

Intuitive Eating

My journey into intuitive eating was both a personal and professional one. In my 20's I experienced the spectrum of eating disorders: had I been seen by a trained professional, I would have been diagnosed first with anorexia nervosa, then eventually bulimia, and finally binge eating disorder. Neither of the latter two of these conditions even had names, much less people skilled to treat them. I had to find my way out on my own in a process of trial and mostly error. Looking back, what guided me to freedom from that morass was a combination of yoga, meditation, the principles of Gestalt therapy, and a book, Fat is a Feminist Issue by Susie Orbach. (1) It contained the seeds of what now is called intuitive or mindful eating.

Three threads of intuitive eating

Intuitive eating is a term created by two dietitians, Evelyn Tribole and Elise Resch, in their book by the same name. (2) It describes a way of discerning food choices by inner cues: hunger, satiety, food preferences and true desire, rather than by trying to control eating through externally imposed rules and/or diets. So for example, someone who has been trying unsuccessfully to achieve a goal through dieting might instead begin to “listen” inside for their body's signals of needing to eat or to stop eating, and to be very honest about what they are actually hungry for. This approach is spectacularly controversial. Despite the fact that diets are notoriously unsuccessful, we have a multi-billion diet industry within and outside of our health care system that clings to the simplistic notion that weight loss is just a matter of variations of “calories in vs. calories out.” This ignores the complex web of genetic, environmental and psychological factors that influence body weight. (3) Intuitive eating actually incorporates three threads: the “Non-diet Approach,” “Health at Any Size,” and “Mindful Eating.”

The **non-diet approach** reflects the reality that only a very few people are able to lose weight permanently through dieting. Weight loss diets must be judged by their long-term benefit, and so far, no diet (or medication) of any kind has been demonstrated to give lasting results in long-term follow-up. All but some 1-5% of people who lose weight through dieting have regained all the weight they lost, and often more, by one or two years, and certainly by the five-year mark. Rena Wing, PhD and her group keep a “weight loss registry” of 5,000 people who have lost weight and maintained it. However, her self-reported sample of participants, (who report exercising for at least an hour seven days a week, and constantly restricting their food intake,) is far less than 1% of the millions of people who have dieted, and are likely the exception, not the rule. (4) It is common for people to bounce from the deprivation of diet-imposed food restriction into a pattern of “weight cycling” which is physically destructive and psychologically devastating. Regaining weight engenders shame, a feeling of failure and learned helplessness and increases the risk of cardiovascular disease. (5) People can develop a pattern of bingeing on “bad” foods they are trying to avoid, and aversion to “good” foods they think they “should” eat. They lose touch with what they actually like and dislike, whether they are hungry or not, and the many pleasures of eating. The more they try to restrict their eating and force themselves to exercise, the more sedentary and out of control they become.

So what to do? Failed dieters can re-learn how to eat, by a process of noticing when their body needs to eat, and what, if anything, they feel hungry for. This is much easier said than done, but gradually over time, many people can return to eating as young children do—when they are hungry, until they are satisfied, with foods they enjoy. In this approach success, rather than being measured in pounds lost, becomes instead quality of life: giving the body the food, rest and movement it needs and wants so that it becomes “metabolically fit.”

Health at Any Size describes the physical reality that risk factors for degenerative diseases like heart disease and diabetes are more influenced by fitness than by size. Researchers and care providers are as likely to be biased against larger people as anyone else. Therefore, the health risks of obesity are greatly exaggerated, despite many scientific studies that suggest otherwise. (6) Fat people can be as healthy as fit thinner people, with comparable blood pressures, lipids and blood sugars, if they are neither over nor under eating a variety of “nutrient dense” foods, and exercising enough. This state of health at every size is referred to as “metabolic fitness.” (7)

Mindful Eating is the tool that enables one to begin to reconnect with one’s true food needs and desires. Eating in Western culture is based on external cues about when, what and how much to eat. We eat because it’s mealtime, or we see food, or we have a habit of eating. We might try to stop eating because we think we will look “undisciplined” or because we have reached our “calorie limit,” not because we are satisfied. We puritanically describe foods as “good” or “bad” and try to choose foods because someone deems them “healthy” not because it is what we really want. We gradually learn to ignore the body’s signals about how much fuel it actually needs, and our mind’s desire for what foods we truly enjoy. We become dishonest eaters, hiding the truth from ourselves in an attempt to conform to an external idea about eating. Eating goes from being a natural pleasure to being an artificial exercise in attempted restraint, the root of disordered eating.

Mindfulness is variously defined but includes deliberate, focused awareness of “direct and immediate experience:” the phenomena that arise in the present moment, including thoughts, feelings, sensations and outer events, free of judgment, attachment or aversion.

Mindfulness can be cultivated through a number of means such as hatha yoga, tai chi, aikido, Mindfulness Based Stress Reduction training, (8) or meditation training of any kind. Mindfulness is learned through practice. Any meditation method is, at the very least, an intentionally chosen “object” for attention. One trains the mind by repeatedly noticing distraction and bringing one’s attention back to this focus or object. Several books have been written on mindful eating, including two by local writers (9, 10)

Goals and Expectations

Many people have very unrealistic weight loss goals. However, most adults are able to lose and maintain only about 10-15% of their body weight without resorting to drastic, unsustainable means. If a person is routinely over-eating and is sedentary, it is likely that he or she will lose about this much weight once they learn to refrain from over-eating and exercise at least four times a week. This much body fat loss can result in significant improvements in blood pressure, blood sugar and lipids, but does not produce the cosmetic effect our culture demands. If the only goal is weight loss, a 10-15% decrease can be very disappointing, despite the health benefits.

Therefore, it is very important that care providers gradually help clients recognize that it is their quality of life, not pounds lost, that is the real “bottom line.” Quality of life might include such things as sensually pleasurable exercise; feeling well rested and energetic; being able to eat out, or even “feast” with friends and family; being able to eat the foods one truly desires; freedom from food obsession; freedom from compulsion to eat; and/or a feeling of relaxed pleasure around food. Quality of life might also include the feeling of mastery that comes from a sense of control without rigidity or deprivation.

Finally, although most of us are born knowing how to eat, it can take time to rediscover this. Anyone who has fed a baby or toddler knows that the child knows when, what and how much he or she wants to eat. In some older people, it is as if this inner, biological knowing gets buried under all the conflicting ideas about how one should eat, failed attempts and the resulting deprivation and helplessness. To get to this jewel of authentic intuitive wisdom, one must peel off layers of ideas and concepts, the “oughts and shoulds” or “diet mentality” that obscure it. For a client who comes in with a fervent desire to “wear a size 4 by the reunion,” this process must be revealed gradually and gracefully, as the client can receive it.

Contra-indications for Intuitive Eating

However, learning how to eat intuitively is not possible for every person, at least not right away. No one will be ready to take on a process of un-layering like this until they are absolutely certain that dieting won't work in their own case. If someone still harbors the idea that the answer lies in successfully dieting, it is my experience that they will just need to try the diet and give it their best. I always wish that my clients will be successful with the diets they try—if it worked it would be the easiest way. To win the freedom that is intuitive eating one must have seen for one's self that dieting does not provide sustainable changes in eating and exercise. Then the hard work of discovering what WILL work can begin.

In addition, the internal signals of natural appetite can be unavailable. People who are underweight and/or restricting calories, fat, carbohydrates, etc will feel a voracious hunger all the time. The body is saying “FEED ME!!!” This feeling of limitless hunger will pass when the body is better nourished but it can be terrifying in the meantime. People with anorexia nervosa dissociate from their body's experience, denying or not feeling the urge to eat, rest, hydrate and even pee. Intuitive eating is not possible with such dissociation. Mindfulness training can help, but only re-feeding will restore the natural mind/body communication.

And on the other end of the spectrum, people who are insulin resistant may not experience true hunger and satiety either. High levels of circulating insulin can cause hunger, even if the body doesn't actually need fuel, with cravings for sweets that mask what might be a true desire for a treat with an insatiable urge to continuously eat sugary foods. And such conditions as insomnia or the sleep disturbance associated with apnea can increase the feeling of hunger and diminish satiety, as can dehydration. Certain medications, such as some anti-depressants and anti-psychotics, can cause insulin resistance and non-stop craving. Also, mindfulness can be perverted into just another diet, so that one begins to feel they “should” eat mindfully, and therefore resist it.

Furthermore, there are caveats to using this approach. Certain books, such as the classics, Overcoming Overeating (11) and Breaking Free from Emotional Eating (12) suggest stocking one's home with the treats that one feels deprived of and binges on. However, the presence of a food, particularly a “highly palatable” (i.e. yummy) one, will trigger eating even if the hapless person isn't actually hungry, or craving that food at the time. It makes sense that a feeling of abundance--that all the foods one might want or need are right at hand--would restore a sense of plenty, and could be healing. But in my experience, people tend to eat these foods just because they are at hand, and then boomerang into bingeing. It works better for people to keep such “trigger” foods out of their homes and offices, and go out to buy a serving at the time the desire actually arises, as inconvenient as that might be.

Learning how to eat again, or intuitive eating, isn't a quick route, despite the fact that it is most people's natural state. Making peace with food requires developing a sense of trust in one's body, learning to govern food choices compassionately, based on what the body and psyche really need to feel best. I fervently wish there were faster, lasting ways to achieve this healthy relationship with eating. But until then, re-learning intuitive eating is a process of coming to know oneself through honestly listening inside. It is not a quick fix, but it can lead to lasting good health, freedom and pleasure.

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Resources

1. Fat is a Feminist Issue

Susie Orbach

2. Intuitive Eating: A Revolutionary Program that Works

Evelyn Tribole and Elyse Resch

3. Rethinking Thin: The New Science of Weight Loss—and the Myths and Realities of Dieting

Gina Kolata

4. The Weight Loss Registry

<http://www.nwcr.ws/>

5. Medical, Metabolic, and Psychological Effects of Weight Cycling

Kelly D. Brownell, PhD; Judith Rodin, PhD
Arch Intern Med. 1994;154(12):1325-1330.

6. Big Fat Lies: The Truth about Your Weight and Your Health

Glenn A. Gaesser, PhD

7. Health at Every Size

http://en.wikipedia.org/wiki/Health_at_Every_Size

8. Mindfulness Based Stress Reduction (MBSR)

<http://www.umassmed.edu/cfm/mbsr/>

In Portland:

Jillayne Sorenson, Psy. D.

<http://www.less-stress.us>

9. Mindful Eating: A Guide to Rediscovering a Healthy and Joyful Relationship with Food

Jan Chozen Bays, MD

10. Meal by Meal: 365 Daily Meditations for Finding Balance Through Mindful Eating

Donald Altman, LPC

11. Overcoming Overeating: How to Break the Diet/Binge Cycle and Live a Healthier, More Satisfying Life

Jane Hirschmann and Carol Munter

12. Breaking Free from Emotional Eating

Geneen Roth

Conclusion