. 401
P.O. Box 93686
Phoenix, AZ 85070-3686
www.AmIHungry.com