A Non-Diet Approach to a Sustainable Healthy Lifestyle

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The current bias in healthcare toward a weight-based definition of health has fueled the diet industry but has little to show for the money, time, and effort invested. In a review of 31 long term studies on dieting, the authors report, "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.[1]

It is important to recognize that results are similar for children. Research on nearly 17,000 children ages 9-14 years old concluded, "...in the long term, dieting to control weight is not only ineffective, it may actually promote weight gain."[2]

Despite these compelling findings, there continues to be a strong cultural bias in the general population and among researchers and clinicians toward dieting. For example, the conclusion of a systematic review and meta-analysis of weight-loss clinical trials with a minimum 1-year follow-up was, "Weight-loss interventions utilizing a reduced-energy diet and exercise are associated with moderate weight loss at 6 months. Although there is some regain of weight, weight loss can be maintained." However, the weight loss amounted to only 5 to 8.5 kg during the first 6 months from interventions with weight plateaus at approximately 6 months. In studies extending to 48 months, only 3 to 6 kg of weight loss was maintained.[3] These are hardly the results that patients—and their health care team—expect and hope for.

In a narrative review of dietetic articles in the Journal of Human Nutrition and Dietetics, the author concluded that, "Dietetic literature on weight management fails to meet the standards of evidence based medicine. Research in the field is characterised by speculative claims that fail to accurately represent the available data. There is a corresponding lack of debate on the ethical implications of continuing to promote ineffective treatment regimes and little research into alternative non-weight centred approaches."[4]

The Non-Diet Approach

There is a growing trans-disciplinary movement away from dieting toward a non-diet approach for implementing a healthy lifestyle. There are a variety of organizations, programs, and authors advocating this paradigm shift.[5,6,7,8,9,10,11] Various terms have been used to describe these approaches in the lay and academic literature, including intuitive eating[12], non-diet, mindful eating[13], Health at Every Size (HAES)[14,15], Am I Hungry?[16], instinctive eating, attunement, conscious eating, normal eating,[17] and others. While each may emphasize different facets and utilize different methodologies, their approaches are typically weight neutral and focus on recognition of internal regulatory processes, awareness of the present experience of eating, and pursuit of physical activity that is pleasurable.

Research on these various approaches is slowly accumulating with results showing improved nutrient intake[18], improved health indicators[19,20,21], lower body weight[22,23,24] or maintenance[25], reduced eating disorder symptomatology[26,27], improvements in psychological and behavioral outcomes, including self-esteem and eating behavior[28] and reduction in food cravings.[29]

Resources for the Non-Diet Approach

Am I Hungry? Mindful Eating Programs and Training: www.AmIHungry.com
The Association of Size Diversity and Health: http://www.sizediversityandhealth.org/
The Center for Mindful Eating: www.tcme.org
Health at Every Size: www.haescommunity.org
Intuitive Eating: www.intuitiveeating.org

Becoming Effective Agents of Change

Health and wellness professionals are in an ideal position to introduce a non-diet approach to the patient who laments that they have "tried everything to lose weight" and support them as they adopt sustainable lifestyle changes over time.

The remainder of this article describes six specific strategies based on the Mindful Eating Cycle™ developed by this author.[30] The Mindful Eating Cycle incorporates the common elements of a non-diet approach, while offering a structure that is helpful for the clinician and patient alike.

The focus of a non-diet approach is on the process not the outcome so encourage the patient to approach the process with curiosity and non-judgment. Since change takes place in a climate of acceptance, help them

view their mistakes as an expected part of the process and as an opportunity to increase awareness about the drivers of their eating behaviors.

THE MINDFUL EATING CYCLE

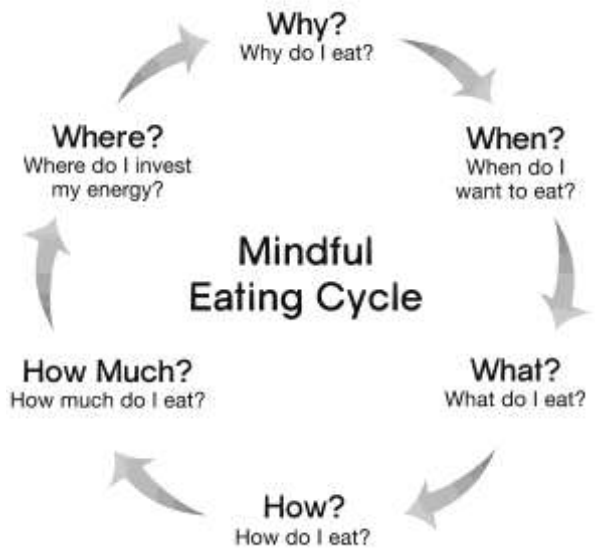

Fig. 1 Mindful Eating Cycle

Why? Why do I eat?

Many people lack awareness about why they make their eating decisions yet the underlying reason they are eating will 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 are eating in response to environmental or emotional cues such as stress, boredom, or reward, they are more likely to choose foods that are convenient, energy dense, and highly palatable. [31] They may also be more likely to eat food in excess when eating doesn't address the underlying trigger.

Further, since diets focus on *what* and *how much* people "should" eat without addressing *why* they are eating in the first place, dieters usually don't learn to recognize and effectively cope with their eating triggers or meet their true bio-psycho-social needs.[32,33,34] These triggers and underlying unmet needs will continue to drive overeating.

When? When do I eat?

Hunger is a primitive yet reliable method of regulating dietary intake.[35,36] Research has demonstrated that normal weight individuals are more likely to eat in response to internal cues like hunger whereas people who are overweight tend to eat in response to other cues.[37]

A simple but useful approach for helping the patient re-establish hunger as their primary cue for eating is to suggest that they ask themselves, "Am I hungry?" whenever they feel like eating.[38] Hunger is differentiated from other environmental and emotional cues by identifying physical symptoms such as a growling stomach, difficulty concentrating, and irritability. Once they are able to accurately identify hunger, patients can fine tune their awareness by determining how hungry they are. Through trial and error they usually discover that waiting to eat until they are sufficiently hungry increases satisfaction, while waiting too long can lead to overeating.

Environmental and emotional cues can also trigger an urge to eat (or to continue eating) whether there is a physical need for fuel or not. Examples of environmental triggers include appetizing food, meal times, holidays, advertising and large portion sizes.[39,40,41] While opportunistic eating may have been adaptive through much of evolutionary history, it is problematic in the current food abundant environment.[42,43] When an individual recognizes that an urge to eat was triggered by something in their environment, they can choose to redirect their attention to another activity until the urge passes, reminding themselves that they will eat when they get hungry. They can prepare for these situations by having a variety of appealing alternative activities available such as reading, puzzles, journaling, or woodworking.

They can also decrease some of their environmental triggers by putting food out of sight, avoiding the break room, and ordering half-portions or sharing meals. With practice, this process will help them break the habitual association between certain activities, people, and places, and overeating.

All people eat for emotional reasons, including comfort, celebration, and pleasure. Cross culturally, social events often revolve around eating and emotional connections to food are part of "normal" eating. Emotional eating becomes maladaptive when it is the primary way that a person copes with emotions. To be clear, this does not imply that every overweight person has major psychological problems. It simply means that they are using food for purposes other than energy and nutrition at times.

Emotional triggers include boredom, stress, sadness, anger, loneliness and even happiness. Eating can be a way to comfort, avoid, numb or distract oneself from emotions. If someone has been using food to help them cope with stress and other emotions, dieting will disrupt their primary coping strategy. If they do not learn

alternative means of coping then distress will increase and overeating will eventually return. Addressing emotional eating is a significant challenge for many people, and probably the most common reason that diets fail.[44,45]

Alternatively, when a person is able to gain insight into their emotional triggers, they can improve their ability to identify feelings and expand their range of coping mechanisms.[46] Examples include stress management, positive thinking and setting boundaries in relationships. Often, new skills and tools are needed so it is best to approach this as a process, referring for counseling when necessary.

When patients learn more effective strategies for coping with their emotions and use food less often for comfort or to avoid dealing with feelings, two things will happen. First, their desire to overeat diminishes. Second, and most importantly, they begin to find fulfillment in experiences other than eating and meet their true needs more effectively.

What? What do I eat?

A restrictive approach requires the dieter to maintain willpower indefinitely in order to comply with the rules the diet they are attempting to follow. Dieters exhibit an increased preoccupation with food, feelings of deprivation and guilt, and resignation if they break from their diet.[47,48,49,50,51] Consequently, they develop feelings of failure, lowered self-esteem and decreased self-efficacy that often leads to more overeating. Most people have difficulty maintaining the willpower to avoid pleasurable foods indefinitely—even when threatened by negative health consequences.

A non-diet approach acknowledges that a “normal” diet consists of a variety of foods, including foods eaten for pleasure. When pleasurable foods are not forbidden and can be eaten without guilt, there is less drive to overeat them. When deprivation is no longer a factor, the individual will begin to recognize that they are hungry for a variety of foods, including healthy foods. The desire for healthier foods will increase further through education and personal experience about the effects that different foods have on their body. They may gradually modify their diet as they learn nutrition information that will make them feel better and improve their health.

A simple yet effective way to communicate these concepts to patients is that all foods can fit in a healthy diet using the principles of balance, variety and moderation.[52] This flexible approach can be applied in any situation and is particularly effective when supported by education about nutrition, shopping, cooking, dining out, and social eating strategies. The goal is to find a balance between eating for enjoyment and eating for nourishment.

How? How do I eat?

Mindful eating is non-judgmental awareness of physical and emotional sensations associated with eating.[53,54] Each decision point in the Mindful Eating Cycle contributes to this awareness. When one gives food, eating, and their physical cues their full attention, they are more likely to experience optimal satisfaction and enjoyment without eating to excess.

Following are suggestions for increasing mindfulness while eating: Eliminate or minimize distractions while eating including watching television, working, driving, and reading. Sit down to eat, preferably at a table designated solely for that purpose. Take a deep breath to calm and center yourself. Appreciate the appearance and ambience—a feast for the eyes—before taking the first bite. Savor the aromas and flavors of the food. Put your fork down between bites; if you are loading your next forkful, that is where your attention will be focused. Pause in the middle of eating to identify physical signals of satiety. After eating, notice how you feel physically and emotionally.

Often, the positive results from eating mindfully will motivate individuals to become more mindful in other aspects of their lives, increasing enjoyment and effectiveness.

How Much? How much do I eat?

With increased awareness, patients can also learn to avoid the physical discomfort of fullness as an internalized mechanism of portion control. This is critical in the current food abundant environment where eating until the plate is clean, the package is empty, they’ve gotten their money’s worth, or feel physically uncomfortable is all too common.

One simple but memorable strategy is to realize that the stomach is only about the size of their fist when it is empty so it comfortably holds only a couple of handfuls of food before stretching and placing pressure on other areas of the body. This approach helps the patient see that eating the right amount of food isn’t about being good but about feeling good.

Where? Where do I invest my energy?

Unfortunately, chronic dieting and popular messages lead many individuals to equate exercise with punishment for eating. Further, lack of time and discomfort contribute to negative associations and avoidance of exercise. It is helpful to approach physical activity and exercise with your patients just as you would

any other highly beneficial therapeutic intervention. Explain that exercise has numerous well-documented health and psychological benefits, with or without weight loss.[55,56,57,58,59,60,61,62] Elicit the patient's feelings about exercise and work with them to write a physical activity prescription tailored to their preferences and level of fitness. If they are not ready to begin exercising, they can be coached to come up with ideas for increasing their lifestyle activity such as parking further from the building and walking to the mailbox. They can increase their activity as their tolerance increases, always keeping in mind that exercise must be comfortable, convenient, fun and rewarding in order it to become a long-term habit.

However, one's energy requirements are much greater than just exercise. Take a whole-person approach to the question "Where?" by asking your patients to consider specifics steps for improving the health of their body, mind, heart, and spirit. Food becomes fuel when they are focused on creating a balanced, fulfilling life.

The current challenges posed by our current environment cannot be adequately addressed with a math equation: calories in versus calories out. Therefore health and wellness professionals should discourage strict and fad dieting and support their patients in the process of discovering why, when, what, how, and how much they eat and where they invest their energy. The goal is to guide patients to develop a healthy, satisfying, mindful approach to eating, physical activity, and living.

Statement of Potential Conflict of Interest of Author: Michelle May, M.D. is the founder of Am I Hungry? Mindful Eating Programs and Training and is the author of *Eat What You Love, Love What You Eat: How to Break Your Eat-Repent-Repeat Cycle, Eat What You Love, Love What You Eat with Diabetes: A Mindful Eating Program for Thriving with Prediabetes or Diabetes, Am I Hungry? Mindful Eating for Bariatric Surgery Program, and Eat What You Love, Love What You Eat for Binge Eating: A Mindful Eating Program for Healing Your Relationship with Food and Your Body*.

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