

# Are Eating Disorders Addictions?

**Karin Jasper, Ph.D.**

## Do you feel as though you are addicted to food?

If you have an eating disorder, you may engage in behaviours or have feelings that lead you to wonder if you are addicted to food. Perhaps you find that in certain situations you cannot control how much you eat – you may respond to a disappointing or upsetting event by bingeing, just as an alcoholic reaches for a drink to “steady” herself. Or you may find yourself bingeing for no apparent reason at all, but still be unable to make yourself stop. You may even find yourself sneaking or stealing food. These activities are probably unlike most others in your life and may lead you to believe you have an addiction to food.

If you have anorexia nervosa you probably do not think of yourself as being addicted in any way. Some professionals, however, have suggested that anorexia is an addiction, calling it “dependence on starvation.” They suggest this because eating enough food to cause weight gain often makes a person with anorexia feel so uncomfortable or out of control that she must severely restrict her food intake to feel in control once again. She may not admit she is compelled to behave this way, but drug addicts and alcoholics often do not admit they are addicted either.

At first glance, using the addiction model as a way to understand eating disorders seems to hold much promise. After all, eating disorders have been difficult to understand and resolve both for those with them and for professionals treating them. The promise of seeing them as addictions is that it allows us to identify predictable symptoms, common characteristics, and an already established treatment pattern. It also enables us to take something that seems complex and make it clear and simple.

The addiction model is a popular one. Within the past few years we’ve heard of junk food addicts, video game addicts, running addicts, workaholics, addictive relationships, chocoholics, compulsive gamblers, television addicts and addictive organizations. Most recently a book has appeared with the title *When Society Becomes an Addict*. Yet the question that still remains to be answered is whether the analogy between addictions and eating disorders is just a popularized comparison, or a powerful clarifying and treatment tool.

## How some professionals liken eating disorders to addictions

Some professionals have linked the behaviour patterns seen in eating disorders to those commonly identified with substance abuse or addiction. The patterns common to both include: loss of control, preoccupation with the abused substance, use of the substance to

cope with stress and negative feelings, secrecy about behaviour and maintenance of the behaviour despite harmful consequences. They see these patterns as definitive of addictions.

Others have noted that there is a higher than average rate of substance abuse (drugs, alcohol) amongst those with eating disorders. They have used this fact to argue that individuals with eating disorders are sometimes **cross-addicted** to food and drugs and have suggested that an “addictive personality” may underline such cross-addiction. Research has shown that a significant number of people with eating disorders have come from families where at least one parent has been alcoholic. This has encouraged some professionals to see eating disorders as addictions and to suppose that a genetic component is responsible for the addictions being transferred across generations.

## **Some general problems with the addiction model**

It is actually very difficult to get professional agreement on what addictions are and on what counts as an addiction. Despite a considerable amount of work in the area, it has been impossible to find a single type of personality that is an “addictive personality.” In addition, virtually none of the addiction treatment methods have a reasonable degree of documented effectiveness; there are high relapse rates amongst smokers, alcoholics and heroin addicts.

It is even difficult to identify substances that are in themselves addictive, because not everyone who takes even a “hard” drug will actually become addicted to it. An interesting study was done of soldiers returning from Vietnam. Of all the men who used narcotics in Vietnam, 75 per cent identified their use there as addictive. Once back in the United States, only 10 per cent of these men continued to show signs of drug dependence, even though 33 per cent of them continued to use a narcotic. In other words, the same person taking the same drug can be addicted in one setting and not in another. Possibly, certain environments produce so much stress that even an average person cannot manage them without resorting to self-defeating behaviour. This implies that: a) it is not the substance alone causing dependence and b) the search for an addictive substance in eating disorders may be ill conceived.

## **Some specific problems with the addiction model**

There is a significant environmental pressure that has been associated with the increasing prevalence of eating disorders, namely, the socio-cultural context in which we live. For women (and 90 per cent of those with eating disorders are women) this context includes the following elements:

- Equating one’s value as a person with one’s appearance

- Severe pressure to be thin
- Limited opportunity to have an effect on the world
- Being members of a group that is devalued.

For women, then, there is a social context that makes low self-esteem, a sense of ineffectiveness and preoccupation with appearance (a need to be thin) very likely. These are common predisposing factors for the development of eating disorders. Indeed, we know that our current socio-cultural context is largely responsible for the high incidence of eating disorders seen today – without that context it is probable that only a very small number of people (or perhaps none) would have eating disorders. An addiction model does not properly demonstrate the role of this context but focuses attention solely on the individual and what is “wrong” with her.

The addiction model doesn't help those with eating disorders or the professionals treating them to understand why a person might want to drastically change body size or shape. It is well known that a significant percentage of females have experienced sexual and/or physical abuse at some point in their lives. Such experiences can lead women, who are already focusing excessive attention on their body size and shape, to try to change their bodies. They may feel this will make them less attractive to their abusers or that it will help to keep the memories of abuse far from consciousness.

Indeed, a considerable number of women with eating disorders have a history of sexual, physical and/or emotional abuse. An addiction model does not throw light onto the meaning that weight loss or food-related behaviour patterns may have for the individual who has survived such abuse. Instead, it encourages the person to believe there is something bad or defective about her (a feeling she probably already has to excess as a result of the abuse) because she is not in control of her life.

A very important consideration in seeing eating disorders as addictions is related to some of the psychological and physiological effects of dieting and starvation. Some of these effects may **appear** to be symptoms of addiction. For instance, it is common for a person who is dieting or starving to be preoccupied with food, to experience urges to use large amounts of food (bingeing), to be irritable, to be depressed and to be more likely to overeat in response to stress. All of these starvation effects may make a person feel she is addicted to food. Unfortunately, seeing the situation this way will make it likely that she will redouble her efforts to avoid using the substance she sees herself addicted to – that is, food. This is unfortunate because it is the avoidance of food (dieting, starvation) that is causing her to feel addicted in the first place. Whereas avoiding alcohol may be the key to resolving addiction to alcohol, avoiding food will only increase one's preoccupation with it and the chances of bingeing. The key to resolving an eating disorder is not food avoidance, but **normalization** of eating and **restoration** of natural weight.

## Once addicted, always addicted?

Commonly in the treatment of substance abuse, the person is encouraged to see herself as an addict, even if she has stopped using the substance. She is encouraged never to forget that she is an addict and never to think she can use the substance casually. She must completely abstain. There are two reasons why this is not a good strategy for a person with an eating disorder.

First, it is impossible to completely avoid food. Everyone must eat and those with eating disorders need to eat enough to bring their weight up to what is natural and healthy for them. The more a person includes all types of foods in her diet and enough of them, the less likely she is to be preoccupied with food or to binge. Even avoiding certain types of foods (sweets, or other high calorie or refined foods) may precipitate bingeing, particularly in the early stages of recovery.

Second, the goal of abstaining from bingeing or purging completely during the early stages of treatment encourages “all or nothing” thinking. One episode of bingeing and purging may be seen as failure, as enough to prove that one will never be free of the eating disorder. In fact, it is not uncommon for the recovery process to take some time and to include “lapses.” Seeing these lapses as failures can prevent the recovering person from seeing the small but increasingly frequent and positive changes she is making. Many of those with eating disorders tend to think in “all or nothing” terms about many things, e.g., “If I don’t get an A on this exam, I am a failure,” or “If I am not liked by everyone, then there is something wrong with me.” Part of the recovery process is learning to question these assumptions, to see that getting better doesn’t mean being perfect.

A strategy that focuses on taking small steps and learning from lapses is more likely to bring success than one requiring an “all or nothing” approach. Moreover, unlike the addiction model suggests, completely overcoming an eating disorder is entirely possible.

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