Researchers, clinicians, and those affected have long noted the similarities between eating disorders and addictions. Behaviours such as self-starvation, frequent bingeing and purging, or compulsive exercise can be so self-perpetuating that some have asked if eating disorders are actually a form of addiction. This question is important because the way we think about a problem shapes the way we try to solve it. If eating disorders are a form of addiction, it makes sense to treat them as addictions. If they only appear to resemble an addiction on a superficial level, using the same treatments may be ineffective or even cause harm.

As a therapist of a residential addiction treatment program, I have worked with people who have eating disorders, often in addition to substance abuse. Quite frequently, I have been asked whether eating disorders are in fact addictions. However, what I have found is that the answer is not as simple as the question.

Therapists have differing opinions on this issue. There are several approaches to the treatment of eating disorders. According to a recent Canadian survey, about one in four psychotherapists say they use an addictions model as their primary or frequently used approach when treating eating disorder clients. Prominent among these methods is the 12-step approach based on Alcoholics Anonymous. On the other hand, many therapists use approaches developed specifically for eating disorders.

So, which approach is best suited to meet the clients’ needs—are eating disorders addictions? To answer this question one must first define addiction to determine if the symptoms of an eating disorder fit the definition. In addition, one must also determine if this underlying framework provides the best explanation for the eating disorder, and if the addiction model is the best approach for treatment.

Definition of Addiction:

Like many psychological disorders, the concept of addiction has evolved over the past several decades. The current Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM IV) uses the term “substance-related disorders” instead of “addiction,” where general criteria for abuse and dependence are described. Substance dependence is the most closely related concept to the every day meaning of addiction, and to meet the criteria for substance dependence one must demonstrate several, but not all of the following criteria:

- Difficulty controlling use
- Continued behaviour or use of a substance despite evidence of harm or other negative consequences
- Other important activities frequently put off or neglected as a result of use
• Significant emotional energy spent and preoccupation with the behaviour or substance
• Unsuccessful attempts to limit use
• Tolerance (requiring more of the substance or behaviour over time to achieve the same effect)
• Withdrawal (a set of physical symptoms present when stopping use such as nausea, or shaking, sweating, etc.)

Of note is the fact that physical addiction (i.e. the presence of tolerance and withdrawal symptoms) is not required for a diagnosis of substance dependence. It is also important to note that addictions are diagnosed by the presence of certain behavioural indicators and/or physical reactions—not by the presence of beliefs or underlying issues, or feelings characteristic of the substance use disorder.

The DSM-IV defines eating disorders as “severe disturbances in eating behaviour.” The frequency and severity of various problematic eating-related behaviours (e.g. bingeing, purging, and food restriction) are used to determine different types of eating disorder diagnoses, such as anorexia nervosa, bulimia nervosa, binge eating disorder, etc. In addition to these overt behaviours, the DSM-IV indicates one must also assess disturbance in the way that body weight or shape are experienced. For example, anorexia is assessed by characteristics such as the intense fear of gaining weight or becoming fat, and the refusal to maintain a minimally normal weight. Although each specific eating disorder has its own diagnostic criteria, severe concerns about weight, shape, and extreme dieting practices are common in every subtype.

Pro: eating disorders as addictions

Since physiological dependence (tolerance and withdrawal) is not necessary to diagnose addiction, an individual can be said to have a process addiction to behaviours. This broader definition opens the door to include other compulsive behaviours under the diagnostic umbrella of addiction (e.g. gambling, sex, video gaming, etc.).

There are a number of ways in which different eating disorder behaviours fit the process definition of addiction. For example, people with eating disorders:
• Have difficulty controlling “use” of food or behaviours
• Continue their behaviours despite evidence that it is harmful and may have very serious emotional, social, and health-related consequences
• Put off or neglect important activities
• Experience a preoccupation with the “substance,” which in this case is food

There are other similarities between addictions and eating disorders. For instance:
• Just as one drink can trigger an alcoholic into further drinking, a “trigger” food (such as ice cream or cake) can induce episodes of binge eating
• Sometimes people with anorexia say that their self-starvation brings on an altered state they liken to being “high”
• Bingeing and purging can bring on a feeling of “release”
• Denial of the problem is a common feature of both substance use and eating disorders.

Con: eating disorders are not addictions

Although the addiction model can be realistically applied to explain some aspects of an individual’s eating disorder, this application does come with certain limitations that impact treatment. For example, proponents of the addictions model do not all agree on exactly what an individual with an eating disorder is addicted to. Some say that one is “addicted” to particular foods, such as sweets and other pleasurable items. They believe that these foods cause the chain reaction of bingeing and/or purging, thus treatment in this model demands abstinence from such trigger foods.

One problem with defining food as the addiction, how-
ever, is that this does not explain self-starvation or food deprivation common in all types of eating disorders. In fact, research and clinical experience has shown that food deprivation is actually a primary cause of binge eating and other eating disorder symptoms such as food and weight preoccupation. Thus, abstaining from these foods recommended by this approach is actually more likely to trigger binges and exaggerate thoughts and preoccupation with food.

Another model based on the addiction framework proposes that individuals with eating disorders are not addicted to certain foods, but rather to the control of eating. Therefore in treatment, they must give up all control by having others make meal decisions for them.

Others define the eating disorder as an addiction to the way of life demanded by the eating disorder itself. Thinking about eating, bingeing or purging takes up vast amounts of mental energy and preoccupies one’s mind from painful emotions. If this is the case, there are distinct implications for treatment. Since involvement in the disordered eating is a way of coping with certain issues in one’s life, treatment must help the individual address the emotions that he or she is trying to avoid by engaging in the eating disorder.

Although an addiction framework may help explain some eating disorder behaviour, these models fail to address the extreme weight and body image issues, struggles with food and dieting, as well as other related symptoms that are intrinsic to all eating disorders. These symptoms are among the most basic issues that preoccupy persons with eating disorders. The intense fear of becoming overweight, seeing oneself as fat no matter how thin, and having self-esteem dependent on achieving a particular weight, are all body image issues fundamental to the eating disorder diagnosis. These concerns are, in fact, the expressed reason why people turn to extreme and unhealthy dieting practices, and cannot be fully explained by using the addiction framework alone. The self-esteem and body image concerns also explain other behaviours seen in people with eating disorders, such as frequent weighing and body checking, avoidance of social situations in which eating is expected.

“Even binge eating is attributable to weight concern, as it is often triggered by physiological and/or mental reactions to dieting.”

avoidance of social situations in which eating is expected. Even binge eating is attributable to weight concern, as it is often triggered by physiological and/or mental reactions to dieting. Given that these are fundamental underlying aspects of the eating disorder, it stands to reason that these issues need to be addressed in treatment.

Similarly, the addictions model does not address the role of society and culture in contributing to eating disorders. Since super thin models began walking the runways and acting on television and film, more and more women...
in western countries have found themselves far from the unrealistic “ideal” of beauty. The discrepancy between women’s real bodies and the social ideal leads to a degree of dissatisfaction in most women. Research shows that the idealizations of thinness in cultures have had a profound effect on the increased incidence of eating disorders as well. There were very few recorded incidents of bulimia nervosa prior to the 1970s when the current fashion trends took hold. In contrast, substance addictions have a long history that crosses over culture.

Finally, the path to recovery for individuals with an addiction versus an eating disorder has one all-important difference—one can recover from an addiction by total abstinence, while this is not an option when it comes to food. One cannot survive without eating! Unlike abstaining from alcohol, an individual recovering from an eating disorder must change his or her relationship to food, rather than abstain from it.

A review of the DSM-IV criteria reveals that symptoms of an eating disorder can in fact fit within an addiction framework. Persons with addictions and persons with eating disorders share a number of characteristics and the addictive element seems to be part of the complex set of individual, physical and social issues facing people with eating disorders. This makes the addictions approach a potential source of recovery tools and support. Programs based on the Alcoholics Anonymous 12-Step approach can be useful provided the 12-Step program acknowledges and addresses the differences outlined above. Like any treatment program, individuals in 12-step programs need to take responsibility for their recovery. The 12-Step movement is also valuable for individuals who do not have access to other treatment and support resources. 12-Step slogans such as “one day at a time” and the Serenity Prayer are universal encouragements regardless of the focus of one’s recovery.

However, in treating eating disorders, individuals need help in challenging the issues specific to their eating disorder, and these are not entirely discussed by any addictions model. Individuals with eating disorders need help correcting negative thoughts and feelings regarding body image and/or the importance appearance plays in their lives. They also need help and support while going through the process of changing their relationship with food. Any treatment, whether addictions based or not, must include these elements.

For some further helpful reading on this topic, visit Mood’s “Bookshelf” section (Eating Disorder’s category) at www.moodsmag.com.

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