

# Challenging Food Addiction Denial

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# Disclosure

I have a private practice with food addicts, and a world-wide business that offers workshops as alternatives to in-patient treatment. I offer consulting with treatment and medical organizations, and have written several books on addiction.

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## I. Context:

- A. Obesity
- B. Eating Disorders
- C. Chemical Dependency on Food

## II. Three Types of Food Addiction Denial

- A. Common Food Addiction Denial – **Conscious**
- B. Psychological (“Freudian”) Food Addiction Denial – **Unconscious**
- C. Biochemical Food Addiction Denial - **Unconscious**

## **A. Common “Reasonable” Denials and Evidence-based Rebuttals**

# DENIAL #1

**“There is NO such thing as food addiction.”**

- Dr. Nicola Avena reviewed all relevant studies and found **“animals can be addicted to sugar.”**
- Dr. Mark Gold reviewed all relevant brain scan research on humans and found that **“sugar creates identical brain impairments as alcohol and addictive drugs.”**
- Dr. Nora Volkow concludes that **“the scientific evidence for food addiction is overwhelming.”**

# DENIAL #2

**“Unlike alcoholism and drug addiction, you can’t stop eating.”**

- Dr. Pedro Lazaro, “Like alcoholism where you cannot drink alcohol but can drink water, milk, tea or coffee, food addicts cannot eat their binge or trigger foods (e.g., foods with added sugar) but can eat over 200 foods.”

# DENIAL #3

**“Sugar is natural and the body needs sugar for energy.”**

- Dr. Robert Lustig, “It is a matter of dosage and timing. When you eat an apple, the sugar enters the blood stream slowly as you digest the roughage. This delay is missing in most processed foods with added sugar.”
- The World Health Organization found that the average American now eats about 30 teaspoons of sugar per day, mostly in processed foods, but needs only about 8 to 12 teaspoons per day.

# DENIAL #4

**“Some people are able to lose weight and maintain it by diet and exercise; others should be able to do this as well.”**

- Dr. David Kessler, “In a study of a large U.S. city, 50% of the obese, 30% of the overweight and 20% of the ‘normal’ weight were food addicted, i.e., they exhibited the characteristics of physical craving and loss of control. ”
- Almost all research on obesity treatment has concluded that less than 10% were able to diet successfully, i.e., maintain weight loss for one year.



# DENIAL #5

**“If someone has lost control over their eating, they should go to a therapist or eating disorder specialist and resolve ‘underlying issues’.”**

- Ashley Gearhardt, “Studies using the Yale Food Addiction Scale find that 40 to 60 % of those with Binge Eating Disorder also test positive for food as a substance use disorder.”
- DSM 5 of American Psychiatric Association, “...many with (Feeding and Eating Disorders) present with the symptoms of substance use disorders...craving and loss of control.”

# DENIAL #6

**“Abstinence does not work with food addiction because people feel too deprived and relapse.”**

- Overeaters Anonymous World Service did a randomized self-study of the fellowship and found that **“about 50% of members were abstinent from compulsive overeating with an average weight loss of about 50 pounds.”** This was confirmed by an independent study of OA in the D.C. metropolitan area by Kriz.
- Yale graduate students did a study of a small group of late stage food addicts in residential detox and found that their symptoms of withdrawal were **“comparable to those withdrawing from addictive drugs.”** Would we eliminate abstinence from narcotic drugs because those addicted felt too deprived?

# DENIAL #7

**“Many adults – and a majority of young people in one large study – say they binge on almost all foods. You can’t eliminate all foods.”**

- Dr. Lustig’s research assistants found that **“thirty years ago 20% of processed foods had sugar in them; today over 80% of the 600,000 processed foods contain sugar.”** Most adults and few children know what foods contain added sugar or other addictive substances.
- Theresa Wright, suggests late stage food addicts are often helped by committing specific foods and quantities.
- An outcome study of ACORN Food Addiction Recovery Services alumnae found that 68% weighed and measured all meals.

# DENIAL #8

**“Stopping overeating is entirely a matter of reason and willpower.”**

- The American Society of Addiction Medicine holds that addiction, including food addiction, is a brain disease that effects not just the “**pleasure center**” but also the “**control center**” and “**memory center**” of the brain.
- Dr. William Silkworth put it this way: “**the action of alcohol on chronic alcoholics is a manifestation of an allergy; that the phenomenon of craving is limited to this class and never occurs in the average drinker.**” This applies equally for food addiction.

# DENIAL #9

**"Some people are just genetically programmed to be overweight."**

- A recent study in *Nature* found hundreds of genes affecting weight and Dr. Ernest Nobel found that some obese adults eating out of control have the same D2 dopamine gene marker as many alcoholics and drug addicts. Food addicts, like alcoholics and other addicts, are able to recover by using an addiction model.

# DENIAL #10

**“No one ever robbed a bank to be able to buy sugar.”**

- Food addictive substances are very inexpensive. Still, clinicians working with food addicts find that many, if not most, stole food or money to buy food as children. This was like robbing the only bank they had access to. Stealing and lying about food progresses with the disease into adulthood.

# DENIAL #11

**“If food is an addiction, the social consequences are significantly less than for alcoholic and drug addictions.”**

- This is not true. Food addiction is an underlying driver of a large portion of the obesity epidemic. Obesity increases the likelihood of diabetes, heart disease, stroke, and some cancers, and food addicts are likely to die five to ten years sooner than normal eaters. The CDC shows that if current patterns continue, this generation will be the first to die earlier than their parents generation.

# DENIAL #12

**“If people have trouble losing weight, they should work on underlying issues that cause emotional eating, and this will solve the problem.”**

- If emotional eaters are also food addicted, talk therapy is not likely to work in the long term. It is like asking an alcoholic who is still drinking or a drug addict who is abusing their substance to do effective therapy.



# DENIAL #13

**“Overeating is gluttony, a sin.”**

- Food addiction is a biochemical brain disease and not a moral issue. This has long been understood in the medical profession about alcoholism and drug addiction and the general public is moving toward acceptance of this. Now that science has established food as an addictive disease, it is equally clear that food addiction is not a moral issue.

# DENIAL #14

## “Sugar is a mild opiate.”

- Dr. Colantuoni found evidence from many different lines of scientific research that sugar can create an endogenous opiate in humans. Even if the sugar opiate is “milder,” than the cocaine opiate, sugar addiction becomes severe as the sugar addict ingests 30 to 40 teaspoons a day. Here is the amount of sugar in one Coke.



# DENIAL #15

**“If sugar or other foods are addictive in concentrated doses, then you should just eat sugar in moderation.”**

- Dr. Vera Tarman shows how the biochemistry of food addiction, like other addictions, changes the instinctual parts of the brain. These “primal” instincts then override the less powerful conscious parts of the mind. Even small doses of added sugar create cravings and loss of control.

# We can group these in clusters:

1. Food addiction is not real; it does not exist.
2. “Food addiction” is really a misnomer for an eating disorder.
3. If food addiction does exist, it creates little serious harm.



Of course, **NONE** of these assumptions are correct.

## B. Unique Psychological Food Addictive Denial

1. Most psychological denial is created by external environmental and family trauma.
2. Unique type of trauma is caused by the food addiction itself: physical and emotional pain caused by weighing more than the social norms; internalized toxic shame from being unable to control the basic function of eating; spiritual trauma as life becomes more and more unmanageable.
3. Food addiction psychological denial is treated by trauma reduction.

## C. Biochemical Food Addictive Denial

1. False Starving: not being able to differentiate between natural hunger and physical craving (Dr. William Silkworth).
2. False Thinking: believing rationales for eating that are not true, e.g., euphoric recall and mental obsession (Dr. Gerald May).
3. False Self: the disease disturbing the will and hijacking personality and sense of self (Dr. Abraham Twerski).

# Biochemical food addictive denial can be successfully treated.

1. ACORN “First Step” Assignments and protocol, one of many effective methods.
2. Challenging denial is a “we” process.
3. Case studies as viewed through client’s written Incidents of Powerlessness.
4. The need for follow-up outcome research

# Summary of the process of challenging food addiction denial.

1. Eliminate all addictive foods, get support for detoxification and withdrawal, and physical cravings will recede or go away completely.
2. Support rigorous honesty about all thoughts and feelings and resolve trauma sufficiently for maintenance of abstinence.
3. Education about the disease and evidence-based rebuttals of common denial.
4. Teach food addicts a process for creating consciousness of powerlessness over addictive thinking and the addictive personality.



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