



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Symptom Substitution, Trauma and the Hidden Addiction of Eating Disorders

Meredith Riddick, LPC, CEDS-S
Rock Recovery Clinical Program Advisor

Christie Bettwy
Rock Recovery Executive Director

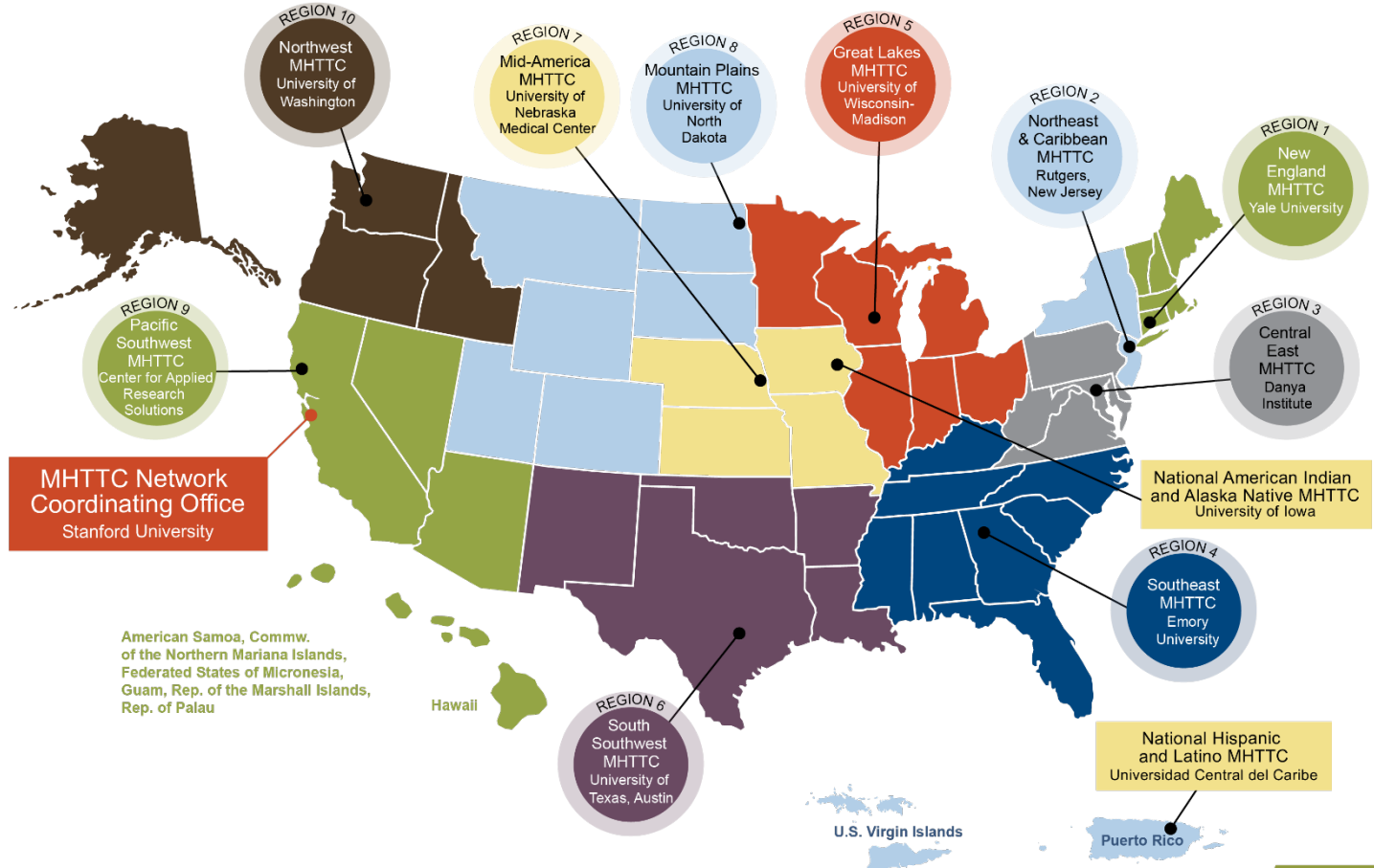
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MHTTC Purpose

The MHTTC Network vision is to unify science, education and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.



Central East MHTTC Goals

Funded by SAMHSA to:

- **Accelerate** the adoption and implementation of mental health related evidence-based practices
- **Heighten** the awareness, knowledge, and skills of the behavioral health workforce
- **Foster** alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance

Central East Region

HHS REGION 3

Delaware

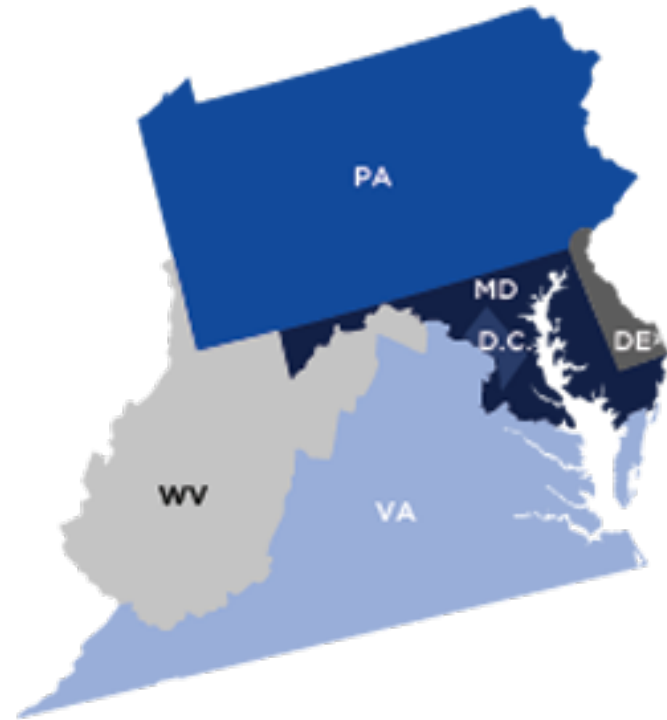
District of Columbia

Maryland

Pennsylvania

Virginia

West Virginia



Our Presenter: Rock Recovery



- Nonprofit organization founded in 2009 and based in Washington, DC metro
- Bridges gaps in eating disorder treatment and education to help individuals and communities fully recover
- Program offerings include outpatient clinical programs for residents of DC, MD, VA and CA and support programs nationwide


“The opposite of *Addiction* isn’t sobriety, it’s *Connection*” - Johann Hari



Genetics loads the gun, environment pulls the trigger

There are many factors that contribute to the development of an eating disorder (similar to substance-use disorders) such as:

- Trauma
- Grief
- Loss
- Change (i.e. becoming an empty nester or going to college)
- Weight/shape concerns (i.e. dieting)
- Societal influence/environment



Treatment between addictions and eating disorders may differ quite a bit, but many of the underlying contributing and maintenance factors are similar.

First let's understand some of the differences...

Substance-Related Disorder vs. “Behavioral Addiction”

- Food Addiction
- Sugar Addiction
- Deprivation and Restriction (Intermittent Access in studies)

*Not enough research yet on excessive behavioral patterns that activate reward systems in the brain similar to drugs of abuse where normal activities may be neglected; may also include lower levels of self-control (DSM 5)



**We need to understand how
malnutrition affects the brain...**

***Ancel Keys Study - Minnesota Semi-
Starvation Experiment**

Brain Chemicals

Happiness Chemicals and how to hack them

<p>DOPAMINE THE REWARD CHEMICAL</p> <ul style="list-style-type: none">• Completing a task• Doing self-care activities• Eating food• Celebrating little wins 	<p>OXYTOCIN THE LOVE HORMONE</p> <ul style="list-style-type: none">• Playing with a dog• Playing with a baby• Holding hand• Hugging your family• Give compliment 
<p>SEROTONIN THE MOOD STABILIZER</p> <ul style="list-style-type: none">• Meditating• Running• Sun exposure• Walk in nature• Swimming• Cycling 	<p>ENDORPHIN THE PAIN KILLER</p> <ul style="list-style-type: none">• Laughter exercise• Essential oils• Watch a comedy• Dark chocolate• Exercising 

MANY different variables can impact brain chemicals related to reward, love/bonding, mood and pain.



Changing the Relationship

Abstinence

- 12 Step
- Clean and Sober
 - Years

vs.

Exposures

- All Foods Fit
 - Meal Plan
- Intuitive Eating
 - Fear Foods
- Experientials



More thoughts on some of the similarities and differences...

Let's consider some similarities...

It has been said that many mental health disorders can be pared down to areas of *maladaptive interpersonal experiences*.

“How does your relationship with food mimic your relationship with self and others?”

Restriction

- Isolation
- Withdrawal
- Struggling to ask for/receive help
- Passive/distant/alooof
- Avoidance
- Guarded

Binge Eating

- All in
- Struggle with boundaries
- People Pleasing
- Passive
- Codependency
- Shame

Purging

- Unexpressed emotional pain
- Push/pull - struggle with congruence
- Passive aggressive/aggressive
- Punishment of self/others
- Shame



Real Experiences...

Dr. Jekyll and Mr. Hyde

So Where Does This All Begin...

Eating disorders are complex, and there is rarely any one factor or event that contributes to an individual developing one.

Possible Contributing Factors

- Diet Culture/Westernization of “Ideal” Bodies (Fiji Study)
- Internal Wiring - Genetics and Temperament, “Superfeelers”
- Environment - Stressors, Trauma, Bullying, Family Dynamics

“Eating Disorders are an irrational and unhealthy means of meeting rational and healthy needs.” - Unknown

“Eating Disorders are a response to pain.”

- Carolyn Newsome, LMFT



Real Experiences...

A Straight A Student



**How does symptom substitution
play a role in eating disorders
and addiction?**

What do we mean by Symptom Substitution?

When we look at these *underlying factors* and how there are similarities across a variety of mental health concerns including *substance use disorders, trauma, eating disorders, personality disorders, mood disorders, etc*, it's important to consider the *ego syntonic vs. ego dystonic* nature of eating disorders, otherwise a serious problem could be missed.

What do we mean by Symptom Substitution? (cont.d)

For example, I often have an adult client who comes into my office who says they had bulimia (typically binge eating and purging) in college and they got better on their own and have been “recovered” for a long time and all of a sudden they are struggling with binge eating again and do not know why.

What do we mean by Symptom Substitution? (cont.d)

This is an opportunity to really look at their recovery process and what you may discover is that they may have stopped the binge eating and purging behaviors, but they were simply ***replaced*** with a form of restriction or deprivation and compulsive exercise.

What do we mean by Symptom Substitution? (cont.d)

This gets missed in our society because often behaviors around restriction and exercise are ego syntonic, meaning the behaviors are acceptable to the ego and often reinforced by society. “I wish I had your discipline!” “You have so much willpower!”

What do we mean by Symptom Substitution? (cont.d)

However, when a teen with anorexia nervosa begins to binge and purge, this is attended to with more treatment because of the ego dystonic nature.

What do we mean by Symptom Substitution? (cont.d)

In this instance, the teen may weight restore (needed for anorexia nervosa recovery), but if this is done through behaviors that are distressing to the individual's self concept, they may be more likely to be addressed early by the treatment team and are not going to be reinforced by society.



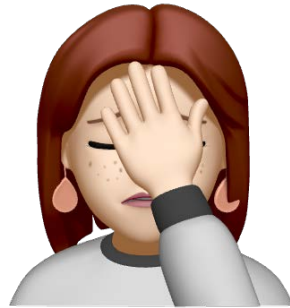
Real Experiences...


The Seesaw Effect

So think about this with something like substance use.

Have you ever known anyone or had clients/patients who have become sober, yet have started engaging in other behaviors (like dieting or compulsive exercise really disguised as health and fitness) ***that potentially serve as that response to pain or trying to meet unmet needs?***

“If you’re going to be addicted to something, exercise is a good option!” - Fitness instructor who shall remain nameless






It's important to consider the *function* of any behavior that is outside the bounds of **flexible** and **adaptable** - *rigid and/or chaotic*.

Behavioral Functions

- Is it to regulate anxiety?
- Cope with the effects of trauma?
- Deal with low self-esteem or low self-worth?
- Feel a sense of belonging or acceptance?
- Response to shame?





In our current communities, how are relationships with food and body still reflective of **internal struggles** with *self esteem, self worth, belonging, acceptance, feeling loved, and dealing with difficult emotions?*

What are messages we receive daily that perpetuate the myth that these needs are dependent on maintaining the current “beauty ideal?” 37



Real Experiences...

Mirror Mirror on the wall...

So what can we do about this?

- Neutral language around food
- Change body talk - stop complimenting weight/shape
- Affirm/reinforce character traits like kindness, curiosity, etc.
- Inclusion and celebration of ***diversity***
- Address unmet emotional needs in relation to self and others

What does full “recovery” look like?

Effective Coping and Intuitive Eating:

- Tolerating “spontaneous” natural eating and a wide variety of foods
- Absence of purging, restricting and binge-eating behaviors
- Recognizing signs of disordered thinking and seeking appropriate help

Body Acceptance:

- Maintaining caloric/nutrient intake that supports healthy weight
- Not obsessing about food, exercise, and/or body image

Developing a Healthy Identity:

- Having a strong sense of self, values
- Developing healthy attachments, etc.

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Questions



Appreciation



Contact Us



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[Central East MHTTC website](#)
[Oscar Morgan](#), Project Director

[Danya Institute website](#)
[Email](#)
240-645-1145

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