

How to Teach Intuitive Eating

HEALING THE RELATIONSHIP WITH FOOD

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Disclosures

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I am a consultant for Menninger and Baylor College of Medicine



- Ideological Frameworks that underpin Intuitive Eating
- Assessment of a client's relationship with food
- Food Healing Paradigms essential for healing the relationship with food
- Special Considerations for Intuitive Eating and Type 1 Diabetes

Interview Excerpts in this Presentation

- Allison Marek, LCSW, CDWF
 - Therapist and Program director at Center for Discovery Houston



- Mary Ellen Phipps, MPH, RDN, LD
 - Registered Dietitian and owner of Milk n Honey Nutrition, LLC





Ideological Frameworks

BUILDING THE FOUNDATION

Ideological Framework Overview

Food Hierarchy of Needs & Scarcity

Health at Every Size (HAES) or Non-Diet Approach

Self-Compassion and Cognitive Flexibility

Food Hierarchy of Needs

Developed by Ellyn Satter RD, LCSW, childhood and family feeding expert

This framework is based on the idea that we must first heal the “scarcity” brain that develops in eating disorders from food restriction

If we want to restore trust with food, we have to first consistently give ourselves access and unconditional permission to eat all foods

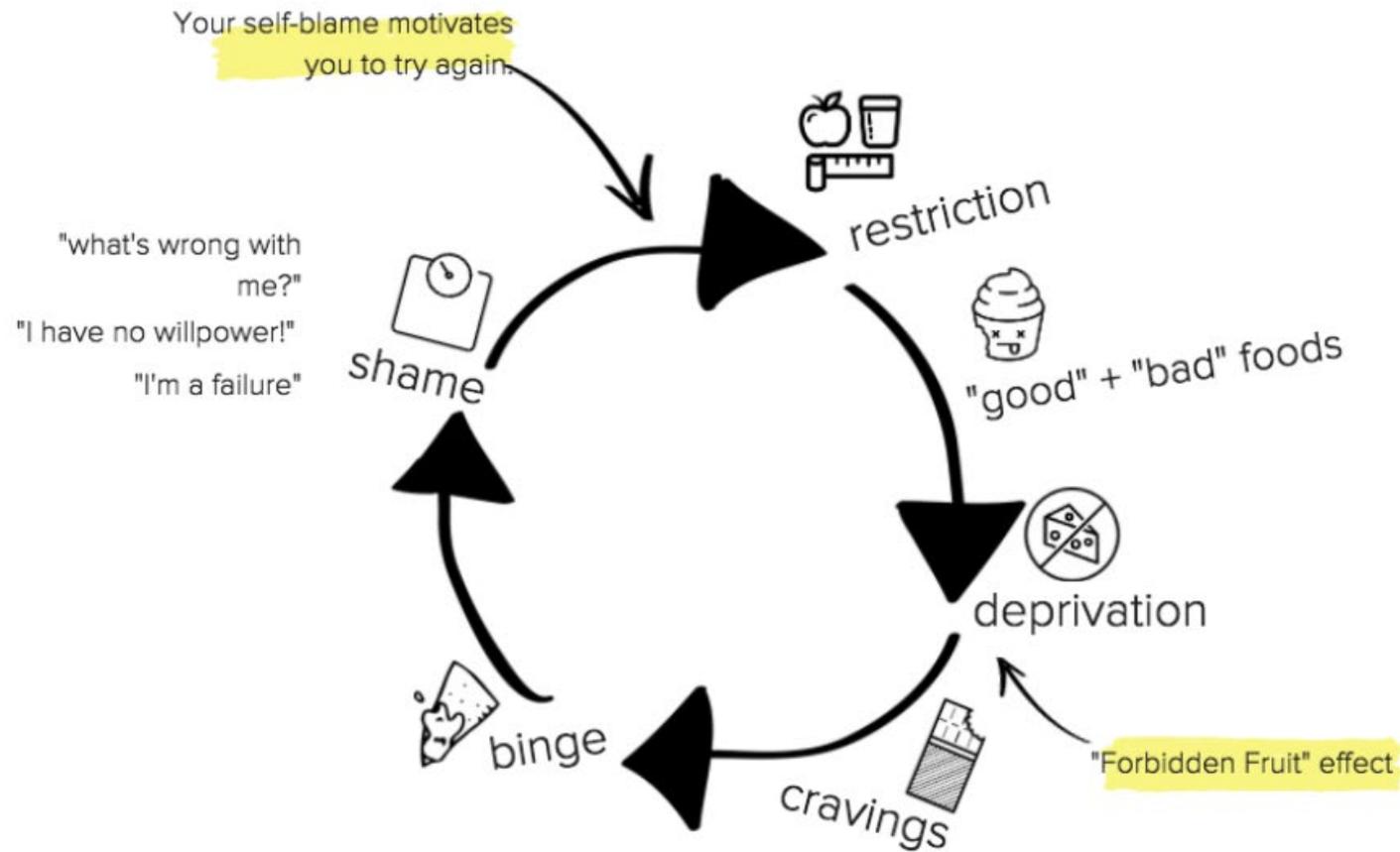
The food hierarchy demonstrates that when you feed yourself faithfully and reassure yourself that you will be fed, you will learn and grow with eating

Scarcity Brain

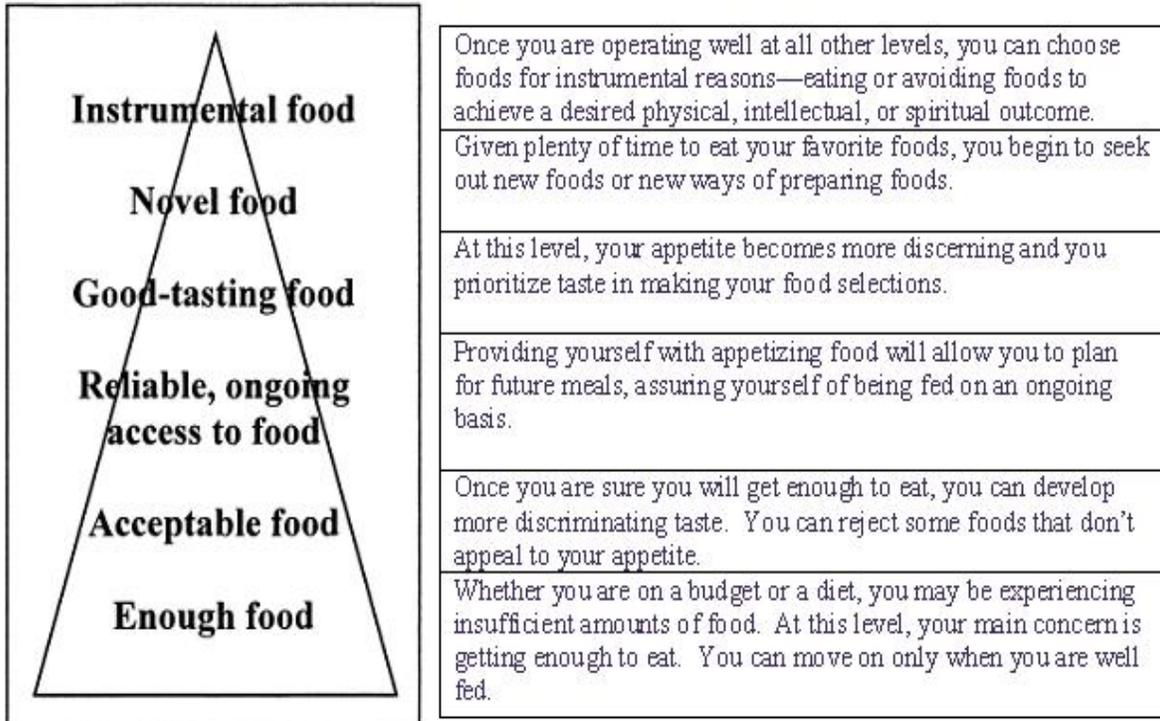
Ancel Key's Minnesota Starvation Study

- Conscientious objectors placed on 1500 kcal semi-starvation diet for 6 months
- Physiological effects
 - Low heart rate
 - Orthostatic hypotension
 - Low body temperature
- Psychological effects
 - Intense preoccupation with food
 - OCD like behaviors about food
 - Anxiety
 - Depression
 - Binge like behaviors when food was reintroduced

The Binge-Restrict Cycle

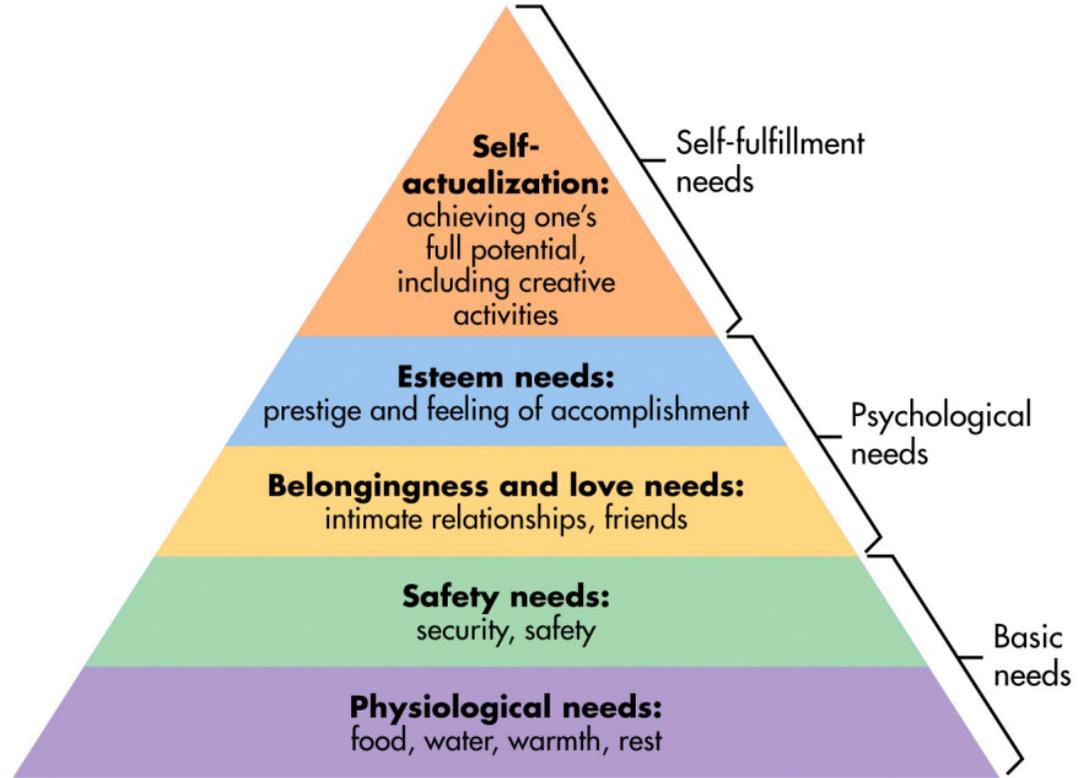


SATTER'S HIERARCHY OF FOOD NEEDS



Satter's Hierarchy of Food Needs

MASLOW'S HIERARCHY OF NEEDS



Health at Every Size (HAES)

~30 year old movement born in tandem with rising popularity of fad diets and inflated “official” concern for the medical consequences of increased weight status

Incorporates range of perspectives and techniques including mindfulness, Acceptance and Commitment Therapy (ACT), self-compassion training, and cognitive-behavioral techniques

Guiding Principles:

- Weight Inclusivity
- Health Enhancement
- Respectful Care
- Eating for Well-Being
- Life-Enhancing Movement

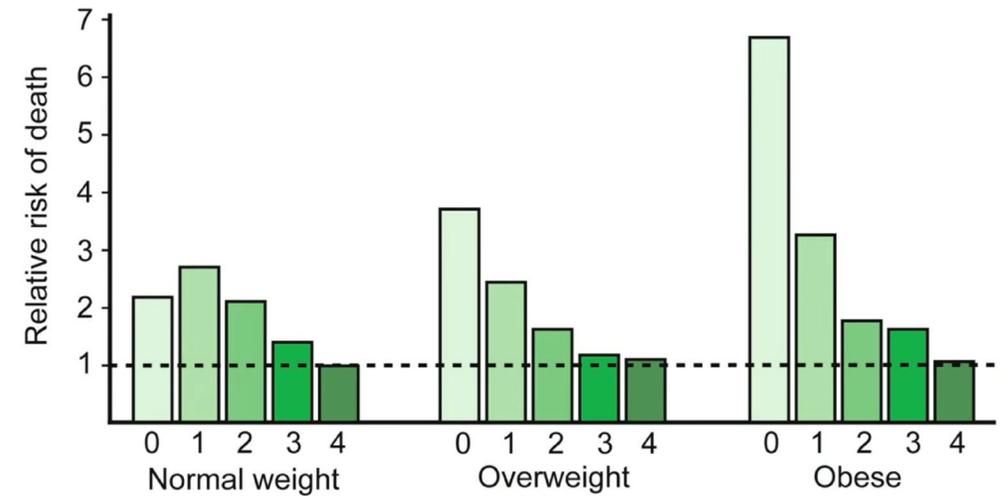
The Importance of Weight Inclusivity

Our culture's obsession with weight, perfectionism, and the thin ideal is a direct predictor of disordered behavior and eating disorders

No matter the eating disorder we are treating, we have to change the cultural conversation about weight and shift to seeing all bodies as important and worthy of love, belonging, and celebration

Challenging diet culture and fat phobic rhetoric is a crucial tenet of eating disorder prevention and recovery

Behavior Focused not Weight Focused



Data from Matheson, King & Everett *J Am Board Fam Med* 25:9-15 (2012)

Diet Approach vs. Non-Diet Approach

DIET/CRITICAL APPROACH

Inflexible
Quantitative
Prescriptive
Rigid
Perfection-seeking
Good & Bad foods
Rules
Deprivation

Time-based
Fear-driven
Guilt-inducing
Shaming
Body Hatred
Restriction
Preoccupation

NON-DIET/COMPASSIONATE APPROACH

Flexible
Accepting
All foods fit
Intuitive
Qualitative
Supporting
Enjoyable
Life Balance

Confidence
Variety
Freedom
Nurturing
Satisfaction
Trust -building

HAES Research

Dieting has a greater than 95% failure rate. Weight cycling is common in chronic dieting and eating disorders and the weight cycling, not the number is associated with higher risk of early death and poor health outcomes

A meta-analysis of 21 different diet studies looked at weight loss and improved health indicators. When researchers controlled for body size, they found that the improvements in health were not correlated with weight change, instead they were correlated with behavior change (change in exercise and nutrition)

A 2013 meta-analysis compared people with BMI's in the "normal", "overweight", and "obese" range against their fitness levels. Fitness not fatness was associated with health across all BMI categories. (Those fit and overweight and obese had same mortality rate as normal and vice versa)

Addressing Concerns with HAES

A common misconception is that if we aren't addressing weight, then we are ignoring health

HAES teaches people to make connections between what they eat and how they feel in the short-term and medium-term, paying attention to food and mood, concentration, energy levels, fullness, ease of bowel movements, comfort eating, appetite, satiety, hunger, and pleasure as guiding principles

Instead of using weight as a guiding factor, it uses healthy behaviors and an overall concern for function and well-being

Making the Mental Shift

Weight Bias – it exists in helping professions too. We all bring our own life/cultural experiences into the room.

Self-Reflection – Take a moment to exam your own thoughts about body weight

Terminology – Using “body weight” or “size” instead of “obese” or “overweight”

Creating a Positive Space – ensure seating is large enough and comfortable for clients of all size, include body positive materials in the waiting room

Using food and body neutral language – food is not good or bad, weight is not good or bad, there is no morality attached to a person’s food choice or body size

Self-Compassion

Self-compassion is important for building the “healthy self” to combat the “eating disorder self”

Is defined as compassion directed towards the self and has 3 central components:

- Kindness – Responding to difficult times with kindness, warmth, love. Using curiosity to evaluate a situation rather than judgement.
- Common Humanity – recognizing pain and imperfection are part of the human experience. Connecting rather than isolating when times are tough
- Mindfulness – observing the internal landscape of thoughts and feelings without becoming overly involved in them
- Non-judgmental curiosity – rather than automatically judging the situation, taking a step back and being really curious about the situation so that you can learn from it

Model of Eating Disorders in T1DM with Insulin Restriction

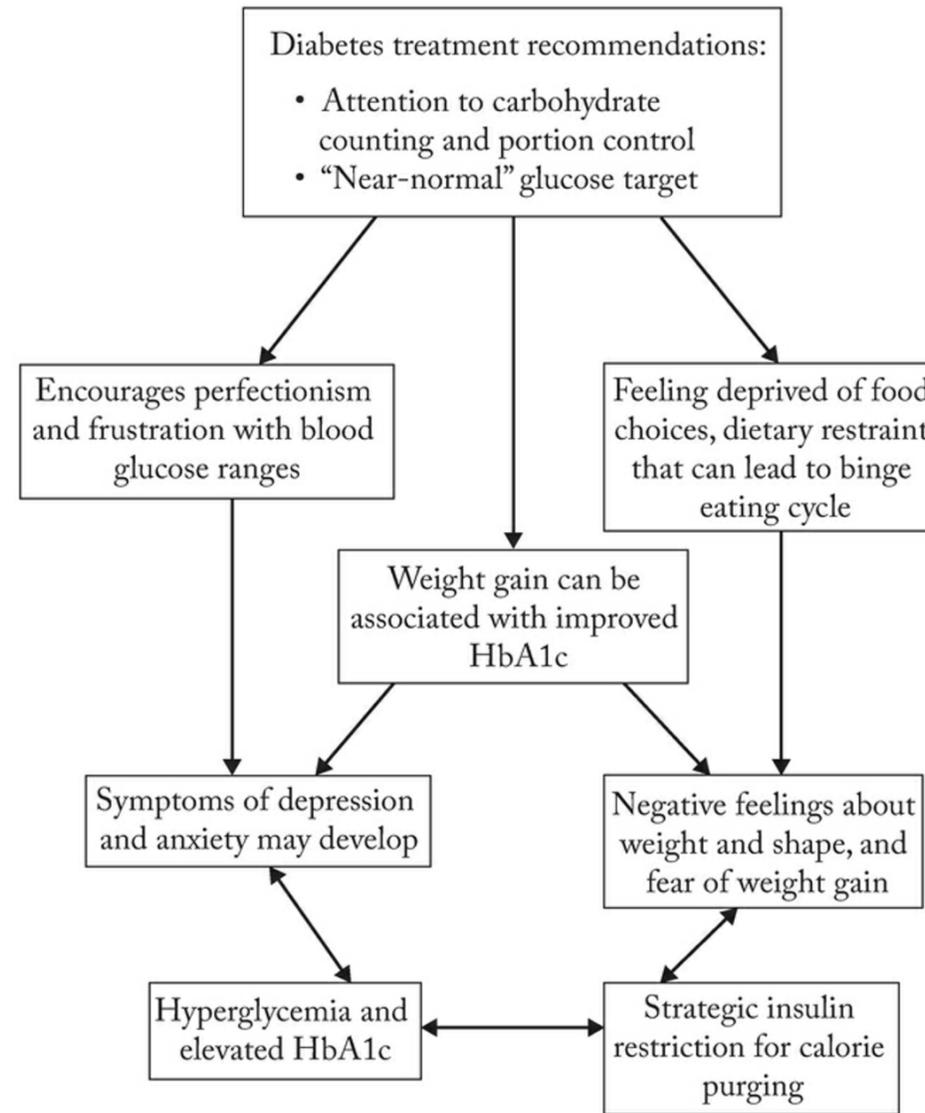


FIGURE 1.1 Model of Eating Disorders in T1DM with Insulin Restriction.

Goebel-Fabbri, Ann. Prevention and Recovery from Eating Disorders in Type 1 Diabetes: Injecting Hope (pp. 6-7). Taylor and Francis. Kindle Edition.

Cognitive Flexibility

Diabetes management is not static.

The same food, insulin, or activity could yield different blood sugars and different results each time, each day

Important to learn your individual body's response to food, activity, stress, and insulin. This can be achieved by safely experimenting, observing, and creating a repertoire of responses

- Ex: "Rule of 15" to treat low blood sugars

Because food and diabetes management is dynamic, we cannot assign black and white values to them.

- Ex. "Eating a pancake made my blood sugar go up, therefore pancakes must be bad"

There is power in rejecting the black and white and moving towards the gray

Assessment Tools and Overview of Intuitive Eating

GETTING STARTED

Assessment

Transitioning a client to intuitive eating can vary and is not black and white but more often a very organic part of the recovery process

Components of Intuitive Eating can be worked into the entire recovery process

Key factors for full transition from meal plan to intuitive eating in ED

- Insight and understanding of ED voice vs healthy self
- Hunger cue awareness
- Behavior free

Intuitive Eating Assessment Scale - 2

Four core characteristics of intuitive eaters are assessed:

- Unconditional Permission to Eat
- Eating for Physical Rather Than Emotional Reasons
- Reliance on Internal Hunger and Satiety Cues
- Body-Food Choice Congruence

Intuitive Eating

Framework developed by 2 RD's Evelyn Tribole and Elyse Resch

First book published in 1996

Part of the non-diet movement

Currently in its 3rd edition and now has an accompanying workbook

Offers certification for professionals – Certified Intuitive Eating Counselor

Intuitive Eating Principles

Reject	Reject the Diet Mentality
Honor	Honor Your Hunger
Make	Make Peace with Food
Challenge	Challenge the Food Police
Respect	Respect Your Fullness
Discover	Discover the Satisfaction Factor
Honor	Honor Your Feelings Without Using Food
Respect	Respect Your Body
Exercise	Exercise–Feel the Difference
Honor	Honor Your Health



Intuitive Eating Research

Intuitive eating was associated with less disordered eating, a more positive body image, greater emotional functioning (Bruce et.al)

Higher restraint was associated with increased BMI and disordered eating. Whereas, intuitive eating was associated with decreased BMI and disordered eating (Anderson et.al)

Intuitive eating scores were positively related to body appreciation, self-esteem, and satisfaction with life; and were inversely related to eating disorder symptomatology, poor interoceptive awareness, body surveillance, body shame, body mass index, and internalization of media appearance ideals. (Tylka et.al)

Intuitive Eating in adolescents with Type 1 Diabetes Mellitus had better glycemic control when compared to control group (Wheeler et.al)

My Life Before Intuitive Eating

“I was diagnosed with t1d when I was 12 and had a full-blown ED by the time I was 19 (anorexia). I got the pump when I was 20, and triggered a “switch” from anorexia to bulimia that included insulin omission. Not knowing how to eat intuitively terrified me. After 7 years of eating at the same times every single day, I had no clue how to listen to my body.” - Allison

“Oh my goodness, I used to be the best calorie counter there ever was. Carb counting kind of predisposes you to that I think, unfortunately. I would stress and worry over how many calories I was consuming at any point in the day, and it got to a point where the stress was really effecting my blood sugars and mental health” – Mary Ellen

What Does Intuitive Eating Mean to Me

“To me it means listening to my body and eating the foods that make me feel my best (both emotionally and physically). It means eating in accordance to my hunger, fullness, and blood sugar” - Mary Ellen

“To me, intuitive eating is eating for pleasure, eating without judgement, and listening to the messages my body is giving regarding when and what to eat. I do believe intuitive eating is not only possible for people with diabetes, but it’s also necessary.” - Allison

Is Intuitive Eating Possible with Type 1 DM?

Formula for Intuitive Eating:

Unconditional Permission to Eat + Hunger & Fullness Cues + Honoring cravings and health

Formula for Intuitive Eating with Type 1 Diabetes:

Unconditional Permission to Eat + Hunger & Fullness Cues + Honoring Cravings and Health
(Blood Sugar Cues)

If I have Type 1 Diabetes, does it look different?

“The only differences is that for us people with diabetes, those messages from our bodies around when and what to eat tend to be louder, more complex, and more frequent. For example, if my blood sugar is high, “honoring your health” means not eating a carb-heavy dish like pasta until my blood sugar comes down. If my blood sugar is low, treating the low is essentially “honoring your hunger;” albeit with greater urgency and consequences. After practicing intuitive eating personally for about 10 years, I can feel when I need to back those 15 grams of juice up with some spoonfuls of peanut butter, etc.” – Allison

“I'd like to think it's not all that different, but I think from the outside looking in it does look different to some people. Intuitive eating for someone without Type 1 Diabetes might look like eating a food, like a cookie whenever they feel like it, but there is one additional data point I consider when I have a craving, which is my blood sugar. Now, I certainly don't feel any shame, etc. when I do choose or not choose the food I'm craving, I give myself unconditional permission and part of that permission is consulting with my body and where it is in the moment.” – Mary Ellen

The key to transitioning our eating disorder clients from rigidity and food rules to a life of food freedom is cultivating FLEXIBILITY and COMPASSION

Food Healing Paradigms

MAKING PEACE WITH FOOD

Food Healing Paradigms Overview

1

Accepting
and
Embracing
All Foods

2

Accepting
and
Embracing
Body Cues

3

Accepting
and
Embracing
Body Shape

4

Accepting and
Embracing
Joyful
Movement

5

Accepting and
Embracing
Non-Diet
Nutrition

Accepting and Embracing All Foods

- 1) REJECT THE DIET MENTALITY: CULTIVATE FOOD NEUTRAL LANGUAGE
- 2) HONOR YOUR HUNGER: UNCONDITIONAL PERMISSION TO EAT
- 3) CHALLENGE THE FOOD POLICE: ALL FOODS FIT

Reject The Diet Mentality: Cultivate Food Neutral Language

Food is NOT Good or Bad

I refer to food as “fuel food” or “fun food” there is a place for both

Humans were designed to eat food for fuel (physiological hunger) and pleasure (hedonic hunger). It is not either/or, it's both.

When labeled as good or bad, it strengthens the reward pathway for that food and sensitizes the brain to receive the reward (cravings, increased hedonic hunger)

Food is also not moral → you are not a good or bad person based on the way you eat or the way you look



Honor Your Hunger: Unconditional Permission to Eat

Letting go of food rules means giving yourself unconditional permission to eat. Nothing is off limits

Teach clients to use the phrase “I can have it if I want it, but does my body feel like it?”

This phrase calls attention to 2 key concepts:

- Permission to eat food of any kind
- Gentle reminder to check in with body cues

If a food is always freely available, it loses its “forbidden” power

Freedom to eat is balanced by the reminder of what your body is feeling right now— hungry or not? Interested in that taste or not? You don’t have to seize the opportunity to eat because you “can”. Eat because your body wants to.

Challenge the Food Police: All Foods Fit

When healing the relationship with food, the first step is cultivating the idea that all foods fit. There is no good or bad, right or wrong. Food is not moral.

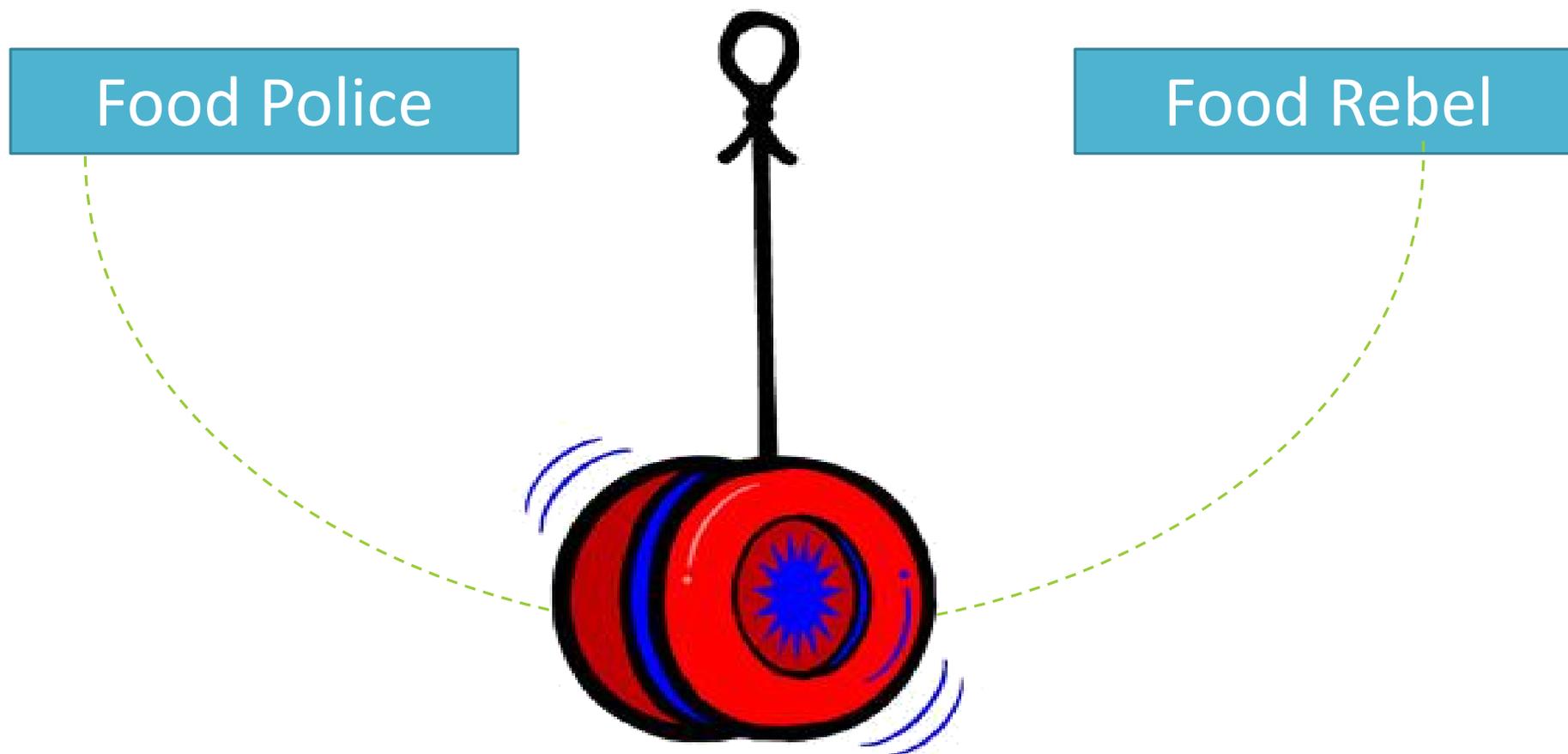
Talking through the rationale–

- Our interpretation of our experiences with food is crucial. We must use non-judgmental curiosity.
- Carbs are carbs. Some may raise blood sugar more than others. That is ok and doesn't mean we should always avoid that food. We can consult with our body to determine timing and insulin planning.

Any form of restriction, physical or psychological will perpetuate preoccupation with food

When adding back forbidden/feared foods, many clients worry they will be out of control and binge eat the food. This is normal and attenuates with repeat exposure. Cultivating the right mindset before starting the exposure is very important.

The Forbidden Food Pendulum Swing



Accepting and Embracing Body Cues

2) HONOR YOUR HUNGER

4) RESPECT YOUR FULLNESS

5) DISCOVER THE SATISFACTION FACTOR

6) HONOR YOUR FEELINGS WITHOUT USING FOOD



Internal vs. External Cues

External Cues	Internal Cues
Calories	Hunger
Grams of fat, carbs, sugar, etc.	Fullness
Exchanges	Cravings
Portion sizes	Flavors, textures, colors, smells
Pyramids, plates, guidelines	Blood Sugar level
Clock	



Hunger and Fullness

Consider your hunger and fullness on a scale from 1 to 10

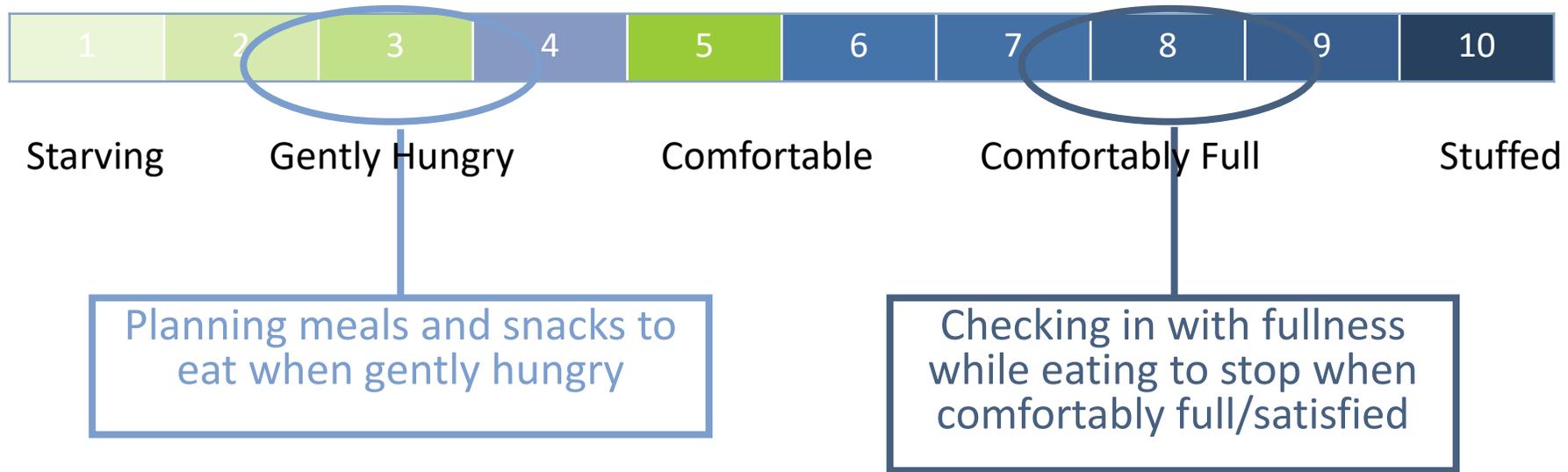


- What happens when you start eating a meal when you are **starving**? Where do you end up?
- What happens when you start eating a meal **gently hungry**? Where do you end up?

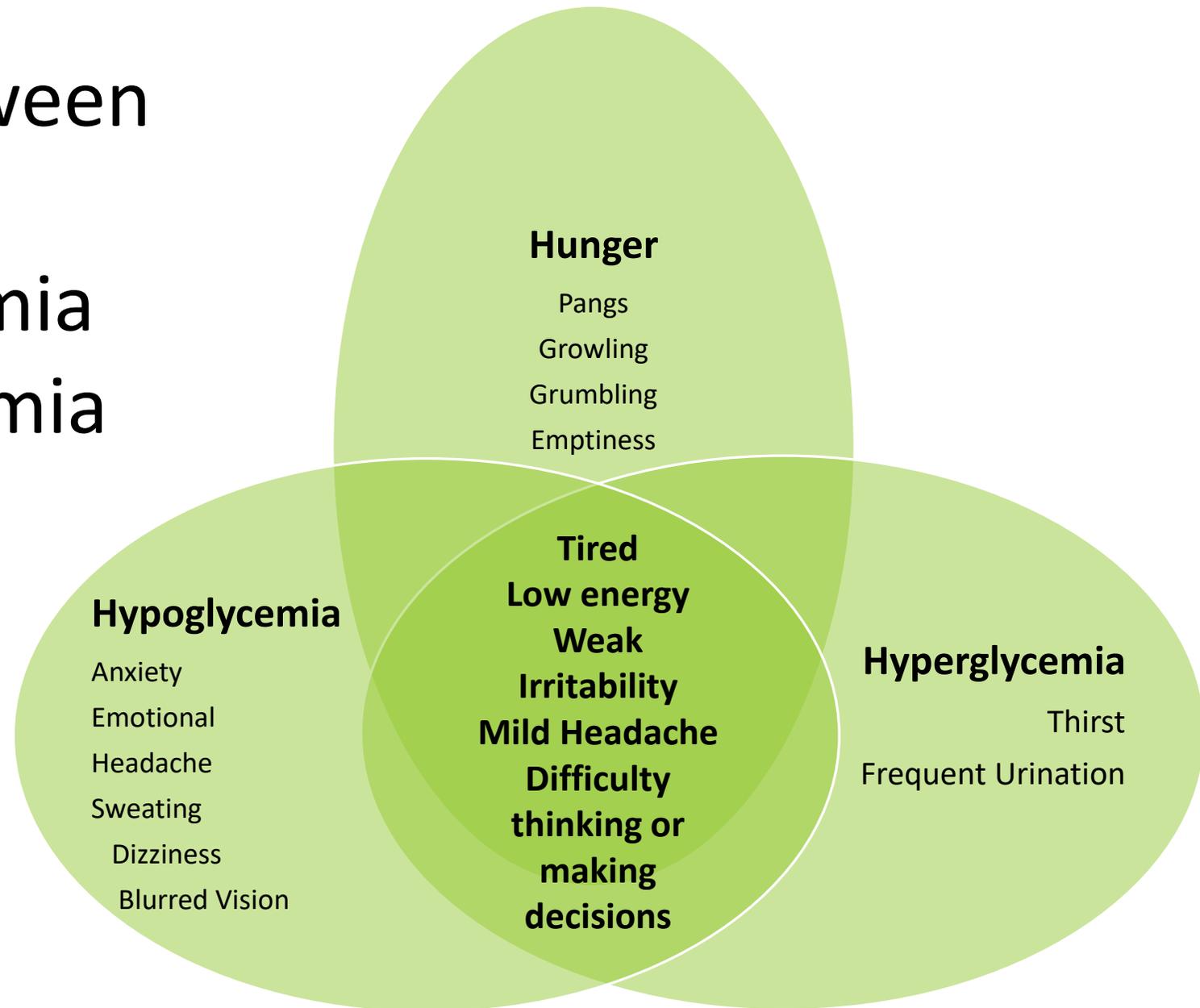


Hunger and Fullness

Tuning in to hunger and fullness



Overlap Between Hunger Hypoglycemia Hyperglycemia



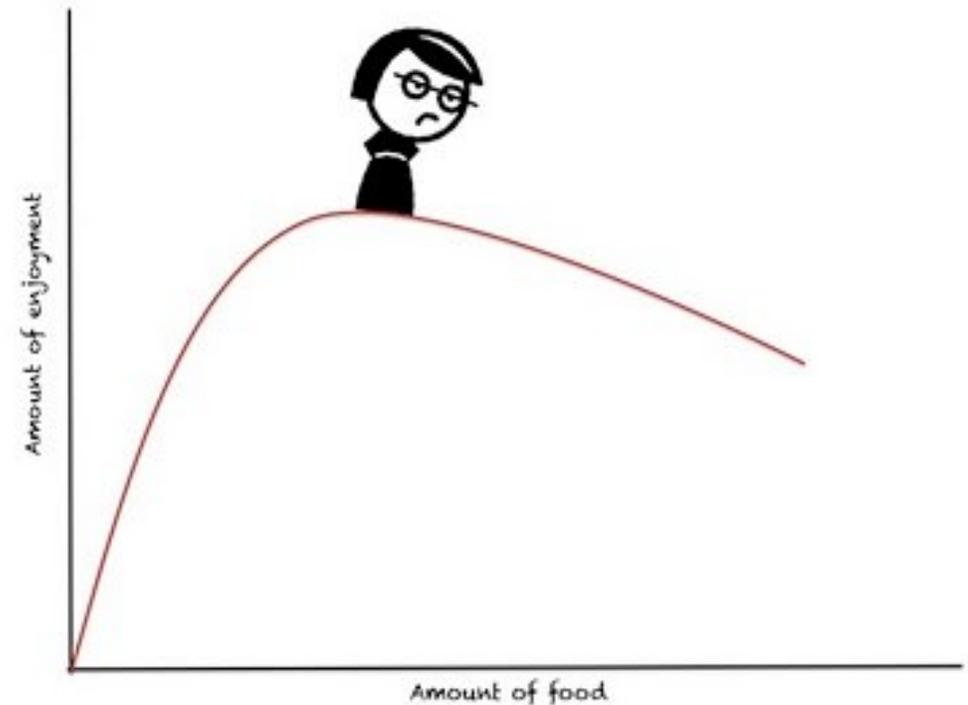
Identifying Fullness and the Satisfaction Factor

Mindful eating brings awareness to how the perception of sensory input, palatability and pleasure during the act of eating changes over time.

Alimentary alliesthesia = the first mouthful of something is always perceived the most intensely

Law of Diminishing Pleasure = awareness of when food ceases to be as palatable or enjoyable (the satisfaction point)

Satisfaction occurs before the feelings of physical fullness



Interoceptive Awareness and Attunement Disruptors

Interoceptive Awareness = perceiving the physical sensations that arise in your body (i.e. hunger, fullness, full bladder, rapid heartbeat)

Attunement Disruptors = Anything that interferes with your ability to hear and respond to the needs of your body in a timely manner

Common disruptors:

- Distractions
- Thoughts
- Rules
- Beliefs
- Lack of self-care

Chronic stress/chaos activates fight or flight response. Blood is shunted away from digestive system to extremities resulting in lack of hunger cues

Building Interoceptive Awareness

Help clients get to know their body's physical sensations

Body sensations are not “right” or “wrong” – they are only information

Can You Perceive Your Heart Rate Exercise

- Part 1: Physically monitor your pulse, count your heartbeat for 1 minute
- Part 2: Place your hands palm down on your legs. Breathing normally, take a few relaxing breaths. When you feel calm and relaxed, place your attention on your heartbeat. Without manually finding your pulse, silently count your heartbeat for one minute

Logging physical sensations from biological cues and body states

Getting to Know Your Body: Physical Sensations from Biological Cues and Body States

	Head	Eyes	Mouth	Neck or Throat	Shoulders	Chest	Stomach	Bladder	Legs	Overall		
										Pleasant	Unpleasant	Neutral
Body Cues												
Thirsty												
Need to Urinate												
Hungry												
Full												
Body State												
Sleepy												
Restless												
Sick or Ill												
Rested												
Stress												

Self-Care & Attunement Disruptors

POSITIVE SELF CARE

Getting enough sleep
Eating regularly
Regular medical and dental checkups
Taking vacations
Engaging in enjoyable physical activity 3-5 times a week
Being aware of thoughts without judgement
Making time to relax
Having compassion for self and others
Spending time with friends and family
Striving for balance among work, family, school, play, relationships, and rest

ATTUNEMENT DISRUPTORS

Not getting enough sleep
Skipping meals when pressed for time
Unaddressed medical issues
Exercising too much or not enough
Engaging in hard or critical self-talk
Not taking time to relax
Not leaning on others for support
Anxiety
Depression
No life balance

Mindful Eating

Mindfulness = being present, in the moment, without judgement

Mindful eating = eating with non-judgmental multi-sense awareness

- Sight, sound, touch, taste, smell
- Positive, negative or neutral responses to foods are made with curiosity and without judgement

Mindful Eating exercises can be helpful for teaching this new skill

- Environment – eating at a table if possible, quiet, low stress
- Rate hunger/fullness before, during, and after the meal
- Can practice with a specific food (raisins, chocolate, oranges are good choices) and walk through a mindful eating script



Mindful Eating

www.eatingmindfully.com



Susan Albers PsyD 2012@ Eat, Drink & Be Mindful



Cravings

Attend to cravings

- Do I want that just because I saw it?
- Do I want that just to be polite?
- Do I want that just because it's free?
- Do I want that just because I paid for it?
- **Do I want that because I'm craving it?**



Craving or Food Restriction?

If I told you today that you could no longer eat ice cream starting tomorrow, what would you eat tonight?...



...You would eat ice cream, even though you weren't necessarily craving it.



Cravings

Full permission to satisfy cravings means you can ask yourself what you *FEEL* like eating

- Some days you feel like bacon
- Some days you feel like broccoli
- Some days you feel like both



Identifying Emotional Eating

When cravings arise, ask two questions

- What am I feeling?
- What do I need?

Tolerating a strong feeling

- Does using skills like delaying or distraction give a chance for the strong emotion to pass? Does the craving leave with the emotion?

Problem solving

- When are you most likely to emotionally eat?
- Is there a pattern?

Emotional eating is a coping tool that works (or else you wouldn't be choosing it) but only provides temporary, not lasting relief

Soul Hunger and Cravings

Food Cravings

Sweet foods

Smooth, creamy foods

Crunchy, salty foods

Warm foods

Spicy foods

Questions to ask yourself

In what way is my life not sweet enough?
When do I feel that I am not sweet enough?

Where in my life am I wanting things to be smoother, easier? Are things feeling too hard or rough?

At whom or at what am I angry or frustrated?

Where in my life am I longing for emotional warmth?

Do I have enough excitement or stimulation in my life? Am I missing that? Do I need change in some area?

Accepting and Embracing Body Shape

7) RESPECT YOUR BODY'S GENETIC BLUEPRINT

It's difficult to ignore
the Food Police if
you're still listening to
the Body Police

Challenging Core Beliefs

Use the HAES/IE Framework to explore a client's core beliefs about weight, size, and health

- Weight does not = health, health is about behaviors, not a specific number on the scale
- Weight does not = worth
- Body Diversity is important. It's statistically unlikely we were all made to be the same size
 - You do not have to take up less space to be significant in this world

Explore where beliefs and values about body size originated

Radical Acceptance

Acknowledging a situation “is what it is” and there has to be a way through it

“I don’t need you to fall in love with your body. I want you to fall in love with your life” – Jennifer Rollin, founder of The Eating Disorder Center

Changing the Body Conversation

Addressing negative body self talk – building the compassionate self

Reduce exposure to “thin ideal” media content

Have clients opt-out of body-focused conversations with friends and colleagues

Exploring “feeling fat”

Set the stage for the client that our society has it’s own eating disorder, and we don’t have to be a part of it

Taking Action

Address behaviors that are reinforcing negative body image and linking size with worth:

- Avoidance
- Checking
- Weighing

Use opposite action theory to move towards the goal of positive body image:

- Dress for you body right now
- Do the things you've been avoiding due to your size/negative self-image
- Toss the scale
- Practice positive self-talk

Accepting and Embracing Joyful Movement

9) EXERCISE – FEEL THE DIFFERENCE

A person in dark athletic wear is jogging away from the camera on a paved road. The road has a double yellow line and is flanked by trees with autumn-colored leaves. The scene is captured from a low angle, looking down the road.

**Exercise is for health
and vitality...**

**not for earning
the right to eat.**

-Michelle May MD

www.AmlHungry.com



Intuitive Exercise

Intrinsic vs. extrinsic motivation for exercise

Intrinsic motivation

- Motivation comes from internal rewards
- Rewards are often experienced right away
 - ✓ Mood enhancement
 - ✓ Decreased stress
 - ✓ Enjoyment
 - ✓ Sleep better

Extrinsic motivation

- Motivation comes from external rewards
- Rewards are rarely immediate
 - ✓ Weight loss
 - ✓ Increased muscle tone
 - ✓ Money / gifts

Research shows that those who exercise regularly are able to shift focus from extrinsic to intrinsic motivation

Exercising for self-care not punishment

In shifting from exercise for weight-loss, punishment, restriction, purging, it's important to define and find your values

- What do I like/enjoy about being active?
- What does being more active bring to my life?
- How does being less active or more active affect me physically
- What activities have I enjoyed the most?
- What makes it easy to for me to be active?
- What gets in the way?

Always assess the motivation behind the movement!

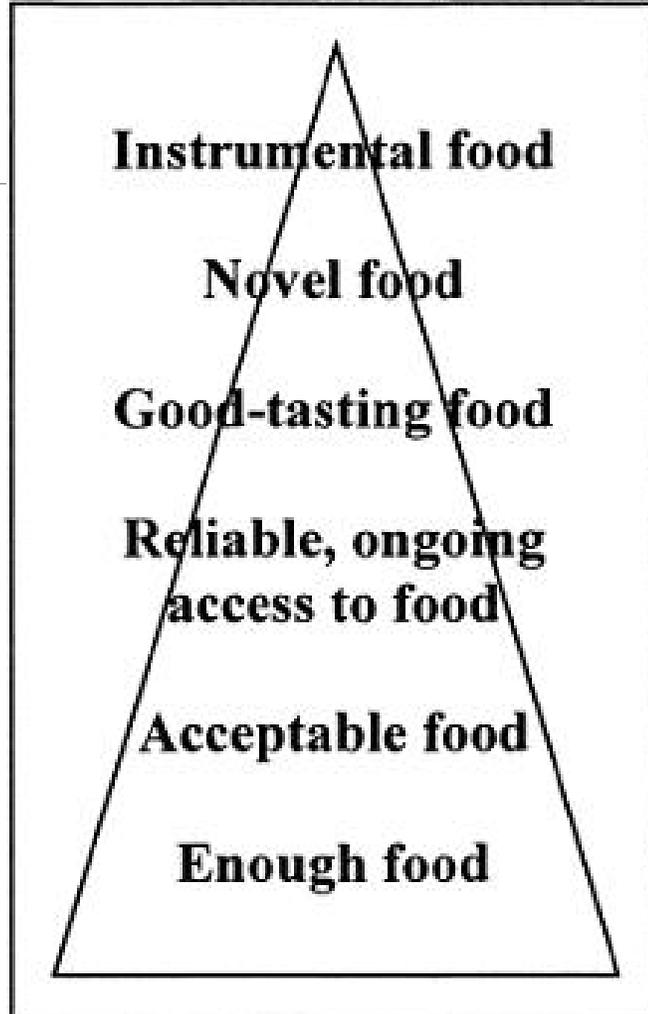
Challenges with movement in recovery

Return to movement for someone who has abused exercise in the past can be complicated. It's important for the entire team to be on board with when it is safe, physically and psychologically to return. It is also important to assess if return to the activity previously abused is wise

Movement for clients living in a larger body may be difficult. Assessing if there is pain with movement is important. It's also important that their pain not be invalidated as just a "size" issue. It's common that legitimate medical issues are missed because doctors inappropriately attribute a client's pain to size without doing any further investigation

Accepting and Embracing Non-Diet Nutrition

10) HONOR YOUR HEALTH



Satter's Hierarchy of Food Needs

Once you are operating well at all other levels, you can choose foods for instrumental reasons—eating or avoiding foods to achieve a desired physical, intellectual, or spiritual outcome.

Given plenty of time to eat your favorite foods, you begin to seek out new foods or new ways of preparing foods.

At this level, your appetite becomes more discerning and you prioritize taste in making your food selections.

Providing yourself with appetizing food will allow you to plan for future meals, assuring yourself of being fed on an ongoing basis.

Once you are sure you will get enough to eat, you can develop more discriminating taste. You can reject some foods that don't appeal to your appetite.

Whether you are on a budget or a diet, you may be experiencing insufficient amounts of food. At this level, your main concern is getting enough to eat. You can move on only when you are well fed.

Developing a self-care nutrition plan

Self-care nutrition involves providing balanced meals - planning, shopping, and preparing meals with variety

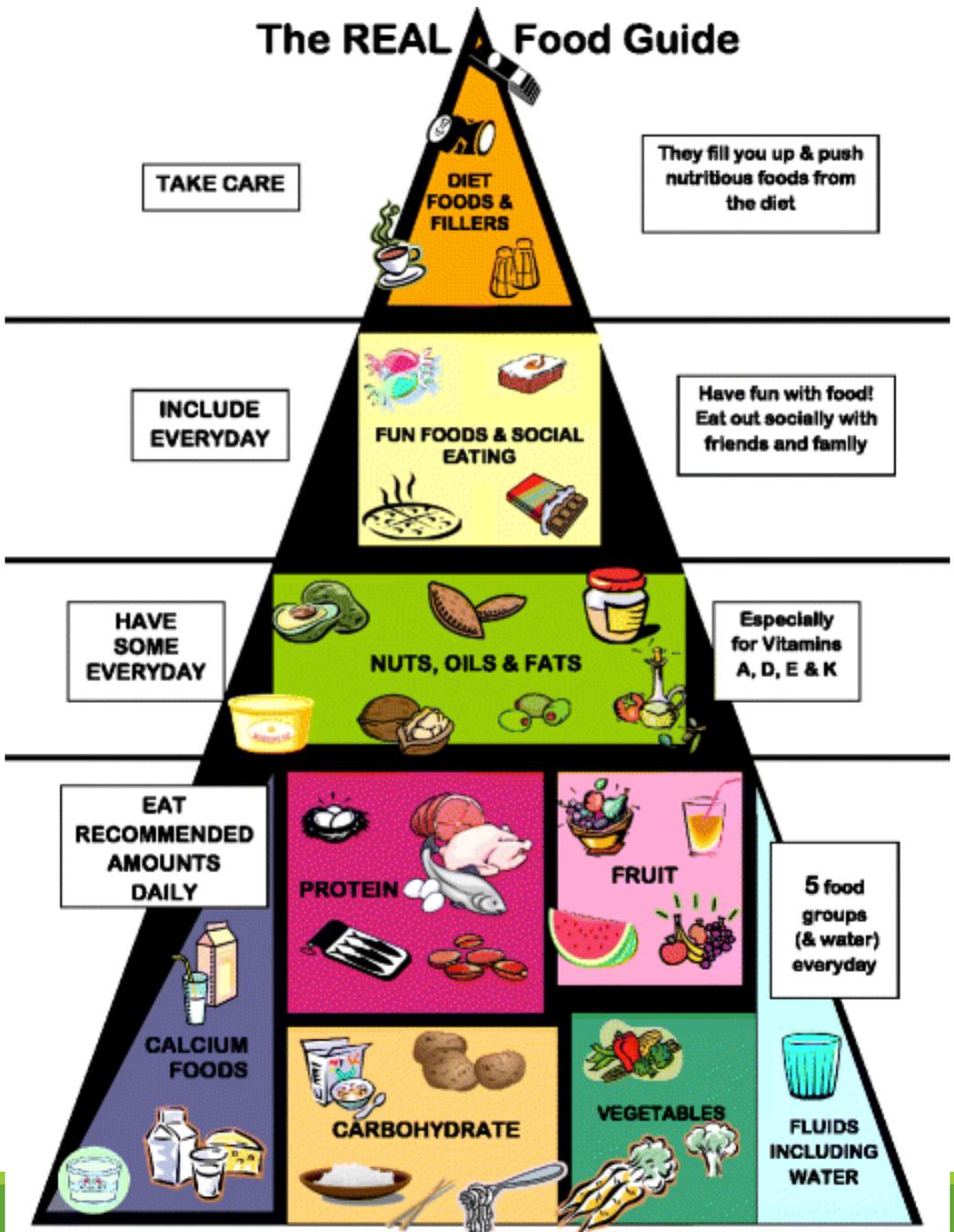
Exploring a client's food values are important for developing a self-care plan

Values are different from rules— values are flexible and change in response to the environment.

- Rule – Don't eat after 5:00pm.
- Value – I don't sleep well if I'm very full or very hungry before bed. If I eat an early dinner, then I will likely need a snack. If I eat a later dinner, I probably won't eat a snack



The REAL Food Guide



Dynamic intuitive eating with Type 1 Diabetes

If blood sugar is trending high before a meal

- If you notice in advance of the meal, go ahead and dose the correction dose prior to the meal
- Consider lower carbohydrate choices while giving permission to come back for higher carbohydrate choices once blood sugar has started trending back down
- If sitting down to full meal, eat the non or low carbohydrate foods first and then eat the carbohydrates. This allows the fast acting insulin time to start bringing blood sugar down

If blood sugar is trending down or is low before a meal

- Choose higher carbohydrate choice and follow with protein, fat
- If blood sugar is very low, may need to treat the blood sugar with fast acting carbohydrate, then follow with balanced meal or snack

If unsure how hungry you are or how much of the meal you will finish

- Dose insulin for half of the carbohydrates and then once you know how much you will finish, dose for the remainder

Accidentally Incorrectly counting carbs isn't a black and white terrible situation. With dynamic intuitive eating and diabetes management, this can be easily addressed and corrected

Do you dose insulin prior to the meal? What do you do if you get full before finishing what you've dosed for?

“This rarely happens to me, lol... but I'll usually just drink an equivalent amount of orange juice if I know I didn't eat enough for my bolus.” – Mary Ellen

I dose prior. I'm pretty in touch with my hunger cues and can usually anticipate how much I will eat. If I'm trying something new or am not sure, I'll dose some before and some during the meal. - Allison

Does your current blood sugar ever factor into your choices of what to eat? If so, how?

“Yes. If my BG is over 280, I don’t eat really carb-dense meals (pasta, etc.). I always give myself permission to circle back to that food when my blood sugar comes back down if I’m still craving it, though!

Of course, when my blood sugar is low, I eat something with fast acting carbs followed by some protein/fat if needed. If the low isn’t “bad,” I’ll try to get a food that is satisfying to eat (a yummy piece of fruit, stopping for a pastry, etc.). If my blood sugar is dangerously low and dropping quick and I’m having sever symptoms, I get those GoGo Squeeze packets down me as quickly as possible!!” – Allison

“Absolutely! I may be craving a bowl of cereal but if my blood sugar is over 250, I’m going to consider eating something that that wouldn’t raise my blood sugar as much but would still be satisfying. You have to give yourself freedom while also holding in balance your body’s current needs. Cereal isn’t bad, I can guarantee I will have cereal again, it just may not be the best option in that current moment” – Mary Ellen

What is Normal Eating?

Normal eating is going to the table hungry and eating until you are satisfied.

It is being able to choose food you enjoy and eat it and truly get enough of it – not just stop eating because you think you should.

Normal eating is being able to give some thought to your food selection so you get nutritious food, but not being so wary and restrictive that you miss out on enjoyable food.

Normal eating is giving yourself permission to eat sometimes because you are happy, sad or bored, or just because it feels good.

Normal eating is mostly three meals a day, or four or five, or it can be choosing to munch along the way.

It is leaving some cookies on the plate because you know you can have some again tomorrow, or it is eating more now because they taste so wonderful.

Normal eating is overeating at times, feeling stuffed and uncomfortable. And it can be undereating at times and wishing you had more.

Normal eating is trusting your body to make up for your mistakes in eating. Normal eating takes up some of your time and attention, but keeps its place as only one important area of your life.

In short, normal eating is flexible. It varies in response to your hunger, your schedule, your proximity to food and your feelings.

References and Resources - Web

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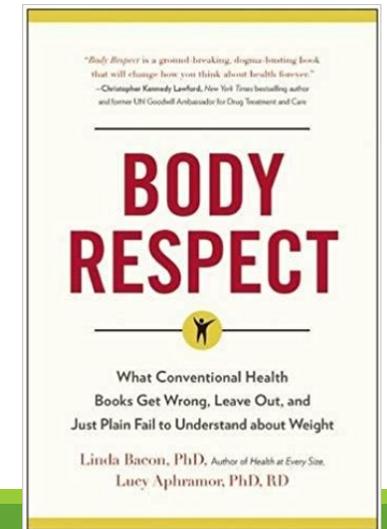
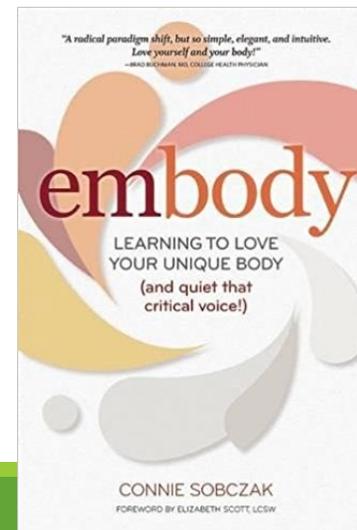
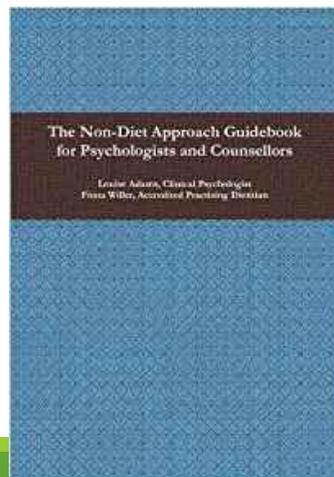
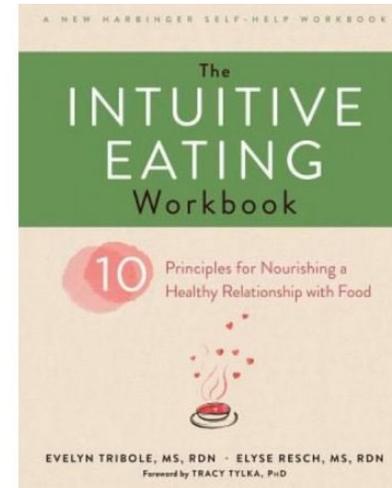
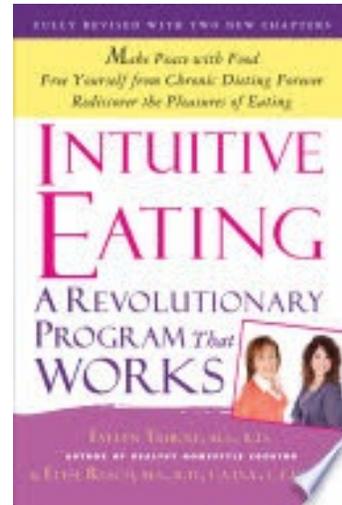
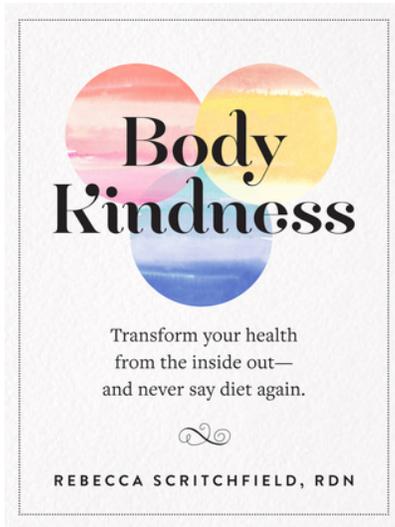
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References and Resources - Books



Thank You!

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