# Food Addiction:
# A “Substance Use Disorder”

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Abstract

This report outlines food addiction and the therapeutic approaches that can be used to treat this addiction. At the start of the report the writer discusses the close parallels between food addiction and substance use disorder. Also within this section the writer discusses food addiction in relation to the DSM IV and how the merging of substance abuse and substance dependency within the DSM 5 leaves no category for food addiction. Following that section the writer discusses the development of food addiction. Next the writer includes how food addiction presents and how it affects individuals with the disorder. After that section, the writer includes three different therapeutic approaches that have been proven to be successful in treating food addiction. Lastly, the writer included limitations to the therapeutic approaches discussed in the section above.

Key words: Addiction, Substance Use Disorder, Cognitive-Behavioral Therapy

## Introduction

What do you think of when you hear the word addiction? Often times when individuals hear the word "addiction" they think of drugs, gambling, or sexual behaviors, however addiction can occur with necessities to survive, such as food. Addiction is defined as,

> …A primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors (American Society of Addiction Medicine, 2017).

Similar to drugs and alcohol, food triggers specific areas of the brain that control feelings of pleasure and comfort.

Within the DSM IV substance related disorders were broken down into two categories: Substance Abuse and Substance Dependency. Due to the fact that the DSM IV was non-specific with the substance of use, food could be seen as the "substance" within the disorder of either substance abuse or substance dependency (American Psychiatric Association, 2000). However, within the DSM 5, substance abuse and substance dependency merged into Substance Use Disorders and left no category for food to be viewed as a substance. Even though the DSM-5 took a step back in formally diagnosing an individual with food addiction, the criteria for Substance Use Disorder might be transferable to food addiction. Also, there may be a possible overlap between DSM-5 eating disorders (Anorexia, Bulimia and Binge Eating Disorder) and food addiction (American Psychiatric Association, 2013). Yet, this possible overlap may lead to improper diagnosis and treatment (Meule & Gearhardt, 2014).

Food addiction and specific eating disorders, such as binge eating disorder, draw close parallels; however, it is important to understand that only a small subset of individuals that suffer from eating disorders are food addicts. Food addicts are at times individuals that have struggled with alcohol or other drugs who have substituted food for their substance of choice. Also, some food addicts continue to obsess over foods to the point of insomnia and anxiety, even if they have not binged or given into their cravings (Tarman, 2015).

**Development**

Similar to other disorders there is no one reason why one will become addicted to food. A combination of factors influences risk for addiction to food or another substance. The more risk factors a person has, the greater the chance that individual becomes addicted to food. These factors include but are not limited to biology (brain structure), genetics, environment (attachment), and the history of past addictions.

When individual eat foods with a high-glycemic index it release neurotransmitters called dopamine, serotonin and endorphins. These specific neurotransmitters are natural opiates that make individuals feel less stressed and produce an overall "good feeling." In fact, these same neurotransmitters are released with the use of nicotine, alcohol, cocaine, and heroin. Research shows that the continued over consumption of high-glycemic food can change an individual's brain chemistry and increase cravings. When an individual is addicted to anything, that individual's body and brain become programmed to use that substance as a way to eliminate anxiety, depression, stress, anger, or other undesired feelings for a short amount of time, and it is no different for an individual addicted to food (Food Addiction Research Education, 2009).

Another factor that influences the risk of an individual becoming addicted to food is genetic makeup. Specific traits and genetics that an individual is born with can increase or decrease a person's risk for addiction depending on that individual's makeup. Even though there

is, “no particular gene that has been identified as the “addiction gene,” individuals who suffer from addiction tend to have children who also suffer from addiction at much higher rates (25% higher on average) than children of non-addict parents” (O’Leary, 2014). In addition, particular personality traits, such as impulsivity, have been connected to both food addiction and alcohol/drug abuse. In addition, gender, ethnicity, and the presence of other mental disorders may also influence risk for addiction in the future (Beauchaine & Hinshaw, 2008).

In addition to brain structure and genetic makeup, an individual’s environment may play a part in food addiction. Individuals that were raised in families that used food as comfort, control, or a reward system are more likely to experience food addiction later in life. Also, individuals that witness their parents engaging in overeating behaviors are also at risk of becoming addicted to food. Also, individuals that have traumatic backgrounds may turn to food or other substances for comfort (American Addiction Centers, 2017, Food Addiction Treatment, Signs and Causes).

Attachment and the feelings of safety and security from an early age also play a huge role within addiction later in life. An attachment is defined as a bond that develops between an infant and caregiver. The quality, sensitivity, and timing of the parent-infant face-to-face interaction from a few months through and beyond the first year have shown to predict attachment style. In a secure attachment the child creates a healthy bond with a caregiver, the child is able to grow and build healthy relationships. The child feels safe leaving their caregiver and exploring before coming back for safety. Anxious avoidant attachment (insecure attachment) is most common among neglectful parents, and the child becomes independent, blunt, lacks trust, and fears rejection. Often the child grows up to be pseudo-independent. Anxious ambivalent (insecure attachment) parents are often inconsistent and insensitive towards the children needs (common

among alcoholic or substance abusive parents). Children become upset whenever they get separated from their parent and over time the child learns that they cannot rely on their parent when they need something. The last pattern of insecure attachment is disorganized attachment. Disorganized attachment is common among abusive parents and when the child comes back looking for safety, after venturing out they become confused. This could result in severe disruption and inappropriate actions. Any one of the insecure attachments could result in a countless amount of disorders such as addiction (Bowlby, 1988).

Individuals with insecure attachment histories often have lower self-esteem, less ego resilience, and less ability to enjoy themselves. When babies experience insecure attachments eventually they will withdraw and find other ways to self-regulate and self-soothe. Individuals that grow up having experienced insecure attachments, become wired to avoid humans for care and comfort and instead they will seek alternatives to help them self-regulate, such as food or other substances (Psychology for Everyday Life, 2016).

Lastly, another factor that influences an individual's risk of becoming addicted to food is their past experience with other addictions, as well as other mental health disorders they may be experiencing. As I discussed above, it is not uncommon for an individual that has struggled with alcohol or other drugs to begin to self medicate with food after becoming "clean" from their substance of choice. Due to the fact that food can release similar neurotransmitters and produce similar feelings as substances, individuals that have not received proper treatment for substance use disorder may turn to food for a similar feeling of comfort as their previous substance of choice. Also, individuals that suffer from depression, Post-Traumatic Stress Disorder, Attention-Deficit/Hyperactivity Disorder (ADHD) among other disorders are at higher risk of food addiction. Individuals that experience a mental health disorder may have a hard time regulating

their emotions and that individual may turn to food to help them calm down and regulate their emotions (Grucza, Krueger, Racette & et al., 2010).

**Presentation**

Individuals that struggle with food fddiction present in many different ways. "The Centers for Disease Control and Prevention has found that 35 percent of adults in the United States are obese, indicating that overeating is a serious threat to public health" (American Addiction Centers, 2017, Food Addiction Treatment, Signs and Causes). Due to this high percentage you may think that all individuals that struggle from food addiction are obese however, that is not true. In fact, only about a third of individuals that meet the criteria for food addiction are consider obese. Actually, about ten percent of individuals that meet the criteria for food addiction are "underweight." Although food addiction can certainly lead to weight gain, not everyone who suffers from this disorder is obese or even overweight (American Addiction Centers, 2017, Food Addiction Treatment, Signs and Causes).

Even though there are no set DSM criteria to diagnose food dddiction, there are many characteristics that could help one to begin to understand the disorder. These characteristics are:

> (1) Obsessive food cravings, combined with a preoccupation with obtaining and consuming food; (2) Repeated attempts to stop overeating, followed by relapse into addictive behaviors; (3) Loss of control over how much, how often, and where overeating occurs; (4) A negative impact on work, family life, financial status, or social activities as a result of overeating; (5) The need to consume more food in order to get the same sense of emotional release or comfort; (6) A pattern of eating alone in order to avoid negative attention from others (American Addiction Centers, 2017, Food Addiction Treatment, Signs and Causes); (7) Experiencing withdrawal symptoms (intense cravings, feelings of stress/anger,

> depression) when abstaining from overeating; (8) Continuing to overeat despite knowledge of adverse consequences (weight gain, nausea, diabetes) (Gearhardt, Corbin & Brownell, 2012, pg. 2).

It is commonly believed that food addiction is much less harmful than other substance addictions. However, that is not completely true. Long term food addiction can take a severe toll on an individual's emotional and physical wellbeing.

Individuals that struggle from food addiction often experience short and long term physical and psychological effects due to the addiction. Short term physical effects include but ar not limited to, upset stomach, heartburn, extreme nausea, and vomiting (Food Addiction, 2017). Long term physical effects of food addiction could include: type 2 diabetes, high cholesterol, coronary heart disease, high blood pressure, stroke, sleep apnea, osteoarthritis, cancer, reproductive problems, and gallstones. In addition to the physical effects of food addiction there are also psychological effects. As a result of an individual's failure to stop overeating, it is not uncommon for that individual to experience feelings of guilt, remorse, self-loathing, and negative self-talk. Long term addicts may begin to develop depression (also a cause), and create a pattern of eating in response to depression or anxiety, or to soothe feelings of anger, sadness, or loneliness (American Addiction Centers, 2017, Food Addiction Treatment, Signs and Causes).

**Evidenced-Based Treatment**

Due to the complexity of addiction, treating food addiction is a multidimensional process that must address the individual's emotional, physical, and psychological needs. Even though the treatment process is complex, there are multiple different therapeutic approaches and theories that have been proven to be successful in treating food addiction. These include but are not limited to Cognitive-Behavioral Therapy, Dialectical Behavior Therapy (DBT), Solution-Focused Therapy, nutritional counseling, medication, 12-step programs (Narcotics Anonymous

and Alcoholics Anonymous) and different trauma therapies, such as Eye Movement Desensitization Reprocessing (EMDR). In addition, depending on the severity of the addiction an individual may benefit from an inpatient treatment program.

Cognitive-Behavioral Therapy

It is common for individuals struggling with food addiction to have negative thought patterns and schemas that are distorted. Due to the fact that cognitions affect individual's wellbeing, changing harmful thought patterns is essential. Cognitive-Behavioral Therapy (CBT) is a beneficial treatment modality to do just that because it addresses harmful thought patterns and helps individuals recognize and alter their harmful patterns of thinking, believing, and behaving (American Addiction Centers, 2017, Cognitive Behavioral Therapy and Addiction Treatment). In addition, CBT has been proven to be effective in treating food addiction and the possible coinciding disorders such as depression and anxiety.

Cognitive-Behavioral Therapy (CBT) at its most basic form is based around how individuals think, how an individual feels, how an individual acts, and how each of these three ideas interact together. Simply, an individual's thoughts establish how an individual feels and behaves. The overall goal of CBT is to change patterns of thinking and behaving of the individual, which in turn will change the way the individual feels (McLeod, 2015).

In general, CBT focuses on identifying problematic thoughts occurring in three forms, automatic thoughts, rules or intermediate beliefs, and core beliefs, that influence the negative behaviors or thoughts of an individual. First, *automatic thoughts* which are known as the most basic level of cognition are, "derived from the self, the world, other people, and/or the future arise spontaneously and are not consciously directed, and produce dysphoric affect when associated with psychological disturbance" (The Concepts of Cognitive Behavioral Therapy). An example of an automatic thought may be, "the pain is getting worse, so I must be getting worse."

Next *rules or intermediate thoughts* are expected unspoken rules, assumptions, or expectations created by an individual. These rules, assumptions, or expectations created by an individual can be created for himself or herself or others. For example, "if I ignore my symptoms, my illness will go away" or "sick people are a burden." Lastly, *core beliefs or schemas* are beliefs individuals hold about themselves, the world around them, and others. They are subconscious and so deeply embedded within us they often go unrecognized but constantly affect our lives and the way we think (Taylor, 2006, p. 17-18).

Twelve Step Programs (Food Addicts Anonymous)

Twelve step programs have been popular for years in aiding alcoholics and drug addicts to become sober; however twelve step programs have proven to be successful with food addicts as well. An individual that completed Food Addicts Anonymous (FAA) reported,

> My life is so much happier now. I have a much greater sense of clarity, and the black cloud that always seemed to hang over my head has gone away. I am slowly gaining a better sense of self esteem, and I'm letting go of my obsession with food. Being diligent with my program is not always easy, but one thing I know for sure: Nothing tastes as good as abstinence feels (Food Addictions Anonymous, Testimonials).

FAA works around the assumption that food addiction is a biochemical disorder and occurs on a cellular level. Due to that belief, the FAA organization believes that food addiction cannot be cured with willpower or by therapy alone (Food Addictions Anonymous, What is FAA?). It is thought that, "Food addiction can be managed by abstaining from (eliminating) addictive foods, following a program of sound nutrition (a food plan), and working the Twelve Steps of the program" (Food Addictions Anonymous, What is FAA?).

Nutritional Counseling/Dietary Planning

Another possible beneficial course of treatment for an individual with food addiction is nutritional counseling. Nutritional counseling focuses on mostly the physical aspect of food consumption. The individual providing therapy is often a registered dietitian or nutritionist, and aids the client to assess their usual dietary intake and identify areas where change is needed.

The overall goal of nutritional counseling is to assist an individual struggling with food addiction in making and maintaining dietary changes. It is believed that through dietary changes, individuals will begin to relearn healthy eating habits and develop a healthier approach to making food choices (Food Addiction Treatment Programs, 2017). Due to the fact human beings need food to survive, a person cannot remain abstinent in the same way they could if they were in recovery from an alcohol or drug addiction, making the dietary aspect of treatment extremely important.

Often times food addicts use food as a reward, friend, love, and support. Also, food addicts eat when they become sad, bored, frustrated, lonely or angry and eat to forget about problems. Through nutritional counseling, the client and the dietitian assess dietary habits, assess body weight, identify changes needed, identify barriers to change, set goals, find supports, and maintain changes. Within the assessing dietary habits section of treatment the dietitian asks questions about a client's typical food intake and begins to make a record of food intake. Following the dietary habits, the dietitian assesses the client's body weight by calculating a Body Mass Index (BMI). Next, the client and dietitian identify changes that need to be made. Sometimes the client already knows what they need to change, but need help changing. In other cases, clients have no idea what they need to change and the dietitian needs to educate them on healthy dietary changes. After the changes are identified, the client and dietitian identify potential barriers, such as food preferences, emotional release, comfort from particular foods,

lack of knowledge, and cost. Following identifying the barriers, the client and dietitian set behavior-oriented goals. These goals focus on behavioral changes, such as food consumption, rather than physical changes, like body weight. The last two stages are finding supports, such as family members and friends; and maintaining changes. Even though these steps of change appear to occur in succession, it is not unusual for a client and dietitian to bounce back and forth between the steps (Encyclopedia of Mental Disorders, 2017).

**Limitations**

No matter the intervention implemented with individuals addicted to food, there is a limitation, making successful treatment having to include a collective approach of multiple different treatments. Basically, CBT provides the client with proper emotional and psychological care, but lacks the nutritional focus within treatment. Twelve step programs focus solely on the biochemical aspect of the disorder and lack the focus on the emotional aspect of treatment. Nutritional counseling focus strictly on the dietary aspect of food addiction and does not focus on the emotional or psychological aspects that lead the individual to become addicted to that food.

In my opinion, CBT may be the most beneficial course of treatment for individuals with food addiction, due to the focus on treating the psychological aspects that lead the individual to become an addict, however it does not work with all clients. Clients that receive CBT and have the greatest success are often those that are intelligent and willing to change. Intelligence is a helpful trait because an important aspect of CBT is psycho-education and teaching the client that irrational thoughts, expectations, and perceptions exist. To use CBT effectively, the client first needs to have a strong understanding of the cognitive behavioral model and be able to relate that model to their own personal life. In addition, a negative aspect of CBT is the possibility of the client getting upset about feeling judged and criticized.

Even though there is an extensive track record of success with twelve step programs and multiple positive aspects of this treatment, such as no monetary fees, and often run by peers that have had similar experiences, it has many down falls. For instance, twelve step programs often make members feel powerless when it comes to battling the addiction due to the focus on the "higher power." Individuals that have humanists or atheists ways of thinking will most likely not benefit from twelve step programs. Lastly, twelve step programs do not focus on the health effects involved with recovery (Pros and Cons of 12 Step Recovery Programs for Addiction Treatment, 2015).

## Conclusion

Even though food addiction is difficult to diagnose, it is not an uncommon disorder. It is very prevalent in today's society and can develop due to a multiple of reasons. It is not uncommon for individuals to become addicted to food while recovering from another addiction, such as alcohol or gambling. However, with that being said like any other addiction, food addiction has multiple possible courses of treatment.

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