



Lesson 10: Disordered Eating & Addiction

Hi, everybody. Welcome to day 10 of The Healthy Mindset Masterclass. Today is a big day and it may be a difficult day for a lot of us in the community as we listen to this topic and reflect on it. But I don't think it'll surprise anyone because this is why many of you came here. Today and tomorrow we're going to look at disordered eating, addiction, and then some things that we can do about it. The first thing I want to address in talking about this topic is that The Fasting Method is not an addiction treatment program, and it's not a food program. We are a fasting program, but we know that your fasting success is greatly affected by how you're doing with your eating. This is why we go over this. But I want to be really clear if you believe that you may have an eating disorder, this is not the place to seek the treatment for that and this masterclass will not resolve it.

It may get you thinking about it and lead you to some certain things to approach, but please, don't use this as your primary treatment. What I would suggest if you are concerned that you have addiction, and we'll talk a little bit more in detail about that, or an eating disorder, that you seek out some support locally with a trained clinician who focuses on treating food addiction or eating disorders. Eating disorders, a lot of us think that it's a new thing because of magazines and the pressure to be a certain weight and to look a certain way, but in reality we see history of eating disorders as far back as the 1500s and 1600s, especially anorexia. Food addiction, especially processed food addiction is on the uptake because we have such palatable, highly processed food available to us everywhere we go and we see images of it everywhere.

This is not a brand new phenomena, but part of it we are seeing an increase. So let's talk a little bit about the different eating disorders, the first being anorexia. This is the intentional restriction of food to an excessive amount. Often entails excessive exercise also to mitigate the amount of food eaten. This is a really complicated eating disorder, and so far in my experience, we don't have many people in our community who have an active case of anorexia. We do have people who have recovered from anorexia nervosa. If you are concerned that you may have anorexia, I would caution you that I don't think that fasting is a appropriate strategy for you at this time.

The next eating disorder I just want to mention is bulimia, and many of you know about this. Bulimia involves bingeing, eating an excessive amount of food. And for some people it involves purging. It does not always involve purging. Bulimia is over consumption of food. Seemingly people feel kind of out of control in doing this. So there are a lot of ways that

people think about what causes these eating disorders. There's a lot of research to look at, are there any biological factors involved? Instead, I'd like to talk a little bit more about bingeing because I think bingeing is something that affects many of us. And I want to talk a little bit about the continuum of intensity. So probably everyone in here today has binged at some point. We've over consumed food, we ate enough food that we were uncomfortable, we ate too quickly, we felt like we couldn't stop. May happen kind of regularly for people on big holidays or big events. The idea that probably all of us have binged at one point does not mean we have binge eating disorder.

Really the disorder is about the frequency of how often it happens. And generally with binge eating disorder, the eating is a large amount of food often over a short period of time, like within a couple of hours. It's not that you ate too much all day on a holiday, but it's an excessive amount of food in a short period of time. It also involves feeling that you're eating behavior is out of control, feeling like you don't have control over it. Eating even when you or not hungry is another feature of binge eating, and eating rapidly during a binge episode. So consuming very quickly kind of hand over fist, just putting it in as quickly as possible, eating until you're uncomfortably full, unable to move comfortably, frequently eating alone or in secret. You might find that when you binge, when you over consume, you might hide the rappers or you might take care of the evidence of the food and you don't want anyone else to see it.

That is a problematic sign. It's not uncommon though. Oftentimes these episodes of bingeing lead to feeling depressed, disgusted, ashamed, or guilty or upset about your eating patterns. Oftentimes after people binge, they try to compensate by dieting or restricting themselves in some other way. If this is a frequent activity that you engage in, fasting may not be the most appropriate a thing for you right now, because you may be more likely to try to use it as a way to compensate for the binge. And then the not eating during the fasting could likely activate a binge afterward. A lot of people who look at different approaches to eating and weight loss have some skepticism about fasting. And one concern that I often hear is they believe that it causes people to binge or causes the binge eating disorder. My experience in our community tells me otherwise, but I do think that is possible for some people. So I want you to really do some honest checking in with yourself.

If you notice that after you fast, you are more likely to binge, my encouragement is to slow down, back off the fasting, work on the bingeing piece before turning up that intensity of the fasting dial. But what I actually find a lot of people in our community find that for the first time they feel better able to not binge because they're managing their food and what food they're eating differently. Tomorrow, I'm going to talk about several approaches to how to manage our bingeing behavior. So when it comes to food addiction, there are a lot of different ways that people refer to this. I would like you to maybe think about general food addiction, but I think most of us know most of us are not just addicted to all food. It is certain food that we find problematic. I've never heard anyone tell me they're addicted to asparagus and really fit the criteria for that, but chocolate, sugar, and processed food, I see all the time, processed food addiction.

There's a lot of research in this area. There are training manuals for clinicians to learn how to work with clients to help with this processed food addiction. So it's a very up and coming well researched area of work. The most problematic foods are typically sugar. And if you remember when I talked about functions in the brain and structures in the brain, I talked about the fact that we get some dopamine response and we get certain neurons firing based on sugar even if we can't taste it, so sugar in and of itself. And they even find that there's different addictive nature between sugar or sucrose and fructose. So fructose also has an addictive quality to it. High fat and high calorie foods can be, usually it's in the combination with sugar. So high fat and high sugar. Calorically dense foods are often referred to in this category.

So foods that are packed with a lot of caloric value, our brain learns that, our brain knows that's going to bring a lot of caloric impact energy, and also the dopamine response for that. Foods that are highly palatable, meaning they taste good. This we didn't have 200 years ago. Now we have highly palatable food everywhere. And we have a food industry that's doing a lot of constant research and marketing to get us to eat more and more of these types of foods. Because as I talked about the other day with the brain, all of those neuron pathways and the reward paths in our brain get hijacked by the highly palatable, highly processed food. So that's a big issue with food addiction. Chocolate is one of the most known addictive foods, one that you might identify with. Again, it's high fat. It has a large dopamine response to it, and it tastes really good.

Highly processed food, meaning that it goes from its natural state and goes through a lot of processing to get to the edible state or the way that it's being produced. So if you think about something like cocaine, a substance that also people have great addiction to, but if you took a cocaine leaf and put that in your mouth, I don't know for sure, but I think you might get a little bit of a response from that, but not very much. But when you take a lot of cocaine leaves and you dry them and you grind them into a powder and then you use them and snort them, or however you would use it, that response in the brain is going to just expand astronomically. And there is the addiction pathway, the reward, the suppression of control, everything happens with that. So think about things like wheat and flour.

If you were to just chew a stock of wheat, you probably wouldn't get much response, but if you grind up a lot of that and make it into a powder to make into cookies and cakes and pancakes and things, or even to bread, meat, or things, you get a much higher response to that, again, similar to cocaine. Interestingly, research has shown that mice or bats, I'm not sure which studies these were done on, that they preferred grain over cocaine and they preferred sugar even more than grain. So there's kind of a hierarchy, cocaine, then grain and then sugar. So this is how powerful it really can be. Grains, flour, there's some discussion of processed foods that have a lot of salt, but I think that's more in combination with the high fat and sugar content. So for example, French fried potatoes, high fat, high sugar response, and also a lot of salt.

So we get these combination foods that are really problematic for us as well. The other challenge with these foods is that they are so readily available. They're so easy to get, and we see them all the time. You walk into a gas station, you walk into a convenience store, the checkout aisles are lined with these foods. We have whole aisles of junk foods and highly processed foods and snack foods. And some of these are even marketed as healthy foods, healthy snack, great ways to start your day with a chocolate chip muffin for breakfast, because it's got whole grain in it. Know that these substances are highly addictive and they are marketed to us all of the time. So let's talk a little bit in detail about how is addiction really defined in looking at substance use disorders. I'm talking specifically about food, but this is the same criteria that would be used in looking at alcohol abuse, addiction, as well as other drugs. The criteria the DSM, the diagnostic statistic manual, that clinicians would use, the criteria for substance use disorder.

First one would be unintended use. So you had plans. You were going to eat dinner later and suddenly you find yourself standing in the refrigerator eating snack food, or in the cupboard eating. Two, failure to cut back. When we know there's a problem with the food, but we have a difficult time cutting back. Now, again, if you think back to all of that brain stuff I talked about, it makes sense that we have a difficult time cutting back. So this makes it highly addictive for us. Time spent in getting the item, using the item. You might find at 10 o'clock at night when you really want something, you will drive a half an hour to go get it. This helps us to see that achieving that substance or procuring that substance carries so much value to you that you're willing to invest time in it.

So that helps us escalate it up on the addiction scale. Cravings. Cravings are something that we talk about all the time. But we generally have four pathways in our brain that affect cravings, dopamine, serotonin, our opioid receptors and our endo cannabinoid receptors. So all of these are involved in different aspects of the craving mechanism. One of the unique features about cravings is that not only do they increase our drive toward getting the item that we're looking for, but they also suppress our thinking abilities, our satiety signaling, and also suppress our restraint and inhibition abilities. So they make us want these things more, make us have drive, to get them and suppress our ability to resist them and think logically about them. The craving mechanism is worse for processed food than for unprocessed food. I joke about this a lot, but there really is science to this.

People do not experience these strong cravings, these neuron responses to things like broccoli, chicken breasts. No, they may taste good, but generally we don't have cravings for them because they don't activate these parts in our brain. Also, cravings are worse for people with processed food addiction than for people who do not experience this addiction. And I think this is important to recognize because so many of us in this community struggle with, "what's wrong with me? Why am I thinking about this all the time? Why do I want this food and can't stand seeing that commercial when my husband can see it and not think anything of it? Or other people can be around that food and seem to be just fine?" If we have a processed food addiction, we are much more likely to have these cravings. Our cravings are reinforced because we have so much exposure as I mentioned earlier.

We see them on TV if you watch TV. We see them in commercials, magazines. And if you think about the other substances that we talk about when we talk about addiction, things like alcohol, cocaine, heroin, there are not ads in magazines anymore for those. Maybe some are coming back, but for a long time, they weren't able to have advertisements for these things. But food, we see it all of the time. Late night, you're sitting watching TV, you've already eaten and all of a sudden a great big juicy burger comes across the screen. This makes our cravings more challenging for us. The fifth criteria in the DSM for substance use disorder is failure to fill roles. So, what people find with addiction to processed food is that they have a difficult time fulfilling some of their roles.

So for example, if they're a parent, they might start not doing some of their parental roles. At work, they may start skipping some of their responsibilities because they're spending time and energy so focused on obtaining that processed food. The sixth criteria is interpersonal problems. So accessing these resources tends to get in the way of personal relationships, the irritability involved with not fulfilling a craving, all kinds of ways that this happens. The seventh criteria is activities that are given up. So for example, you might find that your family wants to attend a certain thing and you decide to stay back because you want to make sure you get to eat a certain food or that food won't be available at the activity. So we start giving up other enjoyable things because we want to spend time getting this highly processed food. The eighth criteria is hazardous use. So using things that could be dangerous. Even the over consumption of food can be dangerous for us.

But also we find that there are some risks that are involved with obesity. If you just look at the numbers, there's a higher rate of falling. There's increased rate of accidents, automobile accidents with obesity. And I know that sounds really strange, but one reason they look at it when they really look at these accidents is these people often have gone to a drive through, have gotten fast food, they're not paying as much attention while they're driving and therefore get more accidents. Now, again, that could happen to anyone, but when the scientists look at it, the prevalence, unfortunately is this happens more frequently with our more obese population. The ninth criteria is use in spite of consequences. For example, if someone says, when I eat this food, my vision gets worse, my blood sugar goes so high that I lose some vision temporarily but keep using the food anyway.

And many of us have done this. I know I have done these things where I know the consequence and I still use the substance, which for me is food. And 10 would be tolerance. And that means the need for markedly increased amount of this substance to get the same effect. And the flip side of that, a marked decrease in the effect with continued use of the same amount. So let's say for example, you used to be able to eat two cookies and feel satisfied, but now you need 10 to get that level of satisfaction. So you have to either increase the amount or you just experience a decreased level of satisfaction. And there's a whole lot of information on this based on things that I already talked about with the brain, but I just want to just emphasize this to you. So for example, one reason this happens is a decrease in our reward mechanisms, actually an anti-reward response happening.

And so it really makes the impact of these foods clearer to us when we see how much it affects our reward pathways. And then the last criteria is withdrawal. Meaning if you stop using this substance, you go through withdrawal. The flip side again is true. If you're in withdrawal from the symptoms, you may choose to eat that food again to alleviate those symptoms. So it becomes a very vicious cycle. And the reward syndrome is marked by irritability, emotional pain, malaise, just lack of energy, lack of enjoyment, depression, dysphoria. So low mood. Alexithymia, which is really the inability to experience feelings, to just be numb, stress, low motivation for natural rewards. So withdrawal symptoms can be really problematic and often encourage using that substance to make that pain stop. So the reward pain thing that I talked about the other day comes back into use.

What does all of this mean? We've looked at some criteria about addiction. Here's what I want to say about it. And right here is probably where I will lose some of you. You might have liked me up until this point, and now you're probably going to question that, but if you listen to what I've just described about sugar addiction or processed food addiction and you recognize yourself in quite a bit of it, I want to be really upfront about the idea that what many of us want to do is figure out how to use it and not have it be a problem. And I think most of us, maybe you've already gone through issues with alcohol or other drugs, and you've gotten sober from those substances and so you just kind of moved it over to food, which is very common.

Most of us can look at someone and say, okay, if someone's addiction is cocaine, they can't use a little bit of cocaine on Saturday night and do well. We know that's not going to work well, right? It's also true of these processed foods. If you say, or you come to a meeting with me and say, Terry, I'm addicted to food, I'm addicted to sugar, you probably are going to cringe a little bit now because you know the response will be, then you have to get it out because if it truly is an addiction, using it sometimes isn't going to work.

I know there's a saying out there, one is too many, a hundred isn't enough of something that you're addicted to. A lot of us kind of get lulled into this place, this fantasy place where we can use our substance and have it work well for us. So if you listen to all of this and you've been thinking about it and think, I really do think I have an addiction to this processed food. The things I would really encourage you to do is to do a 90 day abstinence stint. So 90 days without sugar or sweeteners, because it causes the same response in your brain and some of them even worse. And flour, grains, get those foods out, process foods out. You need to decide what would be allowed for you. Will you still have some fruit during that time? Is it okay for you to have some wine during that time?

The rule of thumb I usually give people is if, when you pick out a food item, turn it over and look at the label, if sugar or any of the 50 other words for sugar, and I'll put that handout in here for you. But if sugar is on the label fourth ingredient or higher, that food is a no go. If it's below fifth, okay. I would caution you eating something that has more than five ingredients. So that would help rule that out as well. To really start looking at going without

for 90 days, then you'll be in a better position to gauge what your next step is. Will you reintroduce any of these things again and how. But while we're under the influence of the substance that we're working to eliminate, we're not in a good place to make good, healthy, clear decisions.

When we're in sugar brain, we're not making good decisions about sugar. When we are eating grains and flour and sugar combined, we're not in a good place to make decisions about that. So if you really believe, if you have ever said I'm addicted to sugar, I'm addicted to treats and sweets and desserts or snack foods, I think this is where the rubber has to meet the road, give yourself a time of abstinence. I strongly encourage 90 days. I don't think for most of us 30 days is actually enough time to change that habit. Then you can decide, maybe my relationship with sugar is an abuse situation not an addiction situation. And there's a difference. One is using it too often, using it problematically, and you may be able to change that. But if it's a true addiction, you can't expect to be able to use it and not have the addictive response.

So that's where I'm going to stop for today in talking about this. Tomorrow, I'm going to talk some more about bingeing and I'm going to use a little bit broader definition of that. Not just eating an excessive amount of food, but I'm going to borrow from a book that I really enjoy. And I'll talk about a couple of books tomorrow. But I'm going to use the reference of bingeing as just eating outside of what your plan is. So eating when you are planned to be fasting, eating food that you've decided doesn't support you well, and we're going to talk about some specific strategies of how to handle that. Really give this some thought. Think about the things that I've just shared with you do some reflecting.

How problematic is this substance? If it's not, if you say, once in a while, I have sugar and I love it, but I can stop, then I don't think I'm really talking to you about this. But if you find I can't stop once I have it, I do well with my fast, but as soon as I break I fast and eat this thing, then I go off trail and I can't get back, I can't fast again, I think this is time to really look at this and see, are you ready to do 90 days without?

And I know we're coming up on some holidays for many people, and I strongly would encourage not to wait until January or February, because there will always be a reason why these foods are going to be in your life. Someone in your house is going to have them, they're going to be brought to a family gathering or a holiday. They are traditions for you. So facing it now is really the same as facing it in three months. But you're buying yourself time in getting it out of your life and starting to build your life the way you want it to be. So I hope I still have you with me tomorrow as we talk a little bit more what to do about these things, okay? Please don't hesitate to reach out in the forum, process this, talk about what you're experiencing and make sure you submit any questions you have for the last question and answer session at the end of the week. All right. Take good care everybody. Bye-bye.