

# Mindful Eating, Self-Care and Managing Diabetes: A Holistic Approach to Helping Patients Reclaim Their Health and Well-being

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**L**ose weight. Cut out sugar. Exercise. That's what diabetic patients are usually advised to manage, control and even prevent diabetes. Yet decades of research now show that in the long run, dieting does not contribute much to healthy weight maintenance. In fact, more than two thirds of people who go on diets to shed weight regain their original weight and often gain more than before.<sup>1</sup>

Moreover, dieting reduces metabolism, may cause nutritional deficiencies, increases cravings for food and the neurochemical reward that comes from food, and increases fat storage. What's more, patients experience lowered self-esteem, guilt, shame, hopelessness and a sense of failure to the point where many may even give up trying to be healthy.

As a psychotherapist and eating behaviour specialist, I see a lot of patients who know what to do but are unable to do it because they have not fully understood the link between food and their emotions. Many have forgotten what real physical hunger feels like, what fullness feels like, what it means to enjoy food as food instead of seeing it as a composition of carbohydrates (which they think are to be shunned) or proteins or fats. Some have even had bariatric surgery and reduced their stomach capacity yet struggle to stop

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themselves from eating sweet, salty and/or high fat comfort foods in an effort to soothe the emotional pain or discomfort they experience.

The first step in working with diabetic patients, particularly those who are overweight and/or obese is to recognise that simply explaining to them what to eat and what not to eat is simply not enough. In fact, it may be counterproductive as many of these patients probably already have some background knowledge and hearing it again reinforces the inner shame and guilt they feel for being overweight in the first place.

While some patients do need basic education on how and when to monitor blood sugar, the kind of carbohydrates they need to choose and avoid, what to do when they are hypo and hyper glycaemic and so on, most patients also need compassion and understanding. They need, first of all, to be told being diabetic isn't their fault and that there is much hope and help they can reach for to feel supported. From this place of reassurance from their doctors and health advisors, they are then more responsive to advice and information.

The second crucial factor in helping diabetic patients, particularly overweight ones, is introducing them to mindfulness and mindful eating. In fact, research now

shows mindfulness and mindful eating training not only has lasting effects on weight, health indicators and stress but also improves levels of depression, anxiety, binge and over-eating and diabetes-related distress.<sup>2</sup>

Mindful eating training teaches patients to pause instead of automatically eating, tune into their inner bodily and emotional sensations and then make the most appropriate food choices in order to feel nourished and satiated.

Mindful eating training places a lot of emphasis on connecting patients with their inner body wisdom and in doing so helps to reduce the distress that arises from having to follow complicated rules and restrictive guidelines. It also incorporates a strategy that educates patients on nutrient density and energy of different foods. Mindful eating approaches are unrestrictive in that they do not advocate banning any kind of food, including sugar. While this may seem dangerous for diabetics who need to watch out for their sugars, the fact is that the minute the mind is told it can't have something, that's all it wants. This kind of diet mentality is precisely why diets don't work in the long run. Inevitably, at some point, patients give in to their cravings, and because a food has been forbidden for so long, they land up overeating it. Then they feel ashamed or guilty and go on a diet again. This yo-yo pattern has negative consequences for both physical and emotional health and wellbeing.

That said, it is important for obese diabetic patients to work closely with their doctors to educate themselves on how best

to manage their sugars. While the general obese population that is not diabetic can afford more flexibility in terms of sugar restriction, the obese diabetic would benefit by being given some sugar target numbers to work with, rather than a calorie or restrictive diet. In such cases, it's more helpful to place the emphasis on sugar and carbohydrate management, rather than weight management. This allows the patient to feel less restricted in terms of food because there is no strict diet. The patient simply has to keep certain points in mind when choosing and planning meals and snacks. For instance, giving an obese diabetic patient a variety of carbohydrate options to choose from while explaining to them the portion size to have at one time is more empowering than advising them to restrict carbohydrates completely. Also explaining to them the various other foods and food groups they can eat more of is crucial to help them feel like they have an abundance of food choices.

Physicians can introduce mindful eating to their patients in their clinics itself. Doctors can give simple practical tips such as

1. Switching off all distractions (TV, cell phones, reading, Ipad, computers etc) while eating so as to better connect to hunger and fullness levels
2. Eating in only one area of the home as when we eat in multiple areas each then get associated with food and the lines between hunger and fullness get blurred. For office situations advising people to not eat at their desk but in the canteen area or at the very least on

another chair in their cabin.

3. Patients should be strongly advised not to eat or keep food in the bedroom as then food gets associated with comfort and relaxation and this makes it harder to get a good night's rest. And quality sleep is crucial to health and wellbeing.
4. Putting their food on a plate instead of eating straight from their lunch boxes. This gives a psychological satiation that one is eating a full meal.
5. Practising pause before eating by taking a few deep breaths and saying a short gratitude
6. Checking in to see how hungry one is and then eating according to how satiated one wants to feel after
7. Eating when in a calm emotional state instead of when stressed
8. Taking time to eat meals, ideally 20 minutes
9. Learning non-food ways to deal with the daily stress such as journaling emotions, keeping gratitude, prayer, yoga, meditation, keeping up meaningful social connections and engaging in creative activities such as music, dance, art, volunteer work and so on. As mentioned earlier, many patients may have been in the habit of

eating to soothe and manage their emotions. Thus, learning to engage on a daily basis in alternative activities is key to long term physical and emotional well-being.

10. Sometimes, working with a counsellor may also need to be suggested.

As with all diseases, diabetes takes a psychological toll on patients. As health care practitioners, we want to be sensitive, to encourage our patients to address all aspects of their well-being in a holistic and sustainable way. While we may often get frustrated that our patients are not progressing fast enough, we want to be patient with our patients and encourage and cheer-lead them every step of the way. We want to extend understanding, compassion and an empowering framework where they are moved from within to claim the better health that they deserve.

#### References

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