

Innovative Approaches to Health and Wellness: Intuitive Eating and Mindful Eating

MINDFUL
EATING

Dieting and exercise regimens are arguably unsustainable and may result in physical and psychological ramifications. Professionals are exploring innovative approaches (i.e., Intuitive Eating (IE) and mindful eating (ME)), which focus on physiological cues and respecting one's body within public health strategies. Limited Extension programming focuses on these approaches. Key informant interviews (n = 12) revealed whether Southern Maryland's communities would be open to learning about IE and ME. Informants identified barriers to using these approaches with vulnerable populations and cultural subgroups. Educators should consider alternative strategies to increase receptivity and become well-versed in these approaches to ensure accurate education.

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Data collection and analysis were conducted in Southern Maryland through the University of Maryland Extension.

A common tactic for combating chronic diseases is to promote balanced nutrition and physical activity. Adults often practice these behaviors in the form of specialized diets and exercise regimens with an overall focus on weight loss. Despite these practices, 60% of Americans live with at least one chronic disease (Centers for Disease Control and Prevention, 2021). Supporters of innovative approaches to health and wellness claim rigid dietary control is unsustainable and may result in physical and psychological ramifications, such as unhealthy dietary intakes, increased risk of disordered eating, and poor body image (Camilleri et al., 2017; Linardon & Mitchell, 2017). New

approaches to health and wellness teach individuals to allow hunger, fullness, and satisfaction cues to dictate when and how much to eat, to find enjoyable movement, and to respect one's body and health. Two of these approaches, Intuitive Eating (IE) and mindful eating (ME), may have potential benefits on dietary intake, physical health indicators other than BMI (e.g., blood pressure, blood glucose, cholesterol), disordered eating, self-esteem, and body image when used within public health strategies (Camilleri et al., 2017; Clifford et al., 2015; Dyke & Drinkwater, 2013; Linardon & Mitchell, 2017).

PURPOSE

There are limited Extension programs focusing on these two innovative approaches. 4-H educators utilized ME as a minor component within larger mindfulness programs (Lewis et al., 2020; Vetter-Smith et al., 2014). Otherwise, there is a deficit for comprehensive Extension programs centered around ME and IE, especially within Family and Consumer Sciences. Extension Educators who work with audiences at risk for dieting, poor body image, and disordered eating should consider IE and ME in their approaches to promote health and wellbeing. It is also important to assess community receptivity to these unfamiliar topics. Therefore, I conducted key informant interviews to see if Southern Maryland's communities would be open to learning more about these innovative approaches.

BACKGROUND

I received approval from University of Maryland's Institutional Review Board to conduct key informant interviews in three of Southern Maryland's counties. Inclusion criteria were that (a) informants be 18 years of age or older; (b) their organization had to reside in and serve one or more of the tri-counties; and (c) they needed to be familiar with community residents' needs. Prior to their scheduled interview, I asked participants to complete a survey containing demographic questions about their organization and the audiences they served. Individual key informant interviews lasted between 30-60 minutes. To answer the research question, "Is Southern Maryland open to new approaches related to health and wellness (i.e., Intuitive Eating and mindful eating)?" I asked informants the three questions listed below. I provided interviewees with a

definition of both IE and ME (see Table 1) before asking the third question.

- Have you heard of the movement called Intuitive Eating?
- Have you heard of the term called mindful eating?
- Does your organization feel [NAME] County's communities would be interested in learning more about this topic?

RESULTS

Of the 12 key informants who participated in this study, 10 completed the pre-demographic survey. For sector type, eight indicated their organization fit within the public sector, one within the private sector, and one chose not to answer this question. Nine informants responded that their organizations were not-for profit, while one chose not to answer this question. The 10 informants reported their organizations provided services for all ages (i.e., <18, 18-64, and 65+).

Informants were prompted to choose a category which best described their organizations' activities or services. Responses included "Health Services" (n = 4), "Academic or Educational" (n = 2), "None of these apply" (n = 2), "Farming and Food Systems" (n = 1), and "Sports, Athletic, Recreational, and Social" (n = 1).

During their interview, several key informants expressed positive responses to the questions on IE and ME. Five informants felt Southern Maryland's communities would be interested in learning about these topics. Four informants openly expressed their organizations' promotional support or personal interest in learning more. One informant commented that IE addresses the need to explore connections between behavioral health, emotional development, and nutrition. Informants also voiced the importance of these approaches in addressing chronic disease (e.g., obesity) and helping people listen to their bodies' nutritional needs. Despite this positive feedback, the majority of key informants were uncertain if IE and ME were applicable or would be of interest to specific community groups.

The majority of informants voiced concerns that subsets of the community might not be open to IE or ME (n = 7 and n = 8, respectively). Two informants stated that individuals may be unwilling to give up their favorite taboo foods in exchange for healthier alternatives. Other informants indicated IE and ME were inappropriate for low-income populations who

lack access to or are unable to afford healthy foods.

Informants also expressed concerns that cultural subgroups might be unreceptive to these programs.

They suggested using alternative marketing strategies and stressed the importance of building trust and collaborating with respected leaders and peers to gain acceptance. Key informants reported that younger, educationally advanced, higher income, and holistically focused audiences would be more open to these types of programs.

Table 2 provides example quotations of key informants' concerns, support, and suggestions regarding community receptivity of IE and ME. It is important to consider these responses and suggestions when developing programs related to these topics.

DISCUSSION

The following are implications for educators interested in offering IE and ME in their communities. It is imperative educators seek credible professional development opportunities to become well-versed in IE and ME before implementing these approaches in their programming (The Center for Mindful Eating, n.d.-b; Tribble & Resch, 2019). This will help educators avoid promoting these as new dieting tools and guide educators on how to educate communities to utilize these approaches with foods considered taboo. For example, IE discourages individuals from labeling foods as "good" or "bad" and only choosing foods for their health properties. Individuals can also practice ME with foods considered unhealthy. Therefore, educators should seek in-depth training to be able to appropriately educate communities and combat misconceptions.

Further training could provide answers on how to adapt IE and ME messages or program components to meet the needs of vulnerable populations. Remley (2017) discussed how individuals experiencing food insecurity may use coping skills (i.e., eating a small variety of unhealthy foods and bingeing when food is abundant) to avoid hunger. These individuals may benefit from learning how to practice ME with accessible foods (even those considered unhealthy). Individuals experiencing food insecurity may not be able to participate fully in specific principles of IE (e.g., honoring hunger, fullness, and health using gentle nutrition). However, individuals could practice other aspects (e.g., respecting their bodies and coping with emotions without using food).

Key informants reported specific audiences may be

more receptive to these two approaches. Educators may be successful implementing IE and ME programs with audiences who are younger, more educationally advanced, have higher incomes, and those holistically focused. Consider exploring opportunities on college or university campuses working with nutrition or health organizations. For educators who work with other populations, key informants made suggestions for how to improve receptivity among these groups.

Educators should consider alternative marketing or delivery strategies to improve receptivity for other subsets of their communities. For example, use familiar or appealing terms in titles and highlight that IE and ME utilize inherent skills rather than learning something new. Also, consider embedding IE and ME messages into existing programs (e.g., to promote physical activity, help participants discover movement they enjoy rather than prescribing regimens or activities). When targeting cultural subgroups, reach out through respected leaders and peers while building trust in communities. It may also benefit educators to recruit leaders or peers to become trained in and promote these approaches.

Having the support of community partners opens up opportunities to collaborate on programs or train community leaders to incorporate IE and ME messaging in their field of work and communities. Many key informants offered their support or suggestions for how to make this type of programming successful. However, despite providing definitions of IE and ME, some responses indicated key informants still held misconceptions about these approaches. For example, key informant 005 said, "... some folks really just want to eat the fried foods and don't want to participate in anything that might make them have to change their ways of life that they enjoy whether or not it's good for them." Key informant 006 said, "I know I like doughnuts. I know I'll overeat doughnuts ... So maybe less on like and more on 'what healthy options do you pick for yourself that you like.'" Both of these responses convey that IE and ME do not allow an individual to enjoy foods labeled "unhealthy" (i.e., fried foods and doughnuts), which is not true. While practicing mindful eating, a person can use all five of their senses to eat a doughnut, notice if it is satisfying, and become aware of how it affects their hunger or fullness. When becoming an Intuitive Eater, a person grants themselves permission to eat forbidden foods, find satisfaction and pleasure in the eating experience, and to reject food rules which diet culture has created (Tribole & Resch, 2020). One of IE's last principles is to introduce gentle nutrition, but

this is often taught later in this process so that individuals do not use IE as a new diet tool. Tribole and Resch (2020), the founders of IE, would argue that undoing the "diet mentality" takes time and practice.

Because IE and ME are unconventional compared to traditional methods of approaching nutrition and health, it may take time for community partners to understand, accept, and endorse these approaches.

For educators who are interested in offering IE and ME programs or embedding messages in existing programs, I hope that my experience provides them with insight on some next steps to consider. I encourage those who question these new methods to seek answers through credible sources to avoid false information. It is important educators understand that traditional methods of approaching nutrition and health—especially those that are diet and weight focused—do not always factor in the human experience (e.g., food preferences and dislikes, coping strategies, busy schedules, adopting realistic practices, natural/biological changes in the body). IE and ME are revolutionary and disrupt traditional approaches which are unsustainable and inconsistent. Franz and Cox (2012) might agree that Extension should explore these disruptive innovations to enhance our organization's relevance and sustainability, increase our competitive advantage, and to survive complex markets. We have the opportunity to stay ahead of the curve and teach people how to get back in touch with their bodies, find joy in the eating and drinking experience, and finally promote a balanced approach to overall health and wellbeing.



You may click here to access the references, tables, and graphs for this article.

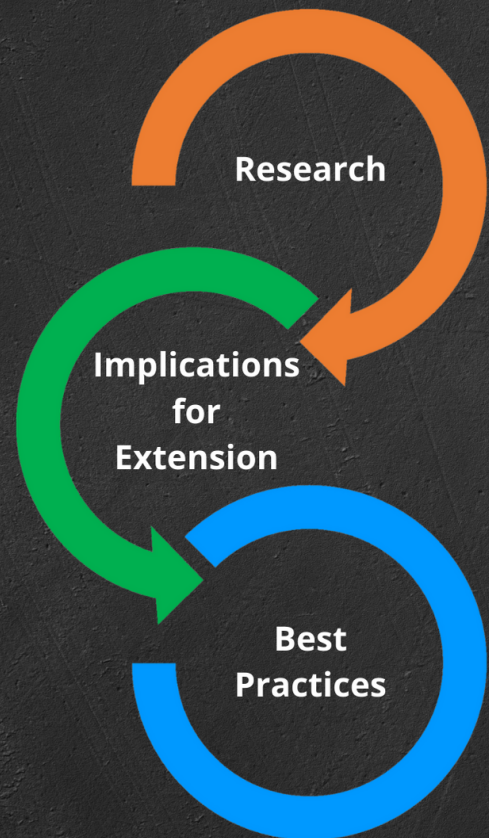


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Table 1*Definitions and Guiding Principles of Innovative Approaches: Intuitive Eating and Mindful Eating*

Approach	Definition and Guiding Principles	References
Intuitive Eating	IE is an anti-dieting movement suggesting people are born with an innate mechanism to eat in a way that supports nutrition, health, and an appropriate weight while avoiding overeating, obsessing over foods, harmful dieting, or mindless eating. The ten guiding principles focus on rejecting the diet mentality, recognizing and responding to hunger, fullness, and satisfaction cues, choosing foods based on physical promptings rather than avoiding taboo foods, and valuing the health and energy of the body over the rewards of an attractive appearance.	Tribole & Resch, 2020
Mindful Eating	ME is a form of mindfulness applied to the eating experience. It involves using all five senses to choose foods and beverages that satisfy and nourish the body. This practice helps an individual recognize their likes, dislikes, or neutral feelings about what they are eating or drinking without judgment. It helps them tune into hunger and satiety cues, allowing an individual to dictate when to begin eating and when to stop eating. This tool can help a person become an Intuitive Eater.	The Center for Mindful Eating, n.d.-a

Table 2*Key Informants' Concerns, Support, and Suggestions Regarding Community Receptivity of Intuitive Eating and Mindful Eating*

Concerns, Support, and Suggestions	Example Quotes	
	Does your organization feel [NAME] County's communities would be interested in learning more about Intuitive Eating?	Does your organization feel [NAME] County's communities would be interested in learning more about mindful eating?
Vulnerable or At-Risk Populations	<p>Key informant 001: "How do you get to those demographic of people who don't have the means or access to healthy foods to try to understand Intuitive Eating? So you have these pockets in St. Mary's County of demographics, of individuals that are low income, okay? And they can't afford to buy organic ... they're barely getting by on whatever groceries they can. So they're choosing things in a box, in a bag, and all that. So how are you going to talk to them about Intuitive Eating when they don't have the access to that, those kinds of foods?"</p> <p>Key informant 003: "I think it's hard to prioritize some of the stuff when you don't know where your next meal is coming from, so it would be lost on a population that is struggling too."</p>	<p>Key informant 003: "Again, I think it depends. Same situation. I don't think that some of our most vulnerable folks are in a position where they can focus on that."</p> <p>Key informant 011: "... folks that are just looking for food, they say they're not going to care about mindful eating ... unfortunately, the ones that need it the most, sometimes, are the ones that aren't getting that information."</p>
Renaming the Approach	Key informant 008: "I think so if it was called something else ... I think that might scare some people, but it makes perfect sense."	Key informant 008: "I still don't think people in this area would sign up for something that's called mindful eating because they're going to think it's yoga, or Zen, or something like that."

So I think our population definitely wouldn't go for something called mindful eating. I think they would be interested in the subject matter, but not if it's called mindful eating."

Improving
Receptivity

Key informant 006: "... it's going with your gut... 'You already have this inside of you.' And I think that might be a benefit for people versus coming in saying, 'You don't have any idea what you know.' Versus the opposite of it, is, 'You actually have it all inside of you all right now.'"

Key informant 006: "I think so, but I think people know what they like... I know I like doughnuts. I know I'll overeat doughnuts... So maybe less on like and more on 'what healthy options do you pick for yourself that you like... Let's focus on what you like that can benefit your body.'"

Key informant 005: "... some folks that really just want to eat the fried foods and don't want to participate in anything that might make them have to change their ways of life that they enjoy whether or not it's good for them. Even if they know it's not good for them ... I think some folks - and this is just my anecdotal experience - might resist it based on assumptions they would make about it. But if the message were delivered enough times in enough ways that they would accept it ... some of our lower income, black communities if their churches were on board [they might be too] ... Coming from the county government or the education system, it's one thing. But when it's sort of from trusted neighbors and community, the

Key informant 007: "Yeah ... even if they aren't as receptive to it right away. And I think a lot of that comes from just not really understanding or it just being a really big issue ... But I think if you can provide people with new tools and new ways to understand healthy eating, I'm all for that."

informal community leaders, the lady everyone listens to more so than the mayor ... There's portions of our population that don't necessarily have that trust in traditional authority but are very in tune with their community."

Interested
Populations

Key informant 003: "I think a subset would. Well, I think younger, more educationally advanced in terms of socioeconomics."

Key informant 007: "I think there are certain pockets of our population that would be very interested in it, but I don't think that they're the most at risk ... a lot of the athletic, crunchy granola moms out there would be interested in that ... That would be your target audience there. Now, are they the most at risk? I don't think so. But I think it definitely sounds very interesting and I think you can always try. I don't know ... I do think that you would have people interested in learning about that, for sure."

Health
Benefits

Key informant 002: "So the influence that things like stress, sleep deprivation, or chronic stress, chronic sleep deprivation, and anxiety, depression, et cetera, have on food choices and food consumption, but then also the impact that quality of and

Key informant 005: "Potentially. There are some groups that would be very open to it because they're open to anything sort of labeled mindfulness or kind of in that vein ... so I think there's openness to it."

Key informant 007: "I think it's great. Give people options. They might have tried going on a diet or a specific way of eating that hasn't been successful for them. So they might be ready or willing to try something new and different. And I

types of food choices and overall nutrition-- the impact that has on stress and managing stress, social emotional development and overall behavioral health. So I definitely think that is an area that needs to be explored more.”

think when you really are talking about mindfulness in general, I think that that can be really good as far as having a lot of mental health benefits as well, which everyone in our community could benefit from.”

Key informant 009: “Absolutely ... So much of the emphasis has been on dieting, but it's about changing a lifestyle. And what you're talking about is basing it on healthy eating and not on how to diet. You have all these people going through this keto and all this other stuff that's trending rather than looking at what's your body telling you regarding what you should eat, when you should eat it, and the needs of the body. And I think once we start listening to our body regarding nutrition, we're listening to our body regarding a number of other things.”

Note. Key informants were randomly assigned a number to maintain confidentiality. This table represents a selection of quotes that capture a summary of concerns, supportive thoughts, and suggestions.