Integrating Art Therapy and Mindfulness through Mindful Eating to Assist in Eating Behavior Changes with Weight Management Populations: Developing a More Aware Relationship with Food and Self

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Abstract

There are many factors, which impact being overweight or obese and many risks associated with these conditions. Eating behaviors largely impact an individual’s ability to lose weight, therefore, finding a strategy, which helps with the process of understanding, and adjusting these habits is essential. This paper examines the potential for art therapy, mindfulness, and mindful eating to support overweight individuals in making changes in healthy eating habits. An examination of the literature shows that both art therapy and mindfulness are be mind-body approaches which can help with the process of transformation or healing through increased self-awareness, increased self efficacy, and self regulation. Mindful eating provides an avenue to connect these benefits to the process of eating.

An intervention was developed to see how this may impact eating behaviors. This paper outlines the heuristic case study of participation in an eight week mindful eating art journal and self-portraits created during the process. The participant reflects and expresses their qualitative experience, data collected and observed from the process, and the artwork is also examined. The participant results show that while participating in the art process of the mindful eating journal one was more aware of food choices and motivations. Over an eight-week period, the participant lost 8.5 pounds. This is believed to be a result of the mindful eating process that increased self-awareness, personal understanding, and present moment conscious choices of eating behaviors. That being said, remaining consistent was a challenge (and the intervention did not necessarily lead to more permanent change). Further research would need to be done to confirm these findings.
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Integrating Art Therapy and Mindfulness through Mindful Eating to Assist in
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Developing a more aware relationship with food and self

The obesity rate of adults over the age of twenty in the United States is at 34% and rising, with an additional 32.7% of adults categorized as overweight (National Center for Health Statistics, 2011). This means that nearly 67% of the adult population is either obese or overweight. There are many contributing factors to this increasing rate however; poor eating habits are a leading cause (National Center for Health Statistics, 2011). Unhealthy eating habits often lead to excess body mass, which can negatively impact general physical and mental health (Mayo Clinic, 2011). Although the role of unhealthy eating habits in relation to weight gain is well established and straightforward, the process of making active and permanent healthy changes in eating patterns is anything but simple.

This is partially attributed to the complex nature of eating behavior. Eating is a vital component of human survival. People need food and nourishment to sustain their bodies. However, what influences the behaviors formed around this activity can be more complex. For example, eating behaviors are impacted by learned behavior during childhood, the development of engrained habits, emotional or unconscious motivations, social environment, social and media messages, and diverse, individual nutritional needs. These elements all affect the formation of eating behaviors and the ability to change the behaviors moving forward.

As consuming food is basically a daily necessity, the entire population is greatly affected by their eating habits. In addition, a large majority could greatly benefit from adjusting their eating behaviors. Although there are endless diets and resources regarding changing eating habits, there continues to be lack of strategies, which take into account the physical,
ART THERAPY AND MINDFUL EATING

psychological, behavioral, and diverse factors which impact eating habits. This paper will document the scope and source of the obesity problem. The use of art therapy and mindful eating to support lasting lifestyle changes will be examined. Then the use of mindful eating and an integration of these concepts will be discussed. Finally, a case study of the use of mindful eating integrating with art therapy will be presented with qualitative and quantitative data.

**Adult Weight Management Population**

One of the primary populations who may benefit from changing eating behaviors are overweight and obese populations. Overweight populations are defined as persons with a Body Mass Index (BMI) ranging from 25-29.9, while obese populations are specifically those with excess body fat, which typically is reflected in a BMI of 30 or higher (Visscher, 2001). Dealing with obesity and overweight populations is a current and urgent issue in our society, “which needs long-term management,” (Shepherd, 2009, p. 51). Learning how to manage this issue starts with understanding the consequences and causation factors.

Consequences of excess weight impact people on a societal and individual level. The social impact this health crisis epidemic has been thoroughly researched with studies showing a direct impact on overall public health and economy. Public health research examines the great increase in obesity rates in recent decades and the correlated increase in co-morbidity and disability (Visscher, 2001). This directly has impacted the economy with annual United States costs of approximately $270 billion and rising as of 2009, due to the estimated impact of overweight and obesity populations in relation to excess medical costs, loss of productivity, and excess disability and mortality (Yijia, 2010).

In addition, being overweight or obese has many potential physical, psychological, and social consequences for the individual. Physically being overweight increases risk for many
diseases and is the leading condition for a decrease in life expectancy and an increase in chronic co-morbidities (Visscher, 2001) including but not limited to type 2 diabetes, cardiovascular disease, kidney and gallbladder disease, sleep apnea, asthma, stroke, and multiple types of cancer, many of which are preventable through weight management (Mayo Clinic, 2011).

Physical appearance is also altered by excess weight. This aspect often directly impacts or causes many of the common mental health consequences such as negative self image, low self esteem, or lower quality of life overall (van der Merwe, 2007). These mental health factors are also often impacted by the social consequences, which are common with people who are overweight. Being overweight or “fat” has a wide reaching stigma (Schwartz, 2003), which leads to others often judging, ostracizing, or labeling those who are overweight. Studies show that there is “clear bias and discrimination” against obese people based not on medical compromises, but on physical appearance as a reflection of personal character (Schwartz, 2003, p. 1033).

Furthermore, these experiences with stigma have been shown to be correlated to further psychological issues. Depression, anxiety, and the developing of disordered eating habits, have been directly related to ongoing obesity, in particular in individuals with onset in childhood (Van der Merwe, 2007). There is more current research underway to create specific psychogenic classification for the psychological factors of obesity, specifically which relate to how this impacts eating behaviors (Van der Merwe, 2007).

With these types of consequences involved, clearly solutions are a priority. There are many, various weight management treatments available from medication or supplements, to weight loss surgery, to inpatient and outpatient treatment centers. The most common, diverse weight management techniques include diet and exercise programs which are seen everywhere in the media. The diet industry is a $59.7 billion business (Voss, 2006). Often these new fad diets
or exercise approaches are focused more on extreme, quick fixes than long-term solutions. In addition, some argue that they intentionally profit on failure, as “if the problem were solved they would be out of business” (Palmer, 2009, p. 2). Whether this is the intention or not, more than 80% of people who attempt to start a diet and maintain weight loss long term, gain all of the weight back within 2 years (Rossner, 2008). This cycle of weight loss and weight gain is experienced by many people who struggle with their weight and temporary solutions like these which do not take into account complex physical and psychological consequences and causation factors are part of what is lacking in a permanent solution. The most successful proven approaches to weight loss include a behaviorally focused adjustment on eating and physical activity habits that can be maintained long term (Hongu, 2011).

Clearly the consequences are diverse and far-reaching, however finding a long-term solution is still needed. This is also impacted by the fact that this population in general is very diverse and has many varied factors which impact their weight. That being said the cause of weight gain is less complex at its root. “While the causes of obesity may be complex and multifaceted, the actual process of weight gain is fairly straightforward. A person gains weight when his or her body takes in more calories than it uses,” (“Obesity Book,” 2006, p. 35). The primary risk factor and cause of excess weight is exactly this, energy imbalance, which as described is the combination of unhealthy or disordered eating habits, which lead to excess caloric intake, often combined with a lack of physical activity (Wing, 2005). However, the habits themselves have very diverse causes and influences needing to be addressed, which are touched on later in this paper. In addition to these factors, current research also states that genetic, social, environmental, intrauterine environment (fetal development), lack of sleep, and/or medical or mental health conditions can also determine risk for excess weight (Mayo Clinic, 2011).
The most current research states that a combination of these factors lead to the highest risk of being overweight or obese, however, the number one solution points to changing or adjusting the energy imbalance (Shepherd, 2009). In other words adjusting eating behaviors to consume less calories, increasing activity to burn more calories, or a combination to allow for a deficit in caloric intake which allows for weight loss. Therefore, although all of these factors may play a role in causing excess weight, adjusting eating behaviors is a key element in solving the issue once it is a present condition.

**Eating Behaviors**

Overweight and obese populations need to make a change in their lifestyle in order to maintain weight loss. Adjusting eating behaviors is a key element to promoting weight loss as described with the energy balance above. Eating behaviors are more complex than just eating less or choosing healthier foods, as there are many things which impact the habits we form around eating. Furthermore, up to 10-15% of overweight and obese populations struggle with more extreme eating behaviors classified as disordered eating habits, which impact and further worsen obesity (Shepherd, 2009, p. 56). Which again reinforces the need to adjust eating habits in these weight management populations. The first step towards behavior change is understanding the elements which impact how they are formed and what reinforces them in our daily lives.

**What Impacts Eating Behaviors and Habits**

Many physical, social, psychological and behavioral factors impact our eating patterns. For example, diverse, individual nutritional needs, social and media messages, social environment, unconscious motivations or cravings, learned behavior during childhood, and/or
the development of engrained habits. These all may affect the formation of eating behaviors and influence what is needed to change the behaviors moving forward.

**Physical factors.** There are many physical factors, which influence eating behaviors and our ability to adjust them, such as differing dietary needs, differing metabolism and body composition, and potential chronic medical conditions which create nutritional restrictions.

Obese people’s bodies typically are physically used to a certain, often higher amount of caloric intake. That being said typically obese people need more calories to safely sustain their bodies, as they also burn more calories throughout the day (Wardle, 2007). However, it is not recommended to decrease calories as much as possible, as this can be unsafe, unhealthy, and unsuccessful (Wardle, 2007). The body assumes that it is being starved, and therefore retains, converts to fat, and resists burning any calories consumed at that point.

Gradual change is required for long term weight loss, because if a person were to reduce their calories below a certain level, their metabolism may be negatively impacted which will not promote weight loss (Wing, 2005). Each individual’s weight and BMI is taken into consideration when setting these parameters however a minimum of 1200-1500 calories for a person at a normal weight is recommended, as below this level weight loss is unlikely as our bodies want to store the energy (in the form of fat) because its survival feels threatened (Shay, 2009). Your body needs time to physically adjust and in addition changing behaviors transitionally or step-by-step helps to prevent relapse (Wing, 2005). Furthermore, experts believe that the process of yo-yo dieting (the cycle of losing and gaining weight back), which is often a product of not taking a gradual approach, has been shown to physiologically alter metabolism, meaning the more diets you have been on the harder it can be to lose weight.
Another physical factor, which relates to this is differing body composition. Obesity is a condition, which assumes percentage of body fat is higher than that of muscle. Muscles burn calories more efficiently, therefore although obese people burn more calories because they consume more calories, their bodies do not always do so as efficiently due to differing body composition. In addition, when a person gains weight they gain primarily fat cells, however, when they lose weight they are losing fat cells, water, and more muscle tissue (Wing, 2005), therefore making it more difficult to burn efficiently moving forward in the process as well.

Furthermore, studies show that the more weight you lose the lower your metabolic rate goes down (Shay, 2009). Meaning, the more weight you lose the more you will need to adjust your eating habits and behaviors as you go to continue to lose or maintain weight loss. In addition, many obese people have more co-morbidities and chronic conditions, which often lead to hormonal differences or medications, which make weight loss difficult, or dietary needs and restrictions, which may further complicate the process of change. These physical factors are often caused by the condition of obesity, but create a cycle and factors, which must be considered throughout the process of adjusting eating behaviors.

Another large physical factor is the physiological response we have to food. When we see food or experience hunger our brains react to this process. It has been found through recent research that obese individuals have hyperactive brain reaction to food, especially high caloric foods, when compared with brain response to food in healthy weight individuals. Meaning food, especially high caloric food, may continue to be more tempting to obese individuals (Stoeckel, 2009).

**Social factors.** Social factors which impact our eating habits come in the form of the influence of social media, societal norms or pressures, and the actual social environments in
which we grew up in and live in on an ongoing basis. The media is filled with conflicting messages regarding body expectations and food consumption. Fast food chains and restaurants are marketed based on convenience and cost, with portion sizes continuously growing and healthy options continuing to be lacking (Vermeer, 2010). Even as some changes are implemented, such as access to nutritional information, without addressing the factors which impact eating behaviors it is not an easy fix.

In addition, to messages about food, there are also contradicting messages regarding physical appearance standards. The continued social ideal is to be thin and in shape, especially employed through social comparison (Bessenoff, 2006). The lacking connection between these two prevalent social messages creates the drive for weight loss solutions. This creates a third tier of messages coming from extreme diet and fitness solutions. These often promise quick, unattainable results by requiring adherence to unhealthy approaches to change.

In addition to these mass media messages, there are many other social influences on the formation and habituation of eating behaviors as well, including socioeconomic status, social environment, and cultural background. Socioeconomic status impacts factors, which influence eating behavior from financial ability to afford food, to nutrition education, to having access to sources that sell healthy food options (Rosin, 2008).

Many social environments, particularly those in low income neighborhoods, communities of color, and rural settings, do not have easy access to grocery stores with more nutritious, affordable, or high quality food and have easier access to more convenience stores and fast food restaurants with less healthy options (Treuhaft, 2010). Lack of access is often reinforced by lack of transportation options, for example, “In Mississippi, which has the highest obesity rate of any state, over 70 percent of food stamp eligible households travel more than 30 miles to reach a
supermarket,” (Treuhaft, 2010, p. 8). Research shows that those who have access to grocery stores are more likely to have better eating habits and are less likely to be obese or have other nutrition related diseases (Treuhaft, 2010). This may be one reason for differing eating behavior habits depending on socioeconomic status. Hare-Bruun (2011) found that lower SES translates to a typical “western society” diet while higher economic status is more apt to follow “green” or organic eating habits. That being said what determines this even more is what socioeconomic status one had during childhood, further reinforcing the impact of learned habits.

**Behavioral factors.** These social factors are often a product of our culture. Culture on other levels also plays an impactful role on our eating patterns as they impact our behaviors (Brown, 2009). The people, norms, and traditions we are surrounded by as we grow up and live, make up our culture. On a societal level we receive the social messages mentioned above along with other traditions passed on centered around food, for example from thanksgiving turkey dinner to popcorn at the movies. From there our experiences get more individualized based on the different levels of culture we are exposed to from community, to ethnic background, to family. Within each of these cultures we receive messages of what is acceptable or normal behavior and from here our own behaviors begin to form. For example, fried foods being more prevalent and rooted in southern cooking history. This is especially impactful on our eating habits, as food is very deeply rooted in cultural connection, which is often taught through family culture (Anzman, 2010).

Family culture particularly impacts the formation of our eating behaviors, as this is the first group of norms we are exposed to (Anzman, 2010). For example, the type and amount of food we eat, the times of day we have meals, and other eating patterns, such as eating to celebrate, entertain, or to cope with stress or comfort emotions (Brown, 2009). We learn
behaviors from watching our families and ensure our status as active members by learning to use them ourselves (Dreikurs, 1990). Furthermore our family’s influence is even more direct as our parents or family members literally determine when and what goes in our mouths for the most formative years of our lives. Therefore these practices are learned from both observing and out of engrained habituation due to what has been given to us (Brown, 2009).

As we grow our habits continue to be impacted by our learned behaviors however they also adapt and shift based on our daily needs and routines. Eating often becomes a repetitive, daily task. Research shows that repeating a task on a daily basis for 28 days straight can form a new habit (Epstein, 2009). As habits around food form we often become less aware and mindful of our actions because it is something we do on such a regular basis that it becomes second nature. As our awareness goes down, we are less likely to be aware that a behavior needs to be changed or feel that we can change it (Shields, 2009). Therefore, it is within our grasp to adjust eating behaviors but it often feels like an overwhelming task since this requires a shift from behaviors, which have been engrained since we were young and are part of our daily habits.

**Psychological factors.** Understanding these behaviors and habits, and their roots, can often help us identify the cause of other psychological factors, which impact our daily eating behaviors as well. Such as unconscious motivations and cravings which are often engrained from learned patterns and instigated by daily stressors. O’Connor (2008) found that when faced with different stressors or unexpected conflict people tend to make less healthy choices and often eat more. It is human nature to revert back to deeply engrained habits when we are under stress because they require more effort, however, this can impact our ability to make changes permanent.
Other psychological factors, which are also often learned patterns, such as denial or avoidance, also impact our ability to adjust habits. In addition, the general lack of awareness of these psychological drivers can impact our behaviors as well, as one study showed that lack of understanding or being aware of motivation or emotion lead to increase in consumption of calories and less healthy foods (Levitan, 2010). Also as mentioned previously more recent studies show that obesity is correlated with higher rates of depression and anxiety, which also impacts eating behaviors, as the ability to manage anxiety or stress or make healthy choices is impaired due to the impact of these conditions (Van der Merwe, 2007). Furthermore, it is a self defeating cycle as the experience of being obese create social stigma and experiences which increase stress or negative emotions which drive emotional eating habits (Farrow, 2009).

**What is Needed for Change?**

Increased awareness and understanding of these factors is the first step in gaining control to make changes in eating behaviors moving forward. Whatever the individualized causes and factors to excess weight or unhealthy eating habits may be the solution will require change. Due to the complex nature of obesity and eating behaviors, as described above, change is no easy feat. However, there continues to be a lack of resources, which take into account these factors when applying behavioral change. This separation is often in part due to the disconnect we have as individuals to the factors driving our own behaviors.

Gaining understanding and increasing awareness around current behavior is shown to be the stage within the process of change, which must occur to allow for active change (Prochaska, 2001). This awareness allows for a shift in motivation and control of our behavior. This is often what Alfred Adler, a noted psychotherapist, referred to as “spitting in someone’s soup,” as once we gain deeper awareness it is hard to ignore or look at our behavior in the same way, which
therefore promotes change. From here self-efficacy often builds as we prove to ourselves that we control the individual choices, which facilitate the process of change (Richman, 2001). This paper looks at how art therapy, mindfulness, and mindful eating may assist in this process. Exploring how these concepts have been applied previously and how integrating them may apply to weight management populations. Specifically how they may help adjust eating behaviors through how self-expression or understanding improves present mental state and awareness resulting in increased self-efficacy to change self and behaviors.

**Art Therapy**

**Benefits**

Most clinicians understand art therapy as a realm of the mental health field that integrates the creative process with counseling and psychotherapy models, “to improve and enhance the physical, mental and emotional well-being of individuals of all ages,” (American Art Therapy Association, 2011). Furthermore, “it is based on the belief that the creative process involved in artistic self-expression helps people to resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight,” (American Art Therapy Association, 2011).

**Current Research**

These outcomes are fairly agreed upon in the field due to decades of clinical application, case studies, and theoretical discussions. That being said, the amount of outcome based, peer-reviewed research studies regarding art therapy’s application are somewhat limited. However, through continued research some are starting to regard art therapy as a valid, evidence-based approach (Slayton, D’Archer & Kaplan, 2010). Within the research available certain themes have emerged which further test many of the points discussed above, regarding art therapy as a
source to heal or transform through increased self-expression, which allows for improved mental state and increased awareness, which thereby increases self-efficacy to better or change self.

Art therapy facilitates these opportunities through creative process and creative product. The process involves the present moment of creatively engaging to express oneself through art. This experience can help employ all senses which can often help access experiences and emotions, which are hard to verbalize (Blank, 2009). Through the art-making experience one can have increased present cognitive focus, meaning they are more present and focused in the moment (Horan, 2009). This process allows for increased self-expression and therefore leads to expanded self-awareness and improved mental state (Keeling, 2006). Robbins (2007) examined this process by conducting research with college students and found that, “the simple act of creating a work of art can produce dramatic reductions in negative mood and stress,” (Robbins, 2007, p. 72).

Furthermore, art therapy can support individuals in separating the issues from themselves. This separation and awareness allow for self-empowerment to transform, heal, or change (Keeling, 2006). In addition, art making has been shown to stimulate and create connections in our neural pathways, which allows for creating or adjusting thoughts or beliefs and therefore can impact behavior (Horan, 2009).

The product of art therapy can also be impactful. Again self-awareness can increase as the product that emerges from the process of expression can be revealing. Once the product is created, it is something solid, which cannot be hidden, or denied as readily as the thoughts or behaviors, which often led to its production (Keeling, 2006). In addition, externalizing it and seeing it separate from one’s identity an individual can see that the problem is not self, “the problem is the problem” (Keeling, 2006, p. 406). Furthermore, this can also impact self-esteem,
as separating issues from one’s identity and the act of creating something can often build a person’s worth. Building this self-esteem and achieving increased self-awareness allow for increased self-efficacy in being able to change (Hongu, 2011).

One study conducted by Keeling (2006) explored an art therapy intervention, which measured the impact of all of these elements. The findings indicated that the art therapy intervention helped participants “express emotions, increase awareness of personal resources, help separate problems from self, decrease symptoms and problem behaviors and foster a sense of empowerment” (Keeling, 2006, p. 411). This equation is powerful and is what creates the feeling of transformation resulting from the empowerment to change.

Slayton, S’Archer and Kaplan (2010) examined research in the art therapy field and found that many studies explored this idea of transformation or change made possible through art therapy interventions with different populations. One study explored the impact of art therapy reducing symptoms and increasing quality of life in patients with personality disorders (Franks & Whitaker, 2007). Another showed results of improved behaviors and moods in incarcerated men (Ferszt, Hayes, DeFedele & Horn, 2004). Two studies showed that patients who participated in art therapy treatment who had experienced trauma saw significant decrease in anxiety and higher mental stability when recalling trauma in future (Slayton, D’Archer & Kaplan, 2010, p. 117). Three separate studies of people with chronic or terminal disease all confirmed results showing that art therapy decreased depression symptoms and increased self-efficacy in ability to deal with health (Slayton, D’Archer & Kaplan, 2010, p. 114). All of these and many others reviewed in this article have an underlying common factor in that the result of art therapy is transformation or behavior change. The next step is to understand further what makes this benefit possible.
Many of these studies point out the general intersection of these benefits as being transformative or healing. The transformation is seen more as the result rather than the action. That being said it could be beneficial to break it down further to see what is the source of transformation in order to understand how to harness it to create future change. Self-expression leads to self-awareness and improved mental state, which then leads to self-empowerment, which can result in change or transformation. Therefore if engaging in art making is self expression, which improves present mental step, the next step is understanding how it improves present mental state and increases awareness in order to allow for the result of empowerment to change.

Multiple studies explored how art therapy impacted mental state through reduction in stress and mood elevation with different populations. One study examined the impact specifically on the ability of art therapy to reduce stress. The study examined results from 40 students in an Introduction to Psychology course and tested heart rate and anxiety inventory as they related to stress level (Curl, 2008). The results found that art making and self expression resulted in the cathartic release of positive emotion and in addition gave a sense of self satisfaction to create something, which created what they called a, “creative high,” and presented as an immediate reduction in stress (Curl, 2008). Reduction in stress can help improve mental state and by giving control back to the individual, empower them to make changes. Also as seen above this reduction in stress could directly impact the ability to adjust eating behaviors as it could make it more possible to maintain new behavior changes without falling back into old habits instigated by stress.

Another study conducted by De Petrillo and Winner (2005) examined how art making could impact mood. They compared the difference between creating negative, nonnegative images, and general tasks that didn’t provide artistic expression and how this would impact the
present mental state. Results found that mood improved both for those who drew negative and nonnegative images. Furthermore, “evidence showed that for some individuals, the act of making a work of art serves as a means of releasing negative feelings; for others, making a work of art serves as a distraction from negative rumination and reorients the individual in a more positive direction” (De Petrillo & Winner, 2005, p. 210). Therefore, concluding that depending on the individual or the feelings being expressed, catharsis or redirection was experienced which both improved mood through art making.

De Petrillo and Winner (2005) then compared the act of completing a word puzzle versus a drawing to rule out the possibility that just getting involved in a task elevates mood. The completion of the puzzle did not improve mood, which suggested that it was the open-ended task of art making, which allowed for self-expression of feelings, which improved mood. This again relates to the weight management population and ability to adjust behaviors, as no matter the feelings one was expressing towards their food, self, or eating behaviors, overall mental state may be elevated through art therapy which can help improve ability to make positive changes.

Another component of transformation or change as a result of art therapy is increased awareness. Multiple studies spoke to this key element of self-awareness, how it is impacted by the art therapy process, and can foster change. As one study expresses, art therapy, “can bring awareness of self and the environment, providing an opportunity to gain insight and opening doors to healing,” (Blank, 2009, p. 14). Increased awareness is something, which is an important element of all forms of therapy as this is the point as stated above which allows for insight and therefore the first step of active change. That being said, art therapy can facilitate this on deeper levels as all senses are being accessed and things that are hard to verbalize can be communicated or expressed nonverbally through art (Curl, 2008).
One article, which reflected on the use of art therapy in behavioral and medical settings, described the experiences of patients with art therapy:

Patients use art therapy to change behavioral patterns. For example, DeSouza might ask the group to draw what happens when they get trapped in a pattern of anger. The creative expression reinforces awareness, because they often can visualize actions better than they can verbalize them. (Zablocki, 2008, p. 27)

The art provides an outlet from which things that are being denied or are hard to understand becomes clear as it reveal itself to you through the art.

Another study reviewed in the article regarding art therapy research explored mothers who were diagnosed with depression. Through their experiences with art therapy they gained insight into their depression and how it was impacting their children. Furthermore, they gained awareness of their own identity outside of the depression and improved their positive self-image and interactions with their children (Ponteri, 2001).

Stuckey and Nobel (2010) examined how using art therapy with diabetes patients would be impactful. The results of their study found that art reinforced health education and increased awareness around how this may impact them on a different, more personal level. Before partaking in art therapy interventions, the participants, “were unable to verbalize or discuss their thoughts or feelings about the experience of diabetes, following (the research) they were able to speak vividly about their images being representations of diabetes. Participants began to make meaning of their experience of diabetes through the use of creative expression,” (Stuckey & Nobel, 2010, p. 261). This awareness, which resulted from, the expression, directly related to the ability to understand, own, and change the disease moving forward. “Expression of their experiences with diabetes through creative ways asserted their power as patients and as women.
Therefore resisted change before but now able to transform because understood resistance,” (Stuckey & Nobel, 2010, p. 262).

**Art Therapy Applied to Weight Management Populations**

Increased self-awareness could be greatly beneficial to weight management populations and to adjusting eating behaviors as well. Increased awareness of present habits, present behaviors, food choices, body, and personal experiences with food and being overweight are just a short list of aspects that could be beneficial to increase awareness around which art-making could provide an outlet for. That being said art therapy has limited researched with weight management populations. However there one was one study conducted by Anzules, Haennl & Golay (2007), which explored the experience of obese patients being treated with art therapy and a resulting increase in awareness of their behaviors. The purpose of this study was to observe and evaluate the experience and potential effects of the use of art therapy with a group of people diagnosed with obesity. Furthermore to examine if the use of art therapy could be a valuable treatment for obese people, specifically in regards to increased body awareness and impact on self-esteem. The study tested the hypothesis that employing multiple body senses through art therapy integration, patients could grow more aware of their own inner resources and express their experiences, thereby increasing self-esteem and enhancing results (Anzules, Haennl & Golay, 2007).

This article employed mixed methodology. It was an empirical study, which used qualitative and quantitative approaches. 14 obese patients underwent 6-weeks of art therapy programming, in which there were daily 2-hour sessions, in addition to qualitative follow-up interviews 2-months following study participation. Qualitative and quantitative data was collected and analyzed (Anzules, Haennl & Golay, 2007).
The study found that there was moderate and clinically significant improvement in self-esteem according to the Coopersmith self-esteem inventory test taken before and after art therapy program. The qualitative results concluded that, “Participating in an art therapy workshop gives obese patients access to their own inner resources, promotes self-awareness and improves self-esteem” (Anzules, Heannl & Golay, 2007, p. 76). These findings point toward the possibility that this increase in self-awareness and self-esteem can support individuals in making improvements in their health, including regulation of their weight.

As seen above, within the research available there is an emphasis on the idea of art and art therapy as a source of healing, which can help transform negative experiences or serve as a source of behavior change through self-expression which allows for improved mental state and increased self-awareness, resulting in increasing self-efficacy to improve health or self. This equation is something, which could help in the process of eating behavior change with weight management populations and also could apply to another self-awareness technique known as mindfulness.

**Mindfulness**

**Benefits**

Mindfulness is known to most clinicians as a “psychological state of awareness” (Davis, 2011, p. 198), which helps the client focus on and be in the present moment without judgment. Bishop (2004) described it in more detail as one concept made up of two components, “first component [of mindfulness] involves the self-regulation of attention so that it is maintained on immediate experience, thereby allowing for increased recognition of mental events in the present moment. The second component involves adopting a particular orientation toward one’s experiences in the present moment, an orientation that is characterized by curiosity, openness,
and acceptance,” (p. 232).

The general idea can be traced back to Buddhist beliefs and meditation practices established over 2500 years ago where mindfulness was seen as the meditative process of cultivating awareness and acceptance, which could lead to transformation, otherwise known as Pali (Davis, 2011). This form of mindfulness meditation, known as Vipassana, was practiced by “applying one’s attention to one’s bodily sensations, emotions, thoughts, and surrounding environment,” while disengaging self from strong attachment to beliefs, thoughts, or emotions in the moment through meditation or focus on present moment and experience (Davis, 2011, p. 199). This was referred to as a practice, as in Buddhist tradition, it takes a lot of practice and can take many years to fully master the ability to be truly mindful and tune out or have no judgment towards the thoughts or other distractions, which disrupt or influence our thoughts (Davis, 2011).

**Current Research**

Although mindfulness has been around for thousands of years, it much more recently began to be applied to western society starting 30 years ago and has been developed through the integration with psychology (Roberts & Danoff-Burg, 2010). Many controlled, randomized studies of mindfulness have been conducted to provide evidence for the validity of this technique in counseling (Bishop, 2004; Bocci, 2010; Bowen, 2009; Branstrom, 2010; Davidson, 2010; Davis, 2011; Shapiro, 2008). Like art therapy, mindfulness is a concept or technique, which is often integrated with other approaches or through the lens of a particular issue when being applied. Currently much of the research focuses on the model of mindfulness cognitive behavioral therapy, mindfulness based stress reduction, mindfulness based art therapy, and mindful eating. Therefore much of the research shows the benefits through the lens of application of these integrated approaches.
Through this practice of mindfulness diverse populations have experienced numerous mental and physical health benefits. Current research shows the successful application of mindfulness in treating mental health and medical conditions including chronic pain, fibromyalgia, cancer, heart disease, diabetes, psoriasis, stress, anxiety, depression (especially preventing relapse), borderline personality disorder, disordered eating, addiction, and people dealing with life transitions (Roberts & Danoff-Burg, 2010). Benefits experienced from mindfulness practice include increased awareness and acceptance resulting in improved mental state through stress reduction and self-regulation (Davis, 2011), which helps create cognitive change and can therefore impact self-efficacy to change and facilitate behavior transformation.

In its simplest definition mindfulness is awareness. This very awareness is seen to be what creates the pathway to the other benefits experienced. Raffon (2010) explored the different types of awareness mindfulness created including:

1. a receptive or mindful awareness, with openness to whatever ‘comes to mind in the moment,’ which has been shown to create a state of flexibility in self-regulation enabling an individual to profoundly shift out of habitual ways of adapting and reacting;
2. a self-observational awareness, accompanied by reflective self-observation, including the metacognitive investigation of one’s mental processes; the integration of this self-reflective state with receptivity is characterized by curiosity, openness, acceptance, and love (COAL); and
3. a reflexive awareness, implying a more immediate capacity of the mind to know itself, without effort and words, leading to an understanding of the nature of awareness. (p. 628)

Focusing one’s attention on this state of awareness through mindful meditation has shown to improve the immune system and alter cognitive processes in the prefrontal cortex associated with
helping transition to positive affect from negative experiences which empowers to move forward with change (Davidson, 2010). Awareness created by mindfulness creates changes in brain processing which allows for further flexibility and choice to change.

This transformation is partially attributed to acceptance, which is also an emphasis of mindfulness in addition to awareness. This was illustrated through a study conducted by Bocci, Wilkinson-Tough, Thorne and Herlihy (2010) with people battling obsessive-intrusive thoughts and diagnosed with Obsessive Compulsive Disorder. At the end of the 6-week mindfulness intervention where mindfulness was practiced daily, there were significant decreases on the OCD Yale-Brown scale, which participants attributed to increased awareness and acceptance which allowed them to gain control of thoughts. Another study conducted with college students who smoked examined the impact of an 8-week mindfulness intervention. It was found that mindfulness did reduce the amount smoked, however, it did not reduce the urge to smoke. This was attributed to the fact that through mindfulness the participants accepted the urges in a different way and gained the control to not give in as readily (Bowen, 2009).

The awareness and acceptance created by mindfulness facilitate other benefits including improvements in mental state through stress reduction and promotes change through self-efficacy and self-regulation. Stress reduction has been seen as a primary benefit of mindfulness, so much so that an integrated model was developed around this topic. Mindfulness based stress reduction is the process of being present moment to moment with the focus being on relaxation (Shapiro et al., 2008).

Through the immerging of this approach, much research has been conducted to test the validity. Shapiro, Thoresen, Plante and Finders (2008) conducted a study to show that mindfulness meditation may be specific in its ability to “reduce distractive and ruminative
thoughts and behaviors,” which provides a “unique mechanism by which mindfulness meditation reduces distress,” (p. 840). The study was designed as a quantitative, randomized, controlled, experimental study. College undergraduates were randomly allocated between training in two distinct meditation-based interventions, Mindfulness Based Stress Reduction, Easwaran’s Eight Point Program, or a waitlist control. Based on self-report measures pre, post-test, and 2-month follow-up data was gathered. Compared to control groups, participants in both treatment groups demonstrated increases in mindfulness at end of workshops and at follow-up. There were also statistically significant increases in mindfulness-mediated reductions in perceived stress and rumination. These results suggest therefore that mindfulness practice increases overall mental state or well-being (Shapiro et al., 2008).

Other studies have tested the validity of this on addressing other health issues and behaviors. One study explored the impact of mindfulness on changing health behaviors in general and found that due to mindfulness decreasing stress, this resulted in more positive health perceptions and behaviors (Roberts & Danoff-Burg, 2010, p. 165). There continues to be research done on this benefit. Currently a study is being conducted which is testing the validity of a mindfulness intervention program for diabetes patients to help reduce stress and increase emotional well-being, the first results are expected in 2012 (Van Son, Nyklicek, Pop & Power, 2011).

One element believed to help reduce stress with mindfulness is the fact that the meditative process is physiologically relaxing, where heart rate, blood pressure, glycemic index, depressive and anxiety symptoms can decrease from participation (Rosenzweig, 2007). In addition, the thought process shows to help transfer negative experience to positive affect. Branstrom (2010) studied 70 cancer patients who participated in an 8-week mindfulness
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intervention. Results showed decrease in perceived stress and posttraumatic avoidance symptoms, and an increase in positive states of mind. Another study conducted by Garland (2009) found a decline in reported stress after mindfulness intervention. This was a result of the fact that factors which had been assessed as stressful, following re-appraisal after meditation and mindfulness strategy were re-appraised as more positive. This is reinforced by the findings touched on previously, which showed that mindfulness practice alters “activation symmetries in the prefrontal cortex,” which is a cognitive change which has in the past been shown to be associated with an increase in positive affect and a faster recovery time from exposure to a negative experience (Horan, 2009). Furthermore, it was shown that the changes in subjects’ brains continued even after meditating was completed (Davidson, 2010).

This increased awareness, acceptance, and improved mental state also then impact the change process through increased self-efficacy and self-regulation. Mindfulness facilitates increased awareness, which creates opportunity to understand and accept the thoughts, which create your behavior thus allowing you a choice as to how you want to react. “Once you have access and familiarity to your inner world, you can begin to (consciously) create an inner sanctuary - an internal state and place that is safe and nourishing,” (Taylor, 2007) not driven by hidden motivations. Therefore, you are able to regulate your thoughts and behaviors because you begin to understand and believe in the choice or control you have. Caldwell, Harrison, Adams, Quin and Greeson (2010) demonstrated this through the examination of college students attempting to decrease sleep disturbance. As mindfulness scores went up, self-efficacy increased while sleep behaviors and ability to regulate them also improved.
Mindfulness Applied to Weight Management Populations

As adjusting eating behaviors or working on weight management require these elements of change, it could be beneficial to apply this concept to this population. That being said there has been somewhat limited research in the application of mindfulness to weight management populations, however more is underway. One study was designed to test the impact mindfulness had on reducing avoidant behavior and increasing psychological flexibility to improve the lives of obese persons. Following a mindfulness intervention, it was found that due to increased acceptance coping and psychological flexibility from mindfulness meditation that there was improvement in dealing with stigma, distress tolerance, and overall quality of life. Participants reflected that mindfulness meditation benefits experienced were the reason for improved weight control as well (Lillis, Hayes, Bunting & Masuda, 2009).

A pilot study was conducted by Kristeller and Hallet (1999), which applied mindfulness to a Binge Eating Disorder group. Results showed that mindfulness practice increased feelings of self-acceptance and control around food, decreased binges and reduced symptoms of anxiety and depression in just 6 weeks. Mindfulness successfully being applied to these groups reinforces the aspects, which impact our eating behaviors in the first place. Mindless eating, lack of awareness, and denial or avoidance of habits around the foods we are having and the amounts we consume are some of the issues, which make eating habits cause weight gain (Brown, 2009). Research on eating regulation shows that people who eat compulsively are generally less aware of hunger and fullness signs (Kristeller, 2003). Furthermore, eating is often a learned way to react to or regulate emotions like sadness, anger, boredom (Levitan, 2010). However, mindfulness helps improve self-regulation through change in thoughts and therefore may be successful in improving eating behaviors. This pilot study of Binge Eating started the process of this same person, Dr. Jean
Kristeller, to develop a specific mindfulness approach to address the eating process.

**Mindful Eating**

Mindful eating emerged as an application of mindfulness to the process of eating. In other words using present moment-to-moment awareness while eating. Citing in one study the reason why she saw the potential for mindfulness within this topic that,

“The process of eating and our relationship with food and our bodies engages a wide range of psychological and physiological conditioning. Meditation is a way to disengage from the boundless end of conditioning, while allowing full engagement with life in the moment,”

so to apply this to food helps us understand how we relate to it and challenge the issues influence our eating habits (Kristeller, 2003). The goal or objective being a daily behavioral modification tool, “that anyone can practice to achieve a healthy, grounded relationship to food and eating and thus accomplish their weight loss and optimum health maintenance goals” (Taylor, 2007).

Since its development, mindful eating has continued to be a growing trend in the health field. It integrates elements of Mindfulness Based Stress Reduction (MBSR), cognitive behavioral therapy, and guided eating meditations (Kristeller, 2003). In practice it uses mindfulness meditation before or during eating process to become fully aware of all senses experience. This often slows the process down and provides a “moment of choice” which helps people recognize the difference between emotional and physical hunger, between hunger and fullness, and between the urge and eating. When applied it can help to promote healthful eating habits and is moving forward as a potential new technique for treating and helping to reverse obesity (Kristeller, 2003).
As this is such a new development in the field there is very limited research. There are a few recent studies, which explore the application of mindful eating to eating disorder populations and have found that mindful eating helped to lessen food restriction through increased feelings of control without needing to exercise this through controlling food (Rawal, Enayati, Williams & Park, 2009). This aspect of self-efficacy and self-regulation around eating behaviors is exactly what may be hugely beneficial for weight management populations as well. A study by Dalen et al. (2010) sought to test the validity of a Mindful Eating approach with weight management populations. The purpose of this study was to pilot a six week program which provided mindfulness training for obese individuals. In addition, it was testing if this mindfulness training increased mindfulness-based skills, which improved with healthy habits and awareness, and whether this translated to measurable weight loss. It was a quantitative, experimental study, which measured results before, after, and at a 3-month follow-up. There were 10 participants with a mean weight of 101kg and age of 44 years.

Dalen et al. (2010) found that this program had promise to help increase mindful eating skills, promote weight loss, and possibly for initiating a host of positive changes in health and functioning. Program participation provided statistically significant weight loss and statistically significant improvements in eating behaviors, reduction in psychological distress, and improvements in physiological metabolism protein. More specifically, compared to data taken before the study, participants showed statistically significant increases in measures of mindfulness and cognitive restraint around eating, and statistically significant decreases in weight, binge eating, depression, perceived stress, negative affect, and C-reactive protein.

There is continued need for research on mindful eating. One specific area of growth is that it is still a somewhat broad, undefined practice. However, it is very applicable to every day life,
which makes it functional and usable with individuals on a trial and error basis as there is not much risk in trying to see if it would help. That being clinical research remains very limited and therefore is hard to determine the validity for diverse, multicultural, and clinical populations. It remains unclear how this practice may translate with diverse populations, though one can compare to the translation of other mindful practices. However, it remains to be proven as an evidence-based approach.

**Integrating Art Therapy and Mindfulness with Mindful Eating**

Mindful eating continues to be a developing approach within the psychology and health field. This paper explores a new technique of application through integrating art therapy and mindfulness to this process. Both of these approaches allow for increased connection and awareness between mind and body. In art therapy self-expression is allowed through the process of creating art. This process then allows access to deeper levels of self, attunes to all five senses, and can increase insight, which the product often provides. While mindfulness, allows this deeper insight and understanding as the process of cultivating fully present self-awareness of mind and body within the moment, with an added element of acceptance of these thoughts and feelings.

The way the approaches may impact the change process are also very similar as they both cultivate connection between this awareness and the next step of how this may influence or change behavior. As shown above, art therapy allows for increased awareness and improved mental state through stress reduction and increased positive affect, which can provide insight and therefore self-efficacy and motivation for change. Mindfulness has been shown to improve mental state through stress reduction and altered negative experiences to positive affect, and helps create self-regulation and self-efficacy, which promote change. Therefore, both improve
self-efficacy, and each also lead to further awareness which increase reason or motivation to change and self regulation to make changes possible.

Therefore it was a natural integration when a new technique was developed by Monti (2006) called Mindfulness Based Art Therapy. Mindfulness Based Art Therapy emerged as an integrative concept which melded these two mind-body approaches and, “is designed to provide specific skills for cultivating self-regulation or change in a format that is not confined to verbal processing alone,” (Monti, 2006, p. 264). It combines “mindfulness meditation skills and aspects of art therapy intended to provide opportunities for both verbal and non-verbal expression, enhanced support, and expanded coping strategies. The overall goal is to decrease distress and improve quality of life. It is conceptually rooted in the principles of self-regulation theory which provides a foundation for increasing awareness and understanding reactions to perceptions of physical and emotional well-being,” (Monti, 2006, p. 265).

As this is a new idea in the field, there has only been one research study conducted thus far. This was a lengthy study, which summarizes and reflects on the results from a two-year study on mindfulness-based art therapy with cancer patients. With the purpose of examining the integration of mindfulness based stress reduction and art therapy, as a multimodal approach. In this randomized, controlled clinical trial over 100 participants over a 2 year period, were measured on the general health, mental health, impact based on participation in an 8-week mindfulness based art therapy program (Monti, 2006). The results showed highly significant decreases in stress related symptoms and increased quality of life when compared with the control group who received standard medical care alone (Monti, 2006).

As shown above, art therapy and mindfulness are mind-body approaches. Which allow for focused attention, increased awareness, and the use of all senses during the process. This
integration of techniques demonstrates art therapy and mindfulness have the potential to compliment and strengthen one another. Self-expression and externalization are two strengths, which the art therapy may provide. Through the process of creating, art therapy provides, “concrete tasks for expressing representations in a tangible and personally meaningful manner,” (Monti, 2006, p. 364). Furthermore, this process externalizes which provides heightened self-reflection and awareness. Mindfulness on the other hand provides a unique element of acceptance which, “may allow for conscious observation of both the actual experience (objective representation) and emotional responses to it (subjective representation), which may allow for more choices,” (Monti, 2006, p. 364) moving forward. Being able to be fully present in the moment through both mindfulness and art therapy processes, is a powerful combination.

**Heuristic Mindful Eating Art Journal Case Analysis**

Clearly the integration of mindfulness and art therapy has a great potential to support overweight and obese individuals in changing unhealthy behaviors and address diverse issues. However, there is a great need for further exploration. Therefore I chose to complete a heuristic case study regarding the integration of art therapy, mindfulness, and mindful eating. This particular combination and application to overweight populations also had personal significance and interest for me.

**Background**

Like so many people who are clinically overweight, for me, it has been a lifelong struggle. Since the age of four years old I have been clinically overweight and throughout my life have gone on a rollercoaster of ups and downs in weight. At just the age of twenty-six years old I have lost and gained back 30-100 pounds many times. My lifelong experience with weight
management and my ongoing struggle led me to explore this topic further in other areas of my
graduate education as well.

Attending graduate school I was able to examine the many factors, which have impacted
my life experiences of being overweight. Through this examination I came to realize weight
management has been a cyclical experience in my life. Understanding these elements has been
an ongoing process. One in which layer by layer, partially through this experience, I have begun
to understand the foundation or root of the cycles, which I have experienced. I became interested
in exploring this topic further after writing a paper about my experience with weight
management and the stages of change. Here I examined further the cycles I have experienced and
how they related to the stages of change, which I have gone back and forth through my weight
fluctuation throughout my life.

Taking a closer look at the stages of change and my experience with weight I saw that
many attempted changes I made over the years to lose weight were quick fixes or temporary
changes. This did not address the root of the problem or the permanent behavior change required
to maintain long-term lifestyle change and weight loss. In the end these experiences had only led
to gaining weight back after reverting into old habits, and so the cycle continued. I have
experienced firsthand the complexity of physical, mental, and social consequences of being
overweight. In addition, through this struggle and examination I have begun to understand that
the root of the problem is something the solution must address.

I began to examine what would have to be different in order for me to better manage my
weight long term. Changing my eating habits stuck out as a primary factor in what needed to be
addressed. I already had this awareness but I also had not found a strategy that could help me
adjust or change these habits permanently. I also had minimal understanding of the factors, which impacted my personal eating habits.

That being said, through previous experiences I had been exposed to art therapy and mindfulness. Furthermore as I explored this topic further, I learned of mindful eating as an approach of mindfulness, which already specifically targets eating behaviors. The idea of connecting mind and body resonated with the experience of eating and I felt art therapy would add a necessary component which could strengthen the concept and would be a good integration with the changes I needed to make. This is when I became interested in personally exploring a technique, which would employ this combination.

**Problem Statement**

This study combines the techniques of mindfulness and art therapy through mindful eating, and examines how this combination may impact the process of developing a relationship with food and body in overweight populations. The question that led to this study was, could an approach which connects mind and body be more effective in creating clear awareness of eating habits and increased self efficacy in changing eating habits?

It is hypothesized that integrating art therapy and mindfulness techniques with a mindful eating approach will help develop a more aware relationship between food, mind, and body, therefore contributing to weight loss and or weight management.

Two questions arose from the original hypothesis: 1) Will this integrative approach help to increase awareness of mind, food, and/or body during the eating process? and 2) How will this potential awareness impact eating behaviors or habits?

In summary the above questions led to the following hypotheses: First, integrating mindfulness and art therapy with mindful eating will increase awareness of mind, body, and food
choices during the eating process. Second, integrating mindfulness and art therapy with mindful eating will help to change eating behaviors and habits.

**Methodology**

This case study is a qualitative reflection and quasi-experimental study, which explores the experience of engaging in an eight-week daily mindful eating art food journal process. Through a qualitative lens it examines the experience of mindful eating through the art therapy art journal and self portrait process. In addition, Self reported data was collected and analyzed with special attention given to self-awareness of mental state, physical state, and food intake.

**Participants.**

- One participant, 25 years old, female, Caucasian, graduate student.
- Participant developed mindful eating art journal to see how integrating art therapy and mindfulness may impact eating process and behaviors.

**Materials.**

- Paper Journal
- Media of Choice (pen, watercolor, oil pastel, chalk, charcoal, photography)
- Mindful Eating outline

**Procedure.** Participant practiced mindful eating through completing a daily art journal for eight weeks. A bound blank book was used to create daily entries with media of choice to allow for self-expression within the structure of using this journal. This format allowed for self-expression while also containing the experience within a structure that would allow for daily entries, while providing an opportunity to reflect back on previous entries.

For two weeks prior to starting the eight week journal process, the participant tracked her food consumption on a daily basis in an excel file, without employing mindful eating or art
reflection. This data provided a baseline comparison data. Before starting the daily journal, participant also created a pre-intervention self portrait reflecting on participant’s pre-intervention relationship with food and her body.

At the beginning of the study the intent was to reflect daily on eating behaviors, there were no strict parameters put on when or how reflection would take place. The general guideline was that creating the art reflection was essentially part of the mindful eating process to help the participant be present and focused on the food and the eating process. As the intervention progressed, if art reflections were not completed immediately before or after practicing mindful eating, they were completed later in the day as a mindful reflection. This flexibility was necessary in order to remain consistent with the practice due to the time requirement of practicing this journal. However, as noted later in the discussion section this did impact the process. For the last two weeks of the intervention, the objective became to complete the mindful eating art reflection once at the end of the day. This was to transition practice to more realistic way of continuing reflections longer term.

To start the journal process, the participant reflected on the meaning of mindful eating and set personal guidelines to follow when practicing mindful eating and using the journal (Appendix A, Image 1). In the form of the first journal entry, the participant created a list describing what they wanted their personal mindful eating process to be:

1. Be present
2. Acknowledge physical and emotional state before eating (hunger level, mood)
3. Use all senses to experience food before and while eating
4. Try to be consciously aware of speed
5. Be aware of and accept each thought which comes from food experience
6. When done eating take a moment to acknowledge physical and emotional state

7. Try to be aware of and let judgment pass by – just be present and experience

8. Reflect on the experience in this journal

This was done to give the participant full ownership and control over how the mindful eating process would unfold while still giving it structure to be consistent throughout. In practice the participant would practice mindful meditation through creating an art entry. If mindful eating was not practiced a mindful art reflection would be completed at the end of the day regarding this meal. Also following each meal, the participant would rank the level of mental, physical, and food choice awareness she had during the eating process. In addition, a self portrait was completed at mid-point, and at end of the eight week process to continue to reflect throughout process on changes with self in relation to mind, body, and food.

**Qualitative Reflections of Mindful Eating Journal**

**Journal guideline.** As I started this process I was excited and apprehensive, this was a similar feeling to starting different weight loss strategies I had attempted in the past. However, this was unlike anything I had ever tried to do. This focused less on the food choices or restrictions and more on how I was feeling and how aware I was being, regardless of the choices I made. The process really began as I picked out the journal to complete this personal tracking process in. I spent time scanning through my choices at the store and online and decided on a black bound book with blank pages sturdy enough to withstand my media of choices.

As I sat down to start the journal I was a little overwhelmed by the different elements I was wanting to integrate into my daily habits of eating. It wasn’t until this moment of beginning that I thought about the amount of time it may take to commit to this process and how this may be a downfall to the process. I decided that I would take a little time to reflect on what I wanted
the process to be for me individually as mindfulness and art expression is a personal process. The image that emerged can be seen on page one of the journal (Appendix A, Image 1). Reflecting on this image I think speaks a lot to the process and the importance of creative, personal expression when starting this process. This was the first step to my creating and owning the decision to engage in this journal and was the first stepping stone to thinking more in depth about my eating habits and the possibility of change. The image reflects the fact that I was thinking about how habits and changing habits happen in the pathways of our brains and how this journal could start that journey of change for myself. I started the process by practicing my guidelines with an orange reflected in Appendix A, Image 2.

Pre-journal self portrait (Glass Table Reflect, Self Portrait 1, Appendix B). I had planned to start the journal the next day but decided to start with my pre-journal self-portrait. This image explored the relationship with body and food before the mindful eating intervention. If this were to be part of an intervention with clients, self-portraiture can be quite a heavy topic, especially in regards to body and weight issues. It would be beneficial for certain clients or populations to complete this task with an art therapist present as it can be an emotional experience. I felt prepared as I had completed self-portraits in the past and knew how to manage the emotions as they came up.

I started the process without planning out where the image would go. I began to draw the reflection of myself in the dining room table. This process made me reflect on what I thought of my body now and what I had thought of my body in the past. I also started to think about what others saw when they looked at me and what I saw in my own reflection. There had been a time in the past where I saw something worse than what others saw, however, the fear of others seeing something worse than what I see in the mirror still creeps up on me.
However, in this image I still have the symbol in the love tattoo on my wrist shining through. This has always been a symbol of striving for non-judgment and acceptance of myself and others. This was a new process for me, as I had never done a semi-nude portrait before, but I think this is greatly symbolic of the idea of ‘baring it all’ and starting this process from a new, more open perspective. However, that being said, my body is both revealed and hidden, with also intention of celebrating my curves and still having moments where I am not proud. Overall I believe the portrait reflects many aspects of my identity and finding balance between judgment and acceptance. Also speaking to the idea that aspects of myself I show to others and aspects that remain private or those hidden inside, including the cycle of pride and shame felt towards my body. I feel this was a good reflection of how I feel about my weight and body and really opened me up to the process of working on myself through the journal, with this deeper awareness already beginning. Notably, as I was completing the self-portrait I realized that food did not come up a lot during the reflection, it felt somehow disconnected from my body. I believe this process helped me to become aware of my present relationship with my food and body before the mindful eating art journal process began.

**Week one.** I planned to start the journal after completing the guidelines and I was very excited about the process, but there was also something daunting and overwhelming about getting started. I didn’t start the process subsequently until a week and half after. What motivated this was completing my self-portrait which jumpstarted my commitment to starting the journal.

I started out the first week very committed to the process and the journal. I think this is reflected in the first few days and images, which are more detailed (Appendix A, Image 3 and Image 4). In addition, when employing the mindful eating art journal process I did see an increase in awareness about my mental state, physical state and food choices. The guidelines set
it up so that I would take a moment to be present and aware. Then I was to objectively observe and look at my food in a mindful manner so that I could be fully physically and mentally engaged as I created an art reflection. This process began to evoke a connection between my mind, my body, and food, that I had not believe I had experienced before. I thought about the food, what was in it, how it was prepared, used all five of my senses to experience it. It slowed down the process and increased my awareness of all of these elements.

That being said as the week continued, I felt overwhelmed by the amount of time the process took. Before starting the process I had not anticipated this downfall. I do not know however, if time was the primary barrier or if it was resistance to really seeing in my habits which I did not like. I assumed that mindful eating would help me to decrease my portion sizes and make more mindful choices, however, the change was not immediate and the first week was a hard reflection of what I should change. I also attempted to remain accepting of the choices I made but the increased awareness resulting from the process made judgment hard to avoid when it was an engrained habit. Reflecting in my journal at the end of the week I looked back and saw habits that I was not proud of.

**Week two – Week three.** A new pattern, began to emerge in week 2 and 3. The more overwhelmed I was, the worse food choices I made. The worse food choices I made, the less I used mindful eating. I was avoiding the process, which I knew would increase my awareness and make me not necessarily want the same types of food. That being said, even if I ‘forgot’ or avoided mindful eating in the moment, I remained committed to reflecting about this in my art journal and about my food choices at the end of the day. This I believe is what kept me from giving up on the whole process all together.
The way in which the art entries were used changed a little if they were not completed as part of the mindful eating process. I still reflected on the meals I had eaten for the day, though the entries were often less detailed as the process became more reflective than mindful. That being said it was still a mindful process as during reflections I remained present with the thoughts, which came up. These reflections made me think about past experiences I had with food and then also with my weight. As I reflected on these apart from the eating process other emotions and thoughts came up more readily that did not when I was doing art before having a meal. One of these reflections which was particularly eye opening for me can be found in (Appendix A, Image 5). This exploration came from an early recollection, which came to mind from when I was about five years old, I remembered sitting in the kitchen in front of the cupboard where my mom was making ants on a log. She was telling me what the doctor said about the food I should eat. She was measuring the amount of peanut butter I could have. I said, “why, that’s no fair, I don’t eat any more than Melissa (my sister) and she’s skinny,” My mom said she agreed that it wasn’t fair but, “God makes everyone differently.” I felt very sad and also hurt. I grabbed my celery stick and ate it in two bites and remember feeling spiteful. I got up on the counter and grabbed the peanut butter to make another.

This was an early memory of where I could see emotional eating and a feeling of lack of control of why I was this way, so I decided to control it by saying it wasn’t my fault and doing what I wanted without connecting my eating behavior with the result of being overweight. I began to see a pattern in my thinking around my weight, my identity or self-image and a disconnect in my ownership of my behaviors and body. As I began to further understand this pattern within my weight cycle and saw how it continued to impact my eating behaviors I began
to become more motivated to reinvest in the mindful eating process as I had already seen how it had a positive impact on my awareness and choices.

Furthermore, after starting to see this pattern emerge I completed another journal entry entitled, “You Are What You Eat, You Are Not What You Ate” (Appendix A, Image 6). This portrait reflects the struggle I had gone through up until this point reflecting what the early recollections began to reveal, a disconnect I had felt between my body and my food choices. This entry speaks to the connection now forming, and yet the balance between letting go or accepting food you have that may not be the most mindful or healthy choices. It reflects a transition from a struggle regarding a disconnect between food choices and body, to beginning to understand this how this disconnect impacted my life experiences and how re-connecting these things can impact changes moving forward.

Another benefit of the journal, which began to reveal itself towards the end of the second week, was the aspect of being able to flip back and review multiple days together. It was harder to avoid or deny habits when they were staring back at you from the page. This awareness, began to motivate me to set goals based on certain patterns I saw. At this time, I looked back at the work I had completed and saw that eating out was a common habit. I also noticed that when I ate out, I more often than not, did not practice mindful eating. I hypothesized that this could be due to the reasons which led me to eat out in the first place including, lack of time, waiting to eat until I was too hungry to wait, or being distracted by other things. I made a goal to be aware of this and to reduce the amount of times I went out to eat.

**Mid-journal self portrait (Sugar Coated Self, Self Portrait 2, Appendix C).** For this second and mid-way point self-portrait I was more drawn to the medium and literal translation of food. I thought this was very interesting as I avoided this direct relation for my first portrait. It
spoke to the further understanding, awareness, and connection I was feeling between my body and food. “Sugar Coated Self,” examined something in particular which was starting to stand out to be about the mindful eating process and how it related to my relationship with food and my body. I noticed from earlier eating patterns that I had more sugar and processed foods than I realized. As I thought more about this before I ate them it made me begin to examine and think more about what types of ingredients were in my foods and where they came from. The more mindful I was of this, the more I realized the emptiness in many calories consumed which did not provide the purpose that food is meant to have for your body. Rather than nourish it, it tricks it into liking and craving something, which just ends up hurting it more. Furthermore I believe this began to be reflected in the art, as foods which mindful eating was practiced in and were healthier seemed to be reflected in more filled out art entries. In other words the fullness of the page correlating with the feeling of fullness or satisfaction that is more readily accessible with mindfulness (A contrast can be seen between this feeling of emptiness vs. fullness with Image H and Image I xi).

**Week four – Week six.** At this point in the process I was reflecting more on how the food choices I was making were connecting more with my weight. I believe this begins to be reflected in the art entries as well, through further details and connection to body and environment, which is displayed well in Image 7, Appendix A. I also had come to the point where when practicing mindful eating it was becoming more difficult to enjoy foods, which were processed or high in sugar. As I had become more mindful of eating in general, I had begun to see a pattern when I saw these types of foods. I noticed that I would feel better immediately, but within a half hour I mentally and physically felt much worse. Not only did they not taste good when I was consciously eating them, but the idea of what they were made from and what they
were coming from started to make me physically ill. There was definitely an element of Adler’s idea of ‘spitting in one’s soup’ almost literally, as the more I was consciously aware of what I was consuming, the less appealing it was to have things that were in my mind “not real food.”

As I became more aware of the types of foods that I did not want to put in my body, I also became more attracted to foods, which were more transparent. In other words it was clear what they were made of and where they came from. For example, while being more mindful it was hard for me to eat meat, however, when I chose organic or grass-fed options I felt better about what I was consuming. This also naturally meant more fruits and vegetables, but I was even specifically more drawn to organic or took extra time to properly clean my produce to feel better about what was going into my body. This being said, I slowly found that being mindful while eating meant I had to be more mindful about the process as a whole from grocery shopping to cooking to eating.

By week six of the mindful eating program I was practicing mindful eating more frequently and happy to do so because my eating habits were starting to catch up so that I actually enjoyed being mindful. That being said, it was surprising to me that I still had the ability to turn on and off my mindful hat for different meals. I was not completely sure what motivated this as I was not aware in the present moment, looking back it seemed to be related to lack of time or being rushed to eat due to other priorities in life.

**Week seven - Week eight.** Originally I had planned to complete the intervention for six weeks, however, due to how mindful eating had impacted me I wanted to continue the process in some capacity. I decided to continue to practice mindful eating, and complete the art reflections in a different form. During this process I began to take snapshots of my food with my phone. (One example can be seen in Image 8, Appendix A). This created a different lens from which to
view the food I was eating, but in a much more immediate medium. In addition, at the end of the day I would take time to make an art entry reflecting on how the process had gone during the day. This was a completely different experience, which used mindfulness through eating and through art, much like the process worked on the meals in which I did not use mindful eating earlier in the process. As reflected in the data below, it was still a very beneficial experience and helped transition this process into a more maintainable practice moving forward. As my mindful eating habits had been established, they were more able to be adapted to my lifestyle while still maintaining benefits from the mindful eating and mindfulness based art processes.

Post journal self portrait (Mindful Art of Eating Continuum, Self Portrait 3, Appendix D). This final post-journal self-portrait reflects on what I had learned about myself and the eating process through the mindful eating art journal. Mindful Art of Eating Continuum (Self Portrait 3, Appendix D) reflects specifically on the process from dislike, guilt, lack of control, denial and disconnect to a more mindful, enjoying, acceptance, connected experience of the eating process. It reflects the process that I went through, but also the one that I continue having to regulate. I feel there will always be a continuum of not being aware, and being overly aware of food choices and eating habits. The balance and acceptance of times of imbalance seems to be a key unlocked through mindfulness and even more so with the integration of mindfulness and art, as this allows for the added element of expressing how this process feels to me personally on my individual path to self actualization of healthier habits.

Mindfulness and Mindful Eating are art forms themselves which I have yet to master. This being said, integrating art into the mindful eating process has allowed me to further connect and dive into this process and has greatly impacted how I understand and view my own eating habits. Following the eight weeks I have continued to practice mindful eating and on a weekly
basis reflect on my eating experiences through an art entry in my journal. I have continued to maintain the healthier eating choices, however, continue to struggle with adjusting portion sizes and slowing down. These are issues that I will continue to work on through using my mindful eating art journal as a tool to provide insight and guidance.

**Quantitative Results**

While doing my mindful eating art journal I also tracked my awareness of physical and mental state before eating. Furthermore as my awareness motivated goals I also tracked the number of times eating out with and the number of fruits and vegetables consumed. Furthermore, I also checked my baseline weight and updated this on a weekly basis to see how any changes in behavior may impact my body.

- Increased awareness of mental state, physical state, and food choices when employing mindful eating and art integration (Table 3).

- Improved food choices reflected in decreased eating out habits (Table 2) and increased fruit and vegetable consumption (Table 1).

- Loss of 8.5 lbs over 8-week period of mindful eating art journal intervention.

**Table 1**

<table>
<thead>
<tr>
<th>Week of Mindful Eating Art Journal</th>
<th>Servings of Fruit and Vegetables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before doing Mindful Eating</td>
<td>2.1</td>
</tr>
<tr>
<td>Week 1</td>
<td>2.7</td>
</tr>
<tr>
<td>Week 2</td>
<td>2.3</td>
</tr>
<tr>
<td>Week 3</td>
<td>3.1</td>
</tr>
</tbody>
</table>
## Table 2

<table>
<thead>
<tr>
<th>Week of Mindful Eating Art Journal</th>
<th># of times Eating Food Not Prepared At Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before doing Mindful Eating</td>
<td>6</td>
</tr>
<tr>
<td>Week 1</td>
<td>6</td>
</tr>
<tr>
<td>Week 2</td>
<td>7</td>
</tr>
<tr>
<td>Week 3</td>
<td>5</td>
</tr>
<tr>
<td>Week 4</td>
<td>3</td>
</tr>
<tr>
<td>Week 5</td>
<td>4</td>
</tr>
<tr>
<td>Week 6</td>
<td>3</td>
</tr>
<tr>
<td>Week 7</td>
<td>3</td>
</tr>
<tr>
<td>Week 8</td>
<td>2</td>
</tr>
</tbody>
</table>
### Table 3

<table>
<thead>
<tr>
<th>Self Reported Awareness before meals (1-10)</th>
<th>With Mindful Eating Employed</th>
<th>With Mindful Eating Not Employed (with later art entry)</th>
<th>Before Mindful Eating Employed at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental State</td>
<td>7.2</td>
<td>6.2</td>
<td>5.8</td>
</tr>
<tr>
<td>Physical State</td>
<td>7.8</td>
<td>5.6</td>
<td>5.4</td>
</tr>
<tr>
<td>Food Choices</td>
<td>7</td>
<td>6.2</td>
<td>6</td>
</tr>
</tbody>
</table>

#### Discussion

As can be seen in the qualitative reflections, quantitative results, and art presented, this was a very interesting experience and intervention. One that lead me to many personal answers, however, also led to further questions about the intervention itself.

The first hypothesis, that integrating mindfulness and art therapy with mindful eating will increase awareness of mind, body, and food choices during the eating process was supported by both qualitative and quantitative results. My experience with the mindful eating art journal as detailed previously helped to increase my awareness of my emotions and beliefs surrounding my food choices. I found however, that the experience emerged differently than I had anticipated.

At the beginning of the intervention the increased awareness was immediate and was very motivating. Then as I experienced and realized the time that this intervention took and the impact of the increased awareness of seeing bad patterns so boldly staring back from the page, a sense of being overwhelmed and wanting to move back towards avoidance set in. This led to the development of a secondary mindfulness process which occurred once a day after meals. As stated earlier, the art reflections helped facilitate the mindful eating process and supported a re-
commitment and motivation to the process. So in a sense the increased awareness was both a benefit and a detriment to the process, as it was an eye opener, a motivator, and also overwhelming. However, when greeted with flexibility to move with the process as it unfolded, awareness increased further and supported me in making more mindful eating choices.

The more mindful eating and the art journal process were practiced the more this awareness increased in a beneficial way, which encouraged further engagement in the program. The first week mindful eating was practiced for 65% of meals, which then decreased to 52% during week two and three when feeling overwhelmed, however as I adjusted the process due to reflections made in the art, my participation steadily increased to 86% by week eight. Furthermore, from week four to week eight awareness steadily increased even when not employing mindful eating. Suggesting that integrating mindfulness and art therapy with mindful eating increases awareness of mind, body, and food choices in the present moment and in general once the mindful process has been practiced more frequently and begins to become engrained.

What really emerged from how this process unfolded and how the awareness impacted motivation, were two different experiences, one in which mindful eating was employed, and one in which a different mindful process unfolded following meals at the end of the day. Both of these experiences integrate mindfulness and art therapy with eating behaviors, (although only the first corresponds with the literal translation of mindful eating). Through both of these integrations, mindful art reflections led to deeper awareness and connection between mind and body and the eating process, which led to motivation to make changes, just in different ways.

The differences can be observed greatly through the art and in how they create different types of awareness. Integrating mindful eating and art in the moment increased awareness of present moment feelings and choices around food, it helped to connect these in the moment to
make more awareness of food content and therefore conscious decisions. This is supported by and reflected in the art as described above regarding the detail and content of the art depending on the experience (see Appendix A). Through the art in the mindful eating process the increased awareness are seen in the details, which are noticeably heightened when mindful eating was employed. This makes a clear case that the mindful eating art journal increases awareness of food choices in the moment.

The awareness was also increased by the other mindful journal art process experience not in the moment of eating, but at the end of the day as a reflection. The later art reflections show less detail in the food choices, but more connection of past experiences and beliefs related to eating habits and weight. This led to deepening understanding and awareness of patterns which created heightened motivation and self efficacy to make better choices in a different capacity. I found that there was a general disconnect between my mind, body, and food choices, however through the art and mindful eating I began the process of re-connecting them. It was clear that the experience of integrating mindful eating with mindfulness and art therapy led to these positive insights and changes.

The hypothesis, which stated that mindful eating would increase awareness, is also reflected in the quantitative data. The data tracked included awareness of mental state, physical body, and food at each meal. As seen in Table 1, awareness increased in all three categories from before mindful eating was ever employed. When breaking down the data further into the times when mindful eating was employed compared to when it wasn’t, there was an increase of awareness for mind, body, and food choices throughout all weeks. This is further reflected in the decrease in awareness when analyzing data from times eating out. Mindful eating was down, awareness was therefore down, and poor eating choices was up. However, as mentioned
previously, this did begin to shift as the mindful eating art journal became a more engrained process which became harder to mentally avoid.

The second hypothesis, integrating mindfulness and art therapy with mindful eating will help to change eating behaviors and habits, was also supported by qualitative and quantitative results. The qualitative reflections showed that the increased awareness increased the desire to make healthier, and more raw or organic healthy eating choices which had less fat, sugar, and processed content increased. This awareness also increased motivation or self efficacy to make these changes as reflected in desire and goals made. This led to changes which are reflected in Table 2 and Table 3 of the quantitative data showing a continual decrease in number of times eating out and a continual increase in consumption of fruits and vegetables.

Quantitative data which supports this hypothesis regarding changing eating habits was also found. In Table 2, the figures clearly show a decrease in the amount of times eating out which is a direct change in eating habits. Furthermore, Table 3 shows an increase in consumption of fruits and vegetables throughout the process. Finally, the result of weight loss throughout the process due to these changes further supports this hypothesis. Again this is somewhat limited due to the lack of a control group as it is unclear whether this benefit comes from just mindful eating or the integration of mindful eating and art. This discrepancy can be somewhat addressed however by the qualitative data reflected above and how the personal experience was that the art reflections were an integral component of helping create the motivation to remain committed and make the connections which pushed the process forward.

These findings reflect and contradict the literature discussed above. The literature regarding mindful eating suggests that the potential benefits are that increased awareness will help slow down the eating process, which can often lead to eating less or smaller portion sizes
ART THERAPY AND MINDFUL EATING

(Lillis, 2009). This however was not reflected in personal experience, the increased awareness led to more conscious, healthier eating habits and decreased unhealthy eating habits.

The results regarding mindfulness and art therapy were supported by the literature above. First of all the emphasis on both concepts having the power to be transformative, was clearly supported through transformed behaviors. The qualitative and quantitative results also support the concept that these interventions can increase awareness and self-efficacy to make changes. Furthermore, the ideas that self-expression through art therapy and acceptance through mindfulness can foster insight and connection can clearly be seen in the art reflections.

Once I had completed the art journal I began to reflect more on the entries. This reflective distance provided insight which brought clarity to the increased awareness. The present moment awareness helped motivate self efficacy and specific goals to change. However, this reflective distance and being able to reflect on what expression emerged during this time was powerful in itself because it added different depth to understanding the changes and layers to the change. This was seen particularly through symbols and patterns which came through in the art entries.

The art itself when examined closer showed some interesting patterns. The self portraits which checked in about how this awareness was impacting my relationship with my self and body clearly showed increased awareness from reflecting on self, to connecting more with food, to accepting the process and self with still moving towards growth and improvement in the final portrait (see Appendix B, C, and D).

At the beginning I noticed when reflecting back on entries that I was much less likely to employ mindfulness before eating fast food. I believe this was a form of avoidance of awareness when consuming foods, which I consciously knew were not good for my health. This is reflected in the art in Image 9, Appendix A. As I reflected back on this during the first couple weeks, this
is what motivated a conscious goal to decrease the pattern of eating out. This can be seen in
direct contrast with Image 10, Appendix A which specifically reflected references to the meal
being homemade.

Words immerged as a component of many entries. As time went on the frequency of
words in the entries drastically decreased. This could be a reflection of becoming more
comfortable with the medium of art. However, in addition, it could also be a reflection of trusting
or feelings more comfortable with the connection to the food in general. This was also reflected
in an increase in the fullness of the page reflected in entries where mindful eating was employed
and a general increase throughout the process. A contrast can be seen with Image 11 (Appendix
A), created during Week 3 and Image 12 (Appendix A), created in Week 5.

Images of myself, my husband, and a symbolic self immerged many times in the art
entries as well. The first image was early in the process (Image 13, Appendix A), shows a start of
the increase awareness about how this relationship impacted my food choices. As a married
couple we have many meals together and make decisions about what and where we eat, as well
as food buying duties together. Furthermore, it speaks to the complexity of the function of food
within a family culture, for example, in our family if one of us makes a meal for the other it is an
expression of love and consideration. Furthermore, we often split meals which can been seen in
an early image in which mindfulness was not empl oyed until after eating (Image 14, Appendix
A).

In addition, the body immerged as a symbol of awareness as well through the balance
symbol, which immerged in previous image entry, “You are Not What you Eat” (Image 6,
Appendix A) and then immerges in the final journal entries and in the second self portrait (Self
Portrait 2, Appendix C). This immerged as a symbol of the balance between empty and full, the
balance of awareness required, and represents the mindful meditation, which allowed me to make these insights.

Noticeably there are multiple entries, which include my hand or hands. The further into the mindfulness process, the more frequently hands appeared, and the more this occurs. In addition, it noticeably occurred much more frequently when mindful eating was employed. This may be a reflection increased awareness of the process of mindful eating which includes environment and self, connection between food and self, and also increased control or ownership of food choices through this process and connection. This is reflected well in Image 15 (Appendix A), where the hand is seen preparing the food.

Representations of eyes directly and subtly immerged in many journal entries as well. Again the frequency of these increased when mindful eating was employed and throughout the process. The last entry in the journal (Image 16, Appendix A), also shows an eye which represents the increase in awareness and use of senses in the entire experience. Furthermore, as can be seen in Self Portrait Image 2 (Appendix C) and 3 (Appendix D), eyes were represented greatly in the self portraits as well, most greatly in the final self portrait which has multiple eyes. This was very fitting as this final self portrait was a culmination of the process and this increased and balance of awareness found within the process.

The results although interesting, have some limitations. The results and benefits experienced are only reflections of one individual. This may lead to results being impacted by personal bias of the individual. Furthermore, the participant is a white, middle class, graduate student. However, this is the first development and application of mindful eating combined with art therapy, therefore this is a typical issue in the part of the research process. Further research is needed to determine if similar results would occur with more diverse populations. In addition,
the participant already had experience expressing oneself through art and practicing mindfulness. This leads to the question, would this tool be as applicable to clients who had not practiced these elements previously? Also, would there need to be an educational component before the intervention could take place?

Another limitation of this study is in the quantitative results. Self reported awareness could be impacted by personal bias. Although it was consistently tracked following the meal, the perception of awareness could be impacted by the absence of the mindful eating process. That being said, personal perception is part of what leads to results and benefits from this process, and therefore this may be repaired through further research involving control groups who are not participating in mindful eating, while still tracking awareness. In addition, there was a lack of consistent mindful eating. Primarily only meals were observed, which creates a lack of use and data for other food consumed such as snacks. That being said it has been shown that regardless of exact accuracy of food tracked, increasing our present awareness around what and how much we eat through means of tracking our behaviors can help change this behavior whether or not we report completely accurately. Therefore, although not every morsel of food was tracked the results and benefits experienced may not be impacted.

In addition, flexibility of the structure or definition of how mindful eating and the art journal was conducted based on individual preferences creates more complex, individualized data which is hard to apply to larger group research. That being said part of what was explored and observed as a success from this case was a result of this flexibility and adaptability. Specifically the fact that the individual gained ownership of the process by shaping it and defining its guidelines (although based in mindfulness) from the beginning and could adapt it to fit their lifestyle realistically.
Future Suggested Research

The intent of this study was to explore the possible impact of this intervention. These results of the study show potential, which is worth exploring further through randomized and controlled research. Additional research would be helpful in order to further explore this intervention. It would be suggested to conduct further research which was both randomized and controlled. Specifically it may be beneficial to examine more in depth more independent variables of motivation, self efficacy, and self regulation, to get more information about why the potential changes occur. Furthermore, it is suggested that a controlled study be used in order to examine what causes these benefits whether it be mindfulness, mindful eating, art therapy, or the integration. Larger scale research is also needed, for example, a study of up to 100 randomized participants from the general population of candidates in need of weight management. This would provide more insight into how this intervention would impact more diverse populations and reduce potential bias.

Program Proposal

As documented above, through my personal experience I learned about advantages and disadvantages of this approach. Overall, however, I feel this intervention accounts for these diverse physical, psychological and behavioral factors more thoroughly than many approaches currently in existence. If adjusted according to individual and population this could be an effective intervention for other individuals or clinicians to use with weight management populations of different ages, co-morbidities, and/or eating disorders.

Based on the populations above I think the most fitting settings include a hospital (inpatient or outpatient care), clinical therapy setting (private practice or art therapy studio), and specifically for something to the client to bring with them into their daily lives and home settings
as a tool to help increase awareness, understanding, and possibly self efficacy to control or change eating behaviors. I believe in general the population of people who are in need of or in pursuit of weight management could potentially benefit. However, I feel that breaking it down into more specific populations within this group would be beneficial. Specific populations who could potentially benefit include, but are not limited to gastric bypass patients, health populations who have been advised to lose weight for their condition (i.e.: type 2 diabetics, high blood pressure, heart disease), overweight or obese children or adolescents suffering from self esteem issues, obese pregnant women, people dealing with binge eating disorder, individuals dealing with food or sugar addiction, and overeaters anonymous participants.

Furthermore, I believe there is potential for this tool to be expanded into a workshop or support group program for individuals struggling with their weight, geared towards any of the specific populations listed above. Mindfulness is well known as a component in Dialectic Behavioral Therapy programs, which are used in both individual and group settings. These programs cover different lessons at each session which build upon one another. I believe there is potential for a mindfulness based art therapy eating program which follows a similar structure. As discussed above, there are many elements involved in the mindful eating art journal that people may not have knowledge of so this workshop could be a fitting introduction to the elements involved. This workshop would employ the mindful eating art journal as an intervention and be theoretically based on Mindfulness (Dialectic Behavior Therapy), Art Therapy, and Adlerian Psychotherapy. This combination would allow for access to the resources of mindfulness and art therapy, while also allowing exploration of past experiences through lifestyle exploration. Briefly outlined below is a proposed structure of this program. The program would be called Mindful Eating through Art and would take place over 5 weeks in two-hour
sessions. Mindful Eating through Art: Connecting Mind-Body, Past and Present, to Eating

Process Workshop (5-Weeks, 2-hour sessions):

I. Goal: To increase awareness of eating behaviors with the objective of increasing understanding and self-acceptance, with the potential benefit of increased motivation and self efficacy to adjust or change eating habits.

II. Structure: Individual or group sessions.

III. Workshop Outline:

A. Session 1: Introduction – 2 hours

1. Mindfulness warm-up
2. Current and Past Eating Habits Assessment
3. Family Dinner Kinetic Family Drawing: Present and Past
4. Mindfulness cool-down

B. Session 2: Mindful Eating Art Journals – 2 hours

1. Mindful Eating introduction
2. Early Recollections and Transformation drawings about weight and/or eating experiences, Create Mindful Eating Art Journals/Guidelines
3. Self portrait regarding food, mind, and body
4. Mindfulness Cool-down

C. Session 3: Awareness to Acceptance

1. Mindful Eating Art Journal week sharing time
2. Spitting in Soup art intervention where would discuss and reflect about what they know that makes them not want to make unhealthy or typical food choices.
3. Discuss awareness and acceptance
4. Practice acceptance – self portrait activity

D. Session 4: Belief to Motivation

1. Mindful Eating Art Journal week sharing time
2. Mindfulness Motivation Boxes – make box as reminder
3. Mindfulness Cool-down

E. Session 5: Share Journals or Artwork

1. Mindfulness Warm-up
2. Share with group or individual past journal entries, which they are comfortable sharing.
3. Final self portrait
4. Mindfulness Cool-down

This workshop is proposed to be 5 weeks long as there is a lot of content to explore with mindfulness, mindful eating, art therapy, and Adlerian therapy. This structure allows for examination of past influence and transition to what that means for today and motivation moving forward. The art interventions listed are suggestions and are flexible depending on how group or sessions progress. In addition, habits generally can begin to form in 30 days (Epstein 2009), therefore exposure and use of these elements could begin to form new habits of increased awareness and change around eating behaviors in this time span.

The benefits anticipated in this program reflect those discussed previously of art therapy and mindfulness including increased self-awareness, increased self-efficacy and motivation to make changes moving forward. This will be made possible through the actual process, and the exploration of identity, family constellation, mistaken beliefs, and lifestyle, and how to connect mind and body to the eating process.
Conclusion

Through an examination of the literature it was found that mindfulness and art therapy are both approaches which are often integrated with other counseling theories and are seen as relatively agreed upon in the field to be seen and used as mind-body evidence-based approaches. They are both show to be transformative, although for slightly different reasons. Art therapy is shown to increase self expression, which increases awareness, reduces stress, and increases positive mental state, which therefore increases self efficacy. Mindfulness is synonymous with increased awareness, which is shown to reduce stress, increase positive mental state, and increase self acceptance, which then increases self efficacy and ability to regulate self.

Through a heuristic study, it was found that integrating art therapy and mindfulness with mindful eating increased awareness of mind, body, and food choices. Art seemed to be a powerful tool to take this awareness to the next level of making connections between revealed habits and past experiences, and of mind and body in the eating process. Furthermore, it was found that integrating art therapy and mindfulness with mindful eating did help the participant adjust eating behaviors, through increased goals, reduced times going out to eat, increased fruit and vegetable consumption, and decreased weight.

The individual case analysis reflects powerful changes made in this individual through this experience and therefore may have great potential as a tool for others seeking to address the complex aspects of weight loss and eating behavior change. There continues to be need for further research regarding this integration, specifically a study that provides control groups, which allow comparison between benefits experienced from mindful eating, and mindful eating integrated with art therapy and a larger study group to determine application to more diverse populations.
The need for tools, which could help with eating behavior change, even if still experimental, are needed. Clearly there is a need to change eating behaviors in our society, however, there continues to be a lack of resources for individualized approaches which address the diverse factors which go into changing, or even understanding, this complex habit. Through my personal experience developing and practicing the mindful eating art journal I feel that this could be a useful tool for others working on weight management. I feel the availability of specialized therapeutic services for weight management populations is extremely lacking. When dealing with weight management one is dealing with a very complex issue which is integrated and impacts many if not all facets of one’s life physically, psychologically, and behaviorally.

This intervention needs further research however I believe sharing my personal experience and findings can help to facilitate these next steps. In addition, I believe it is an intervention, which is meant to be adapted and flexible to the individual and therefore can be utilized sooner rather than later with weight management populations. I recently presented my thesis findings and art to a group of Weight Management Lifestyle Management Coaches as an ongoing training meeting. I plan to pursue presenting the artwork from the entries and self portraits further and continue to share this data. As I believe actively adapting this intervention into a form that could be taught and used among groups within weight management populations has great potential.
References


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Retrieved from EBSCOhost.


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Appendix B

Pre-Journal Self Portrait
Appendix C

Mid-Journal Self Portrait
Appendix D

Post-Journal Self Portrait