

## MINDFULNESS FOR DIETITIANS



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As a clinical psychologist, Jackie has worked in a variety of medical specialties, including within the Centre for Weight Loss, Metabolic and Endocrine Surgery, University College London Hospitals NHS Trust. She is a qualified teacher of Mindfulness Based Stress Reduction (MBSR) and runs Mindfulness Based Eating Awareness Training (MB-EAT) groups for individuals who have had bariatric surgery.

**The practice of ‘mindfulness’ is now very much in fashion, so much so that it has caught the attention of the UK Parliament. In fact, by the time this article is published, the final ‘Mindful Nation’, report will also be available: an all-party parliamentary group inquiry providing recommendations into how mindfulness training could help meet government objectives.**

The purpose of this paper is to describe mindfulness interventions, their potential application in healthcare, but also to summarise two mindfulness interventions that have been developed for people with eating difficulties.

### MINDFULNESS BASED STRESS REDUCTION (MBSR)

Although meditation as a practice is a feature of many religions, mindfulness meditation is often seen as having its routes from within the Buddhist tradition. Dr Jon Kabat-Zinn brought mindfulness meditation to mainstream Western medicine and clinical practice, just over 40 years ago. His programme of Mindfulness Based Stress Reduction (MBSR) was designed for people with chronic health problems which were difficult to diagnose and treat medically.<sup>1</sup> Kabat-Zin defines mindfulness as, ‘paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally.’ The value of this for a person in pain or in difficulty may not be immediately apparent. However, in a carefully crafted eight-week group course, people are guided through a range of meditational practices designed to bring a gentle curiosity and awareness of habitual patterns of the mind and body. Through this awareness, people are assisted to respond more kindly and skilfully to pain or illness and have a different relationship with suffering. The course includes teaching in a range of formal mindfulness meditation practices such as the body

scan, mindful movement and sitting meditations, plus practices which emphasise loving kindness, compassion and self-care. Informal mindfulness practices are also encouraged, in which participants are invited to bring the same non-judgmental, present-moment awareness to daily activities, such as walking, eating, household chores and work. Session length is typically two to two and a half hours and includes:

- 1 didactic teaching related to mindfulness;
- 2 guided formal mindfulness meditation practice(s), often lasting up to 40 minutes each;
- 3 a facilitated inquiry process in which participants are invited to share their experiences of the meditation and make links between these experiences and their usual habitual patterns and behaviours;
- 4 discussion of home-based practices, obstacles to practice and what they reveal for everyday life.

Many programs also include a day-long retreat half way through the course, which is conducted in silence for most of the day and offers an opportunity for participants to deepen their meditational skills. Participants are given workbooks and audio CDs to support home-based practices.

A recent systematic review and meta-analysis of randomised control trials using MBSR or MBCT (an adaptation of MBSR designed originally for people with chronic depression), ▶

concluded that the evidence supports the use of MBSR and MBCT to alleviate symptoms, both mental and physical, in the adjunct treatment of cancer, cardiovascular disease, chronic pain, depression, anxiety disorders and in prevention in healthy adults and children.<sup>2</sup>

### MINDFULNESS FOR HEALTHCARE

#### PROFESSIONALS: 'NOT JUST A TECHNIQUE'

As a clinician working within the NHS, I often hear that colleagues have "tried a bit of mindfulness" with their clients. In order to be effective; however, mindfulness has to be more than just a technique which is imparted through didactic teaching. Proponents of clinical mindfulness interventions argue that mindfulness instructors must have substantial personal experience with mindfulness practice and should teach from their own direct experience of mindfulness.

Institutions in the UK, which train professionals to teach mindfulness, such as the Centre for Mindfulness Research and Practice, Bangor University and the Oxford Centre for Mindfulness, Oxford University, offer a structured MBSR teacher training pathway, which includes daily personal mindfulness practice, often in a residential retreat environment. The expectation is that mindfulness teachers will have their own regular mindfulness practice, to ensure that the teaching is authentic, such that teachers are able to act as role models and embody a mindful presence with their clients. In the words of Jon Kabat-Zin, "Our cardinal working principle is that the teaching has to come out of one's practice. Thus, to the bones of the curriculum need to be added the flesh and sinews of one's own experience with practice."<sup>3</sup>

Busy healthcare professionals may, therefore, be interested in knowing the benefits for themselves. Mindfulness practice promotes qualities that patients value in their healthcare professionals, including attentiveness, non-judgmental listening, compassion, presence and creative and collaborative problem solving.<sup>4</sup> Mindfulness practice may also be a powerful self-care and stress management tool to manage burnout and enhance work satisfaction. One study of 30 primary care physicians who underwent a short mindfulness training course, showed improvements in job satisfaction and

quality of life, as well as reduced levels of emotional exhaustion, depression, anxiety and stress, for up to nine months after the course.<sup>5</sup>

### MINDFULNESS AND EATING

Two of the most well-known mindfulness approaches that are designed for people with eating difficulties are: i) the Mindfulness Based Eating Awareness Training (MB-EAT)<sup>6</sup> and ii) Mindful Eating, Conscious Living (ME-CL), designed by Dr Jan Chozen Bays, a paediatrician and Zen Abbot and Char Wilkins, MBSR instructor and psychotherapist.<sup>7</sup> The programme is based on the book written by Chozen-Bays, previously 2009.<sup>8</sup> Both interventions are group treatments of nine sessions of 2.5 hours in duration, developed for people with binge eating or a disordered relationship with food. Neither approach has been used with people with anorexia nervosa. Both programmes involve training in the core meditations practices, plus specific mindful eating practices to encourage an awareness of physical hunger and satiety, an in-depth exploration of the range of triggers to eating that are not related to physical hunger and using mindfulness practices to respond to these skillfully.

The cultivation of self-acceptance and compassion is a core component of both programmes. Unlike MB-EAT, ME-CL does not focus on weight or advocate specific energy balance reduction techniques. For example, the MB-EAT programme includes the '500 calorie challenge' in which participants are encouraged to challenge themselves to find ways in which they can create an energy deficit of 500 calories per day. The ME-CL programme does not draw upon these more standard weight management techniques.

One study of 150 overweight or obese (body mass index = 40.3) individuals, 66% of whom met the full DSM-IV-R criteria for binge eating disorder (BED), were randomised to MB-EAT, Psychoeducation/Cognitive Behavioural Therapy (PECB) or waiting list controls (WL). MBEAT and PECB showed generally comparable improvement after one and four months post-intervention on binge days per month, the Binge Eating Scale, and depression. At four months post-intervention, 95% of those individuals with BED in MB-EAT no longer met the BED criteria vs 76% receiving PECB. Furthermore, binges that

occurred were likely to be significantly smaller. The results suggested that MB-EAT decreased binge eating and related symptoms at a clinically meaningful level, with improvement related to the degree of mindfulness practice. Robinson et al has conducted a systematic review and meta-analysis of studies of 'attentive eating' and concluded that 'attentive eating is likely to influence food intake and incorporation of attentive-eating principles into interventions provides a novel approach to aid weight loss and maintenance without the need for conscious calorie counting'.<sup>10</sup>

## TRAINING

Professional training in both MB-EAT and ME-CL is available for individuals who are working in relevant professions, have participated in at least one MBSR course or similar and have their own person mindfulness practice. For details of training locations, see the Centre for Mindful Eating website.<sup>11</sup> BCT online based in the UK also provides mindfulness taster days for dietitians wishing to experience mindfulness for themselves before committing to additional training.<sup>12</sup>

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