

FOOD *for* THOUGHT

SUMMER 2018

Mindful Eating *and* Mental Health



IN THIS ISSUE:



*Integrating
Mental Health
& Mindfulness*

page 3



*Combining
Therapy &
Mindfulness*

page 5



*Improving
Mental
Well-Being*

page 7



About The Center for Mindful Eating:

Our Mission:

The mission of The Center for Mindful Eating, also known as TCME, is to help people achieve a balanced, respectful, healthy, and joyful relationship with food and eating. By providing an easily accessible source of information and opportunities to interact – via the web and in other ways – we seek to train and encourage professionals, who can then foster this capacity in others.

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About this issue:

This edition of Food For Thought will help professionals understand the many mental health issues that contribute to unhealthy eating patterns.

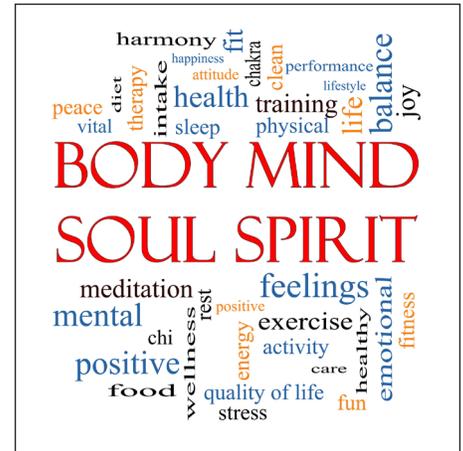
The lead article, “Integrating Mindfulness in Mental Health Treatment,” was written by Sharon Theroux, PhD, licensed psychologist, certified MBSR instructor, and Treasurer of the Center for Mindful Eating (TCME). Intended for professionals, this article will help you identify mental health issues in your clients, as well as recommend mindfulness-based interventions. She emphasizes the importance of a team approach when treating individuals with mental health issues.

The educational handout, “How to improve psychological well-being through mindfulness,” was written by Cecilia Clemente, PhD, a clinical and health psychologist, psychotherapist, and instructor of mindfulness-based programs. This handout offers your clients mindful recommendations to use whenever distressing thoughts arise that can lead to feelings of depression or anxiety.

Alice Rosen, LMHC, a therapist and founder of The No-Diet and Self-Led Eating Workshops and The Conscious Cafe, offers the practice article, “Weaving Mindfulness into Psychotherapy,” where she shares her expertise with clients who are averse to exploring difficult thoughts, emotions, and body sensations.

The final offering, “Meditation on the three levels of experience” is a beautifully written practice by Cecilia Clemente, PhD. Use it on a regular basis to bring yourself back to the present moment when faced with unpleasant thought or emotions.

We hope that you enjoy this issue!



Thank You, Sharon Theroux



All of us at The Center for Mindful Eating would like to thank Sharon Theroux, PhD, for her service on our

Board of Directors, 2016-18, in the role of Treasurer. Her meticulous attention to detail, thoughtful questions, and willingness to try new things have all been deeply appreciated by those who have worked closely with her. As the co-founder of International Seminars Group, an APA-approved continuing education sponsor for psychologists and therapists, she offered us guidance and assistance to help us improve our continuing education programs. Sharon is also the founder of the South Florida Center for Mindfulness, and its mission of educating health care providers and the community in mindfulness-based interventions dovetailed beautifully with her service to TCME. Thank you, Sharon, for your dedication to your own mindfulness and mindful eating practice, and your willingness to share it with others. Your contributions to TCME will benefit many beings for many years to come.

Integrating Mindfulness into Mental Health Treatment



Sharon Theroux

PhD

In our professional lives, clients come to us seeking help to improve their relationship with food. Many may simply have unhealthy habits, and helping them to eat more wisely and mindfully will put them back on track to health and well-being. However, others may struggle with mental health issues, such as depression, anxiety, addictions, or eating disorders, making treatment more complicated. Individuals with mental health issues are at an increased risk of chronic illness, such as cardiovascular disease, diabetes, asthma, epilepsy, and cancer (CDC, 2011). Knowing about these mental health issues, and how mindfulness-based interventions can help, can assist the clinician in the diagnosis and treatment of these individuals.

Major depression is a commonly occurring, serious, recurrent disorder linked to diminished role functioning,

reduced quality of life, medical morbidity, and mortality (Kessler, 2013). Approximately 17% of U.S. adults will experience a major depressive disorder during their lifetime, and more than half of them are likely to have a recurring episode. These episodes may include significant weight loss (e.g. a change of more than 5% of body weight in a month) when not dieting, or a decrease or increase in appetite.

An estimated 31% of U.S. adults experience any anxiety disorder at some time in their lives, and approximately 12% of U.S. adults had an anxiety disorder in the past year. Common disorders of anxiety include panic disorder, generalized anxiety disorder, social anxiety disorder, obsessive-compulsive disorder, and separation anxiety disorder. They differ from normal fears or anxiety by being excessive or persisting beyond developmentally appropriate periods. Many anxiety disorders develop in childhood, and tend to persist if not treated.

Trauma- and stressor-related disorders include exposure to a traumatic

or stressful event as a diagnostic criterion. How one responds to trauma is quite variable, ranging from anxiety or fear-based reactions to anhedonic and dysphoric symptoms. Symptoms of anger, aggression, and dissociation are also observed. The most common disorders in this category, with their 12-month prevalence in parentheses, include posttraumatic stress disorder or PTSD (3.5%), acute stress disorder (20% or 50% following interpersonal traumatic events), and adjustment disorders (5–20%).

Substance-related disorders, whether alcohol, opioids, sedatives, stimulants, or tobacco, share in common direct activation of the brain reward system that results in the neglect of normal activities. The essential feature of a substance use disorder is that the individual continues to use the substance despite significant substance-related problems. The 12-month prevalence of any substance disorder is approximately 3.8%.

Eating disorders are characterized by a “persistent disturbance of eating or

continued on page 4

Integrating mindfulness

Continued from Page 3

eating-related behavior that results in the altered consumption or absorption of food that significantly impairs physical health or psychological functioning” (APA, 2013). The most common eating disorders, along with their 12-month prevalence rates, are anorexia nervosa (0.4%), bulimia nervosa (1–1.5%), and binge-eating disorder (2.4%). Many individuals diagnosed with an eating disorder also suffer from depression and/or anxiety.

Treatment for individuals with mental health issues typically includes antidepressant/anticoagulant medication and psychotherapy. However, cost and the social stigma attached to psychiatric treatment interfere with people receiving appropriate help. For example, approximately 37% of adults with major depressive episode do not receive treatment. Approximately half of military personnel and veterans with diagnosable PTSD do not seek treatment (Colgan et al, 2016).

Mindfulness-based interventions (MBIs) have proven to be effective evidence-based complementary treatments for depression and anxiety, and their use is on the rise. Mindfulness, the main therapeutic element of these programs, is defined as the awareness that arises from paying attention in a particular way: on purpose, in the present moment, and non-judgmentally (Kabat-Zinn, 2013).

The two most widely researched MBIs are Mindfulness Based Stress Reduction (MBSR), developed by Dr. Jon Kabat-Zinn in 1979 and Mindfulness-Based Cognitive Therapy (MBCT) (Segal et al, 2002). Both are structured 8-week programs that incorporate meditation, gentle stretching yoga, and the development of mindful communication skills. Research has shown that participation in these programs produces significant reductions in symptoms of depression and anxiety, and these gains can be maintained at six-month follow-up (Vollestad et al, 2011).



Approximately 17% of U.S. adults will experience a major depressive disorder during their lifetime, and more than half are likely to have a recurring episode

More recently, a meta-analysis of 47 randomized control trials with 3515 participants revealed that mindful meditation programs were just as effective as exercise, progressive muscle relaxation, and cognitive-behavioral group therapy. Moreover, the effect size estimates of MBIs over a 2 to 6-month period ranged from 0.22 to 0.38 for anxiety symptoms, and 0.23 to 0.30 for depressive symptoms. The effect sizes of mindfulness-based interventions are comparable to what would be expected from the use of an antidepressant, but without the associated toxicities (Goyal, et al., 2014). This result prompted the medical journal, JAMA Internal Medicine, to recommend that clinicians be prepared to talk with their patients about the role that a meditation program could have in addressing psychological stress.

Brief mindfulness training may also be effective in reducing psychological stress reactivity. MBIs often consist of three main meditation practices: (1) body scan, in which participants sequentially and

non-judgmentally focus their attention on parts of the body; (2) sitting meditation, in which participants focus their attention on their breathing, sounds in the environment, body sensations, and their stream of thoughts and emotions; and (3) mindful yoga, in which participants cultivate mindful awareness of the body while it is moving, stretching, or holding a position (Sauer-Zavala et al, 2013). According to Creswell et al (2014), 75 minutes of mindfulness training over three days (including body scan and awareness of breathing) reduced self-reported psychological reactivity to stress. Veterans who practiced either a 20-minute body scan meditation or a 20-minute mindful breathing meditation daily for 6 weeks showed reduced depression on the Beck Depression Inventory-2 (Colgan et al, 2016).

Healthcare professionals who suspect their clients may be struggling with an undiagnosed mental health issue can first screen for psychological distress. The Kessler Psychological Distress Scale (K10) is a 10-item questionnaire designed to yield a global measure of distress based on anxiety and depressive symptoms that a person has had in the most recent 4-week period (Kessler et al, 2002). If it appears that significant mental health issues are present, referral to a therapist and/or psychiatrist would be warranted.

Where can clinicians refer their clients interested in mindfulness training? MBIs are becoming increasingly popular in the workplace, so consulting their company’s human resources department may be a logical first step. Also, a simple google search of MBIs in your area (e.g. MBSR + your city) can be tremendously effective.

Sharon Theroux, Ph.D., is a licensed psychologist, certified MBSR instructor, mindful eating teacher, and founder of the South Florida Center for Mindfulness. She co-founded International Seminars Group, an APA-approved continuing education sponsor for professionals.

[references on page 9](#)

Weaving Mindfulness into Psychotherapy



Alice J. Rosen

MSEd, LMHC

“Eating disorders are complex, multidimensional behavioral syndromes characterized by pervasive core deficits in the self-regulation of food intake, affect, and cognition.”

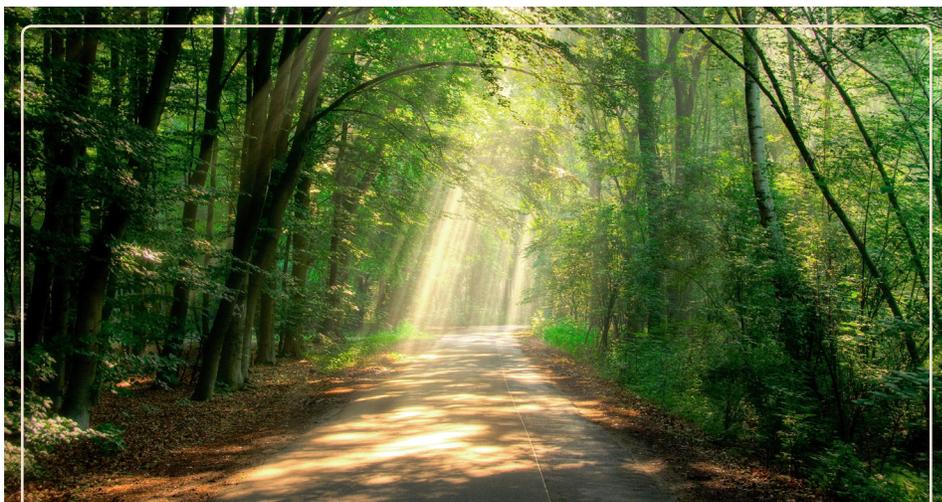
If a medical doctor or nutritionist is working with a client who falls on the spectrum of disordered eating, it is important to bring a psychotherapist onto the team to address the individual’s mental health. Disordered eating rarely stands on its own as a diagnosis. There are usually co-morbid complications, such as anxiety, depression, or post-traumatic stress disorder, which play into the disorder.

Teacher Marcia Rose said, “The practice of mindful concentration leads to cultivation of exceptional mental health and balance.”² Research has shown that mindful eating practices can improve emotional and cognitive balance.³ But often, those with disordered eating dislike paying attention to their bodies and to the experience of eating, for fear of losing control and unleashing fierce critics, self-hatred, and hopelessness.

Psychotherapy is an avenue to safely explore these concerns. Mindful psychotherapists can skillfully weave mindfulness and compassion into the therapy process.

Here is an example: ‘Adele’ has lifelong food and body-image issues. Her loathing and shame about her body and preoccupations with fixing herself have been constant companions.

Our foundational mindfulness practice helped her access an aspect of herself, shrinking in terror, hiding to



Mindful psychotherapists can skillfully weave mindfulness and compassion into the therapy process.

escape her parents’ aggressive fighting.

After acknowledging and reassuring her fears about getting close to them, she is now attending to those previously avoided “terror” feelings with patience and interest. In this kind way, she discovers some calm and confidence, saying, “Thinking, ‘body is the cause’ is a reaction to something else”.

This is a paradigm shift from conditional regard, based upon her body and efforts to change it, to accepting herself, *with* her terror.

“I see, in my behaviors during the week, that I am disassembling my conditioned world,” She is referring to some organic shifts in her behaviors and cognition about eating in public, and listening to what and how much she wants to eat.

In addition, she started doing body scans, but said she fell asleep before getting to her belly. That area is where she holds intense self-judgment and shame. I suggested beginning in the middle, which she did.

Practicing intentional connection

to her body contributed to further “disassembling”: “I see, the place to start is in quietness.” She joined a health club for the first time in 15 years, something that had always thrown her into an unforgiving plan, focused upon weight loss, and resulting in backlash and shame.

This time she approached it differently, introducing herself to the teacher, instead of hiding in the back, listening to her body’s needs and preferences, and also when seeing herself in the mirror observing a “normal” body. Also, she “disassembled” her knee-jerk perception of feeling “thick in the middle” whenever she ate a carbohydrate.

When disregulated thoughts, feelings, and behaviors hijack the body, mental health is at risk. Mindfulness-based psychotherapy can heal by offering compassionate witness to intolerable emotions and “unacceptable” bodies.

Alice J. Rosen, MSEd, LMHC, is a member of the TCME board, founder of No-Diet Workshops and The Conscious Cafe, and faculty at Institute for Meditation and Psychotherapy. She practices in Concord, MA.

New Board Members

The Center for Mindful Eating is delighted to introduce you to our three new board members. Join us in welcoming **Cuca Azinovic, Jenna Hollenstein, and Linn Thorstenson!**



Cuca Azinovic is a certified mindfulness teacher and coach specializing in mindful eating and self-

compassion. Based in Madrid, Spain, Cuca is certified as a teacher with Mindful Eating-Conscious Living (ME-CL) and the Mindful Self-Compassion program. She has a Master's degree in Mindfulness in Health Contexts from Complutense University.

Cuca has been working for Nirakara Mindfulness Institute in Spain since 2016 and has been an active member of TCME since 2012. She worked on the administrative management staff for several years before joining the Board of Directors in April 2018. As a board member, she is committed to developing more Spanish resources and programs for those interested in practicing mindful eating. Learn more about her work and her path at www.bienestarconsciente.es



Jenna Hollenstein, MS, RDN, CDN, is a non-diet nutrition therapist, writer, and meditation instructor based in New

York City. At her private practice, Eat to Love, she helps people struggling with chronic dieting, disordered eating, eating disorders, and poor body image to move toward greater peace, health, and wellness using a combination of intuitive eating, mindfulness techniques, and meditation.

Jenna is the author of *Understanding Dietary Supplements*, a guide to the evaluation and use of vitamins, minerals, herbs, and botanicals for both consumers and clinicians, and more recently the memoir *Drinking to Distraction*. Her third book, *Eat to Love: A Mindful Guide to Transform your Relationship with Food, Body, and Life*, will be released in January, 2019.



Linn Thorstenson is a registered nutritional therapist, based in County Cork, Ireland, with a special focus on

helping people heal their relationship with food and eating through a mindful-eating and self-compassionate approach. She is also a food blogger, recipe developer and photographer, and a meditator. Linn holds a three-year PGDip in Nutritional Therapy and certifications in mind-body medicine and mindful eating (MB-EAT).

She is one of three directors on the board of Nutritional Therapists of Ireland and is looking forward to being part of the continuing growth of The Center for Mindful Eating as a new board member. Learn more about Linn and her work at www.straightforwardnutrition.com.

Support the Center for Mindful Eating

As an organization grows, it goes through many stages. Until this year, our mission was to solely educate professionals seeking to learn how to incorporate mindful eating into their work as therapists, teachers, dietitians, health care providers, and more. Because of our visibility, however, we interact with thousands of people around the world seeking personal relief from their struggles with food and eating. Our services are helping people on a daily basis achieve greater health and wellbeing.

We are looking to build individual and corporate support from those interested in helping us achieve our goal



of bringing the best education as we can to those who come to our site. In order to achieve this, there are a few things we need to do including:

- creating a new website that is mobile/tablet friendly
- expanding educational services for workplace wellness programs
- increasing our interaction with members
- engaging with researchers who are investigating the benefits of mindful eating

- contributing to the global discussions regarding the harmfulness of dieting
- promoting greater dialogue around body image, self-compassion, and the benefits of mindfulness

Our goal:

Our goal is to raise \$49,000 - The good news is we are already 25% of the way there!

Thank you for any amount you can give!

Individual contributions: <https://www.gofundme.com/TCME-ExecDir>

Corporate sponsorship: <https://www.thecenterformindfuleating.org/Sponsorship>

Improve Psychological Well-Being Through Mindfulness



Cecilia Clementi

Ph.D., Psych.D

When people adopt “full-catastrophe living,” as Jon Kabat-Zinn calls mindfulness, that shift has serious consequences for physical and mental health. Mindfulness-based programs have demonstrated effectiveness in improving psychological well-being and reducing psychological distress (e.g., anxiety, depression, eating disorders, addiction, post-traumatic stress)¹.

Mindfulness is defined as “the awareness that arises through paying attention, on purpose, in the present moment, non-judgmentally”². Therefore, mindfulness skills lead to non-judgmental and non-reactive acceptance of all experience, which promotes positive psychological outcomes.

Some of the main ways that mindfulness works are by promoting attention regulation, body awareness, emotion regulation, and changes in perspective on the idea of a fixed and static self³. Other advantages include controlled exposure to anxiety-provoking thoughts, self-compassion, and acceptance.

Mindful-eating interventions, which promote a healthy and joyful relationship with food and body, have been shown to be effective in reducing psychological distress related to the cognitive, emotional, and reactive patterns of disordered eating⁴. These interventions can also contribute to reducing depression, anxiety, and body-image struggles⁵.



Some practical tools

Suffering is a common term to describe psychological distress, such as anxiety and depression. Suffering is a part of life, and as human beings, we cannot avoid it. However, we can learn to transform suffering into personal growth.

If you suffer from a mental health issue, you can easily get entrapped in an emotional and cognitive loop triggered by specific situations. For example, in anxiety disorders, the mind is mainly focused on the future, ruminating about the most catastrophic and embarrassing possible endings to the challenging situations that we face. In depressive disorders, the mind is mainly focused on past memories and negative self-judgment. In post-traumatic stress disorder, people re-experience the traumatic event (emotionally, physically, and cognitively) as if it is happening right now, even though it is only in their minds.

Mindfulness helps us to become aware that “*our mind lies*”, because not all of what we think and imagine is real, and most importantly it is not happening in this present moment! In other words, seeing things from a different perspective, or seeing things for what they are (a

thought is just a thought, not a fact), allows us to stop identifying so closely with the experience.

Six mindful steps to cope with challenging situations:

- 1. STOP** whatever you are doing or thinking about, and **CONNECT** to the present by making contact with the body.
- 2. OBSERVE** with curiosity your experience (what is going on in your mind, in your emotions, in your body) without getting engaged with it, letting go of any judgment or attachment.
- 3. ACCEPT and EMBRACE** your experience, without changing anything. You can only change your attitude toward what is happening, welcoming whatever is arising.
- 4. BREATHE THROUGH IT and LET IT GO.** Choose a place in the body where it is easy to follow the breath, and use it to pass through the distress. Let the breath flow naturally until you feel that the intensity of the discomfort is gradually decreasing.
- 5. MAKE AN AWARE CHOICE.** Now that you have expanded your awareness, you can make a wise choice about how to respond, instead of reacting on automatic pilot.
- 6. CONGRATULATE** yourself for being able to cope mindfully with a challenging situation.

Cecilia Clementi, Ph.D., Psych.D is a board member of TCME. She is a clinical and health psychologist, psychotherapist, and instructor of mindfulness-based programs (MBSR, MBCT, MBRP, MB-EAT, Ieat). She is an expert on eating disorders, addiction, and trauma. She collaborates with the University of Bologna, Italy.

references on page 9

Meditation *on the Three Levels of Experience*

- Find a sitting position in a chair or on a cushion in which you feel relaxed, centered, and dignified. Allow your eyes to close if that's comfortable for you. Feel the boundaries and the weight of your body, the sensations of contact with the chair, the ground, or the body itself. Now allow your attention to rest naturally on your breath. The inbreath, the slight pause, the outbreath. Aware of the sensations in your nose, in your chest, or in your abdomen as the breath moves in and out of your body. Noticing that your body knows exactly what to do. Just observing the wave of the breath and the sensations of expansion and contraction any time you inhale and exhale.

- Staying with each breath as it enters and leaves the body. Each time you notice that your mind has wandered off the breath, gently letting go and bringing your attention back to the breath.

- When you feel ready, allowing the breath to fade into the background of your experience and shifting your attention to the sensations in the body. Noticing all the different sensations that may be present right now: sensations of touch, pressure, tingling, pulsing, itching, or whatever it may be. Exploring these sensations with curiosity and openness.

- If you experience particularly intense or uncomfortable sensations, bringing your awareness to these parts of the



body and seeing if you can stay with them, breathing into these areas and exploring with gentleness and curiosity the detailed pattern of sensations. What do these sensations really feel like? Do they change or do they stay the same? Is there a way to experience this discomfort without resisting or fighting it? Noticing any reactions that arise, and meeting whatever is here with kindness.

- Now allowing your attention to move from sensations to the awareness of thoughts. Seeing if you can notice the very next thought that arises in the mind. Then just watching each thought as it appears and passes away. If you notice yourself getting involved or lost in a thought, just observing that and gently and without judgment, letting go, bringing yourself back to the awareness of thinking. If you notice your mind

repeatedly getting lost in thoughts, you can always reconnect with the here and now by bringing your attention back to the breath. Continuing to practice observing thoughts as they arise and pass for a few more moments.

- Gently focusing your awareness from thoughts to any emotions or feelings that might be present. Maybe sadness, frustration, calmness, or joy. Whatever you notice. What is this emotion or feeling? Seeing if you can allow yourself to soften and open to this feeling. What does this emotion feel like? Where is it in the body? Maybe there are specific sensations related to it, such as a tingling or tension somewhere. Or maybe it's just a general sense in the whole body.

- Noticing and acknowledging what's there and letting it be.

- Now for few moments, allow yourself to hold the whole body in awareness: the rhythm of the breath, any other sensations throughout the body, any thoughts and emotions that arise.

Cecilia Clementi, Ph.D, Psych.D is a board member of TCME. She is a clinical and health psychologist, psychotherapist and instructor of mindfulness-based programs (MBSR, MBCT, MBRP, MB-EAT, Ieat). She is an expert on eating disorders, addiction, and trauma. She collaborates with the University of Bologna, Italy.



Be the first to know about our teleconferences, mindful eating trainings, and other events!

Visit our website at: thecenterformindfuleating.org/upcoming

Learn more about becoming a member of The Center for Mindful Eating at: thecenterformindfuleating.org/join-us

Integrating Mindfulness Into Mental Health Treatment - Sharon Theroux

Continued from Page 4

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