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Dana: [00:00:00] Hi everybody. Welcome back to the Body Trust Podcast. I'm Dana and I'm here with Sirius. Hey everyone and Hillary. Hello, and we're excited to be back. We're curious about this episode. We've gotten a lot of questions about our thoughts. People are always curious about what we think of food addiction, the food addiction model.

Do we believe in sugar addiction? What do we think about Overeaters Anonymous or other 12 step programs, Rams that have been developed to quote unquote treat disordered eating or eating disorders? And that's what we're gonna be talking about today. There's a lot to say. I think this could possibly be a another two part episode, but we're gonna try to keep it [00:01:00] to an hour and one episode.

But this is where you'll be hearing . All our thoughts or some of our thoughts on food addiction when we were writing, working on our book, and particularly the introduction to our book, one of the things we have in our introduction is we let people know what you're not gonna find in the pages of our book, reclaiming Body Trust.

And one of the things we say in that intro is, you're not gonna hear us talk about food addiction. Food addiction is a phrase that's been used in a wide variety of context with increasing frequency over the past 40 years. And it's not uncommon for people to come to Center for Body Trust, body Trust programs, or when I used to work with people individually, it, it was incredibly common for people to [00:02:00] come in feeling addicted to food.

And I think that's one of the first things we wanna say up front is we believe you, when you say you feel addicted to food though that sense of feeling out of control, wanting it to stop it's, it's an inc. An incredibly cha, it brings up an incredible amount of challenging feelings, shame, despair, feeling hopeless, like it's never gonna change what's wrong with me.

And we're hoping that this episode will give you some different ways of thinking about what has created these feelings of addiction with food and eating.

We have a, a blog on our website. It's, I think it's one of our most popular blogs [00:03:00] about rethinking food addiction.

And in that blog that I revisited to prep for this episode the food term food addiction was first used. In 1970, and it's grown in popularity over the years and certainly the, for the next 25 years after people coined or started talking about food addiction, we hear it more and more. It, it grew, it tripled the use of the word food addiction tripled between 1980 and 1995, and this is according to Google and Gram data.

So that alone just is interesting to see, like I'm sure we've been talking about other kinds of addiction since long before the seventies. But in the seventies is when we started talking about food addiction. And of course from 1980 to 19 95, [00:04:00] 1 of the first people that came to mind in that timeframe was Susan Powder.

And I don't know why, maybe she subscribed to the food addiction model and I don't know it, but I was just trying to think like, okay, what was going on in the, who were the major players between 1980 and 1995 and the dieting food space? The Susan Powder is certainly one of 'em. What do you wanna say as we get started about food addiction?

Hillary, I know you did some research on like the start of oa mm-hmm. And had some thoughts on what you found about that.

Hilary: Yeah. Yeah. I think I. I'm happy to share that. And I wanna start also by saying that I know OA has been really important to some people and we are gonna break it down a little bit and talk about how it works versus how [00:05:00] Body Trust works.

I know that, one of the things about 12 step models is that the, you, you're relying on relationships to, hold you accountable, but also make you feel like you make sense. And we do need and want to talk about the ways Body Trust is different than a way. And while we do that, we aren't trying to like, take away an experience for you that has been helpful or valid, but I also hope you come along with us.

And allow yourself to entertain some, some of the dissonance this might bring up for you if you're one of those folks. I also know there's a ton of you listening who have felt kind of fucked up by the way, or that it's contributed significantly to food rules and has [00:06:00] amplified your eating disorder, has made you even more distrustful of yourself and your body.

And for that we also say, we see, we see you too. We see that. And I think we get it. So we're gonna start to talk about it and, uh, and our experience with it.

Dana and I have been working with folks one-on-one and in groups for, over 20 years. And, and so we've spent a lot of time with people who I.

Have worked through OA models, food addiction models, and still ended up with us. I think we're like, the buck stops here. It's like once you get to Body Trust, we've done been through some stuff and and so a lot of what we know about OA has come from what these conversations we've had with people who didn't, who were confused by their experience in it [00:07:00] or came out of it feeling like things got worse or and a lot of times squaring it with people like squaring, like this is about, this is the thing about OA that really did help me, but I feel really drawn to body trust in this other model and I'm having some feelings of loss or concern or reticence about.

About moving over. And, we're not wanting to be absolutist about it, but we are gonna share what we know from our experience talking to people. And we want you to be free and we want you to be emotionally safe, and we want you to really understand the differences between these options. And we do have opinions, so that is also gonna be a barrier.

Mm-hmm. So there it is. There's your, there's your therapist warning label for this conversation on this, this this episode. So, okay. [00:08:00] So Overeaters Anonymous. The first meeting of, I'm reading this from the OA website. Okay. The about us section on the OA website. The first meeting of Overeaters Anonymous was held in Hollywood, California.

No, what really? On January 19th, 1960. Roseanne s attended a gambler's anonymous meeting two years earlier to help a friend and realized that the format of the 12 steps meeting might hold an answer to her own addictive behavior as it related to food. Her vision of how this simple program could bring recovery to all those who suffered from compulsive overeating resulted in the worldwide organization that exists today.

OA groups. There's OA groups in over 75 countries meeting in person by telephone and through the internet. Uh, OA 60. Your history has shown that it's possible to recover from the [00:09:00] disease of compulsive eating. And they are inviting you and me to join them to find the freedom that they have discovered.

So that's, that's how oa that's the history. And then they also say Overeaters Anonymous is a community of people who support each other in order to recover from compulsive eating and food behaviors.

We welcome everyone who feels they have a problem with food. Is it food? Is it the behaviors?

And is it an eating disorder? So that's, that's kind of, that's, that's where OA came from. From Roseanne. [00:10:00] SI

Sirius: don't have a lot of experience or knowledge around oa. Uh, I'm not an expert by any means, but I do know a lot about high control groups and I also know a lot about anti-fat bias. Yeah. So I feel like I might have something to contribute to this conversation, even though OA is not an area of expertise of mine.

I did take the quiz however, 'cause there's a quiz of like, do you need a way on the website? And I, I took it and, uh, what struck me about it was that it is incredibly broad. Hmm. And I have. Hung out with you two brilliant people for enough time to know that when it comes to conversations about body size around eating, around disordered eating, that something that broad [00:11:00] can't be serving everyone.

Mm-hmm. But there's such thing as an elastic framework that you can sort of like at like build or, or connect with your own experience and work through with it, with your own experience. But the questions, one of the questions was, do you eat soiled or rotten or frozen food out of the garbage?

That was one of the questions. Mm-hmm. There was a question about does, does your eating upset other people?

Hilary: Right. We're gonna have to talk about that.

Sirius: That was an interesting question. Mm-hmm. Do you see, spend a significant amount of time fantasizing about being in a different or smaller body? That was an, there was a lot of interesting questions.

Mm-hmm. They asked some specifically about disorder eating behaviors. They asked some questions that were very clearly around sort of focus around body image. Uh, [00:12:00] yeah. It was they're trying to do a lot for a lot of people, and I don't know if that works. Right. Yeah.

Hilary: Yeah.

Sirius: It's like, it sounds like by their standards, like everyone would be eligible to come if they, if they went through the quiz, they would find like, yes, you belong here.

I think that's exactly

Hilary: true. Yes. Yeah. And it seems like that's true because they're, they're banking on an alliance against weak.

Sirius: Mm-hmm. Yes.

Hilary: And then there seems to be like a connection that's automatically made between any eating disorder behaviors and the possibility of finding freedom and healing here at oa.

And my understanding is that different, anorexia, [00:13:00] bulimia, well let me read you this. I looked up, I was looking into over Eaters Anonymous, so I was just looking around on the internet and I was drawn to read what the WebMD, like Dr. Google themselves. Oh yeah,

Sirius: that's right.

Hilary: Had to say about Overeaters Anonymous.

And they said, overeaters Anonymous are groups of individuals who come together to specific meeting place at a set time. Okay? Uh, the group consists of all kinds of people from all walks of life, okay? They meet over a shared problem, compulsive overeating. This problem may include anorexia, bulimia, and obesity.

Sirius: No,

Hilary: that's what it says on WebMD, written in 2024. Medically reviewed by a doctor and written by someone else in 2024. [00:14:00] To join Overeaters Anonymous is simple. All you have to have is the desire to change the way you eat, and a willingness to engage with others on the same journey.

And with the assistance of 12 steps, which have had been adopted from Alcoholics Anonymous. 'cause that's just a simple leap between things. Mm-hmm.

Sirius: Mm-hmm.

Hilary: O Individuals and Overeaters Anonymous support other members in their recovery from eating disorders through compulsive eating treatment

Sirius: because anorexia is a compulsive eating

Hilary: That's right.

Sirius: Thing.

Hilary: Mm-hmm. I thought all eating disorders were about restriction. That's what I've learned about eating disorders, having treated eating disorders for the last 20 years. But the support extends to those with body image issues. Because there's so many people with anorexia bulimia and so-called O word [00:15:00] that don't have body image issues.

It doesn't happen that often. So that's our medical, that's the medical definition or the way WebMD. The

Sirius: WebMD,

Hilary: yeah. Right.

Sirius: AI created, I don't know. No, it's written. No, it's directly, it's not like the AI summary at the top. Yeah. Maybe like WebMD.

Hilary: Yeah. This is WebMD written by Amber Felton. Medically reviewed by Smitha.

Yeah. Ben md. Hmm.

Dana: Yeah. As I was looking around and I'm so glad you both went to the OA website and all in my, in the bits I read, I did not go there. And I'm very glad that you two can speak on that. I was, I found myself constantly thinking about like, if we didn't fear fatness mm-hmm. Would programs like OA even exist?[00:16:00]

If we didn't fear fatness, if we didn't fear weight gain, would these programs even exist? Because it seems like it's probably at the root of why people go, like

you're, you're swimming in the atmosphere, which is diet culture with all of these beliefs and values around food and eating that are upheld in society.

And then, we have, we are also live in a society steeped in anti-fat bias. Like, would we have a problem? Would there be a quote unquote problem if we didn't have this fear of fatness and this framing of fatness? I don't think so.

Hilary: I don't think it would be what it is, that's for sure at all.

Because we've, I. As, as little interest as, as there [00:17:00] is in eating disorders in this culture, like actual eating disorders. And, and how and why people suffer from them and how they, how they suffer. And I mean, there's a lot to know, but

people seem to have a lot of advice for how to recover from them. And they all seem rooted in anti-fat bias

Dana: and rigidity, perfectionism, yeah. Mm-hmm. Yeah. Orthorexic thinking about mm-hmm. What's right and wrong in terms of food. Mm-hmm. Mm-hmm. Not to mention like, do we ever get a definition of what compulsive overeating is, because I've had a lot of people come into my office thinking they're binging, and I'm like, sweetie, four pancakes.

It's not a binge, like I get that you feel out of control and you're worried that you're eating too much, but four [00:18:00] pancakes isn't too much and it certainly doesn't constitute qualification of a binge. But what it's telling me when you pathologize the eating of four pancakes is the immense shame you experience when you have something you enjoy eating.

Hilary: Mm-hmm.

Sirius: Right?

Hilary: And when someone's deep in shame, it means they're like, something's wrong with me. Right? Not, I did something I didn't like, but something's wrong with me. And it seems like these models really proliferate based on that idea that like, I'm, I'm powerless is what they ask. People to admit to, I'm powerless to food because I ate four pancakes and something is wrong with me and I need to submit to a process [00:19:00] that will forever hold me to this piece of me that is, broken.

Sirius: Mm-hmm.

I think when people go to OA meetings and there's overeaters anonymous meetings, there's a group called Compulsive Overeaters Anonymous. There's. Food anonymous. Mm-hmm. There's eating disorder anonymous. So you get a lot of different versions of this. And when I used to do more individual work and somebody would, in their history talk about how they spent, three to five years attending regular OA meetings, one of the first things I say to people is, I give them a heads up that some of what we talk about in here is gonna be very different from the way they frame things that overeaters anonymous.

And I'm not here to tell you what's right or wrong, but I wanna just give you a heads up that you're gonna hear things that are completely contrary to what to the [00:20:00] way. So they quote unquote, treat this. And and I want you to notice where you hear truth, and we can talk about what questions you have as we move through this work, but that feeling of being out of control.

Is really common when people have beliefs about the ways food and eating should be and what it should look like, and how much is the right amount and what is the right food and, and I think one of the biggest concerns of mine with 12 step programs and food is they're run by lay people. Mm-hmm. And whoever is running the group is making the rules.

So I'm guessing from my experience, talking to people over the years that, because everyone has a relationship with food, everyone has a food [00:21:00] philosophy. We sometimes call it like a personal food philosophy, and what often gets spouted off in these meetings is the person that runs the group.

It's their food philosophy and it's their plan that worked for them. There may be some common themes in OA groups, but like what is considered the foods you have to abstain from, for instance Yeah. Are very much defined by that leader's. Mm-hmm. Own shit with food. Right.

Hilary: Yeah. I think I've noticed among when clients talk about OA, that there's been a lot of variability between how strict their meetings are, and I haven't fully come to understand if that's because it's OA versus fa, but what you're saying is it's probably who's leading them and what they believe [00:22:00] about.

12 step models and how they work best with food concerns.

Sirius: Yeah. Right. Imagine that the sponsor also matters and what the sponsor's personal food philosophy, the PFP. Mm-hmm. I say say what their PFP is. Yeah. Yeah. Because there that, I mean from what my understanding of

these groups, it, there is sort of the group and the leader, but there's also the relationship you have with your sponsor and both can be very impactful.

Hilary: Mm-hmm. Yeah. Yeah. I mean, there are big expectations set for contact with the sponsor. Mm-hmm. Mm-hmm. And I'm recalling several stories where I heard people say something like, well, I call my sponsor every day to tell them everything I'm gonna eat the next day. And and if I. Mess that up. Then I have to start over again.

I don't [00:23:00] know what, starting over again means in every, maybe with the steps and certainly with your days of abstinence, but I've also heard people say things like, if I told my, uh, sponsor that I'm going to eat the three day old chicken in the fridge and my partner comes home with fresh salmon, I'm eating the chicken

Sirius: because you have to get it approved by the sponsor to make a change last minute. Otherwise, I'm not

Hilary: using mustard and I switch to

Sirius: mayonnaise. Yeah, mayonnaise,

Hilary: but not because mayonnaise has more, is a different food or has different things in it, but because you're not sticking to what you said, and that's how, there's this idea that some clients have shared.

Dana and I talked about recently where it says idea that your, your so-called disease is always doing pushups, right? Like it's always out there to get you. And these simple changes are [00:24:00] indicators of a downhill slide, a slippery slope,

Sirius: uh, uh oh boy. So about those high control groups,

that's, uh, that's wild. And the intensity of that and the the, oh gosh, wow. That is not an easy way to live or navigate life. Mm. Yeah. Mm. And when people are feeling really out of control, the, the desire for containment and help with being contained is so intense that, they want an out and it, and this seems like the way, right.

It, it, I think it makes sense that it, it's like this is [00:25:00] gonna, I, I can't trust myself. I can't be trusted. Someone has to monitor me. Somebody has to

control me. Rule structure. Right? Yeah. Yeah. And I mean, I think this whole idea of abstinence when it comes to food and eating is hella problematic.

Mm-hmm. And I, I looked up the word, what does abstain mean? And it means to refrain deliberately and often with an effort of self denial from an action or practice. So we are encouraging people to self deny pleasure, hunger, appetite. I just don't think abstinence fits here. And then where does abstinence fit?

Yeah. Where does it fit really? Yeah. Where is the place that

Hilary: it's a big topic. Yeah. And I think, I don't have the lived [00:26:00] experience of addiction. But I certainly have lived in a family where there was lots of lived experience of addiction and I don't know. I can see it all kinds of ways.

I don't think we're all having the same experience all the time. I don't think it's all working the same way all the time. But I'm particularly interested in this intersection of like living in a culture that hates fat people and thinks fat people probably don't even need food.

Sirius: Yeah.

Hilary: And and completely thinks that this would be a normal-ish way for people to engage with food, through the lens of like our very diet oriented or somewhat orthorexic culture.

Mm-hmm. Yeah. Mm-hmm. Like this is reasonable. I'm, that concerns me a lot. Mm-hmm.

Sirius: When, I mean, when people come to see me, oftentimes they want me to be a sponsor,

Hilary: right? Mm-hmm.

Dana: They want me to give them a meal plan. [00:27:00] They want me to tell them what to eat, they want me to have the control, uh, because they feel so outta control and I.

If I have all the control as the provider, people are just not gonna have long-term outcomes that are sustainable for them. Mm-hmm. And often when we ask, when I ask people, well, how, how has that worked for you in the past? What's

been your experience? How long did those meal plan last? Then what happened?

They're always like, oh yeah, I think I can do it for like two weeks. Yeah. That's kind of, I, I'm bound by a code of ethics to do no harm and, and, and to do things that have treatment, efficacy and this, that does not have treatment efficacy. Given what you've told me about yourself and your symptoms and what's going on here. Restriction is underneath all of our struggles with food, whether it's [00:28:00] restrictive thoughts and thinking we shouldn't be eating things and we should be restricting, or we're actually restricting our food, or keeping, there's dietary restraint, which is like, I can eat, but I can't have any of this.

I, I can, you can eat, which is kind of what. In some ways, Overeaters Anonymous is like, you can eat you. I don't know that anyone's getting enough to eat. I'll just be very clear. I think these meal plans likely are not, if whatever these sponsors are approving are not necessarily enough to eat for a human being, but they're, they're often more about restraint.

You can have this, you just have to stay, stay away from these things. You can't. You can eat, but you can't have these things. So there's restraint and there's restriction, and both of these things impact our relationship with food going forward and make us feel out of control when we can't pull off these rules.

When in actuality, from a Body Trust perspective, we see it as a [00:29:00] sign of health that you are unable to restrict your food and your eating. That your body gives in. So this is the, their frame, right? Your body gives in that you cave in quotes and feed yourself. That's a sign of health. That's your body trying to get what it needs.

And yet we pathologize this. And I doubt in overeaters anonymous meetings that it is said off in there that you know, well, are you getting enough to eat throughout the day? Because when I look at peop, when I've worked with people who subscribe to food addiction models it's, it's liberalizing food and eating and making sure they're getting enough to eat of things that are enjoyable to them, that makes, helps food become less chaotic.

And frenzy feeling eating. Not saying, well, you can eat, but you, you can [00:30:00] only have this much and you can eat, but you can't have any of this. You just have to have that. That's not helpful to people. Why do we think this is so compelling? Why are humans so susceptible to this language and framing about food being addictive?

Sugar is addictive, white carbs are addictive. What makes people, what's makes this so alluring? Do you think? I have too many answers for this question. Mm-hmm. I there, I think there are some answers that are. Somewhat rooted in quote unquote human nature right there. I think there's some perhaps universal pieces to this, but I also think that there are some pieces that are specifically related to American culture, western culture.

And so the history that has sort of put, put us in this moment where that kind of language in [00:31:00] particular is very effective and very enticing. Mm-hmm. So I, I think it's a, it's a little bit of a toxic mix of those things. Mm-hmm. Mm-hmm. And I think about sort of the human side. I do, I do think that there is sort of a human interest in like, control and, and some of those things.

And, understanding what limits are and like being able to figure out can I break the limits or do I stick within them? I think that's like a little bit of human stuff. Yeah. But there's just so much in particularly in American context around our relationship to not just Christianity, but like Christian hegemony, like Christian hegemonic powered influence over our culture, around rugged individualism around the nuclear [00:32:00] family, around race and racism, around class.

There's so many dynamics at play that put this addiction rhetoric when tied to food stuff in play, uh, that are sort of catapult, catapulting that conversation forward. Uh, yeah.

Yeah. I was thinking too about food marketing. Mm-hmm. Indulge guilt, what is, there was the whole like, line of foods that was like guiltless, guiltless or I don't remember what that was called, like guiltless eating or all the pleasure with none of the guilt we hear. Mm-hmm. In food marketing.

You, you know that, I remember when they released those a hundred calorie packs. Mm-hmm. You talk about that, Hillary, can you pull that out right now?

Hilary: Yeah. The, the commercial I remember because they, they'd had 'em [00:33:00] out, but they were coming out with the Oreo one

Sirius: Oh.

Hilary: Oreo a hundred calorie pack. And so the commercial was like this truck that had Oreo a hundred calorie pack on the side of it going down the street and hundreds of women.

Chasing down the truck and knocking it over to get the a hundred calorie packs in their high heels.

Sirius: Mm-hmm.

It's just one of those things, if you sub switch out the gender, you'll see the problematics. Mm-hmm. Could you imagine men running behind, cisgender men running behind a truck for a hundred calorie pack of No, because everyone would be like,

Hilary: oh, you need more than a hundred calories. Mm-hmm. Mm-hmm. You're a man.

Sirius: It, it'd be protein bars in that truck.

Hilary: Yeah. If they wanted to

Sirius: keep the [00:34:00] diet culture in touch. Protein, powder protein. Yeah.

Hilary: Yeah.

Sirius: But we'd never see it because men can be trusted.

Hilary: Mm-hmm.

Sirius: their appetites can be trusted.

Hilary: Mm-hmm. Well, and they don't have the same consequences. And I'm saying that from the cultural perspective, but also maybe that's, I.

True also. Mm-hmm. In a different way that Oh, that's, they're just hungry. Oh, well,

Sirius: mm-hmm.

Hilary: But a hungry woman.

Sirius: Oh, dangerous. Yeah. Well, you shouldn't be hungry. She wants

Hilary: more than a hundred calorie pack. What the

Sirius: fuck is wrong? If you don't find, find a hundred calories worth of Oreos, uh, satisfying something is wrong with you.

Hilary: Mm-hmm. Yeah. Mm-hmm. I cannot imagine. Also go to the store and buy some Oreos and, but no, of course they wouldn't do that.

Sirius: Mm-hmm.

Hilary: I gotta wait for Nabisco or whoever [00:35:00] to make a hundred calorie pack, and then I can have some pre-portioned, because it's, it's contained,

Sirius: it's controlled, it's small.

Hilary: So,

Sirius: so much of diet culture is about keeping women in particular, but not limited to women.

Hilary: Mm-hmm.

Sirius: Small, controlled, contained, weak, weak voices, weak body. I mean, there's, there's so much of that and there's been a lot of like recent attention to this conversation and I just wish more people were paying attention to this conversation that now that and people have described it in lots of different ways, whether it's gains around rights for women means an uptick in diet culture.

That may be true. We're also talking about a moment with like increased fascism and other kinds of like oppressive dynamics that also I think has a rise in diet culture and fat phobia. Like those things are also true. Some people talk about we're [00:36:00] in this moment of like post pandemic and that has brought in diet culture back in.

I think all of those things are playing a part. But the point is diet culture is here to keep certain people small in a lot of ways.

Hilary: And these models with women meeting in groups to do that together or meeting with a sponsor to do that together. Mm-hmm. Really troubling mm-hmm. In that context.

Mm-hmm.

Sirius: Yeah. Yep you're inviting people to participate in their own subjugation.

Dana: Yeah. And many of the people that end up coming into our offices, find. As we unpack this like that, that there has just, they have been further harmed by these programs that, that these, this way of thinking about food and eating and what is going to help bring you into better control is to have those somebody containing [00:37:00] you.

And when, when they, we start to poke holes in that they're, they start to see, oh no, my eating disorder got worse with. These programs. It did not, I, they maybe had a period of time in that honeymoon phase. Just like when, with any other program or plan out there that helps you control your food, there's often a honeymoon phase.

And then there's the backlash. And I meant to bring this up earlier and I I neglected to, when Hillary was talking about lapses or breaks, is dawn, Sarah was talking about the abstinence violation effect, or the abstinence violation syndrome, which is when you have a small lapse or break, but because you have to go back to day one, right?

You lose your, six month of abstinence because you had one lapse and you have to go back to day one instead of letting it be a small break. It [00:38:00] snowballs out of control because every binge should really count. If you're gonna break your, your run, you better make it good. Wild. I think another thing that makes these things Your cheat day.

Yeah. Your cheat day or I, I think another thing that makes this compelling is you hear about food addiction studies, you hear about sugar addiction. Yeah. Right. And we hear about these food addiction studies. When we look at food addiction studies, one of the biggest critiques and one of our biggest concerns for studies who, who tend seem to like back up this idea of food addiction, is they, they're not controlling for dieting behaviors. They're not asking people about dieting. They're [00:39:00] not asking about people's histories with food.

Did they have a history of food insecurity growing up? Have they had access to food consistently and predictably their whole lives? They're not asking about dieting behaviors, chronic dieting, disordered eating, that is the biggest critique. And so if you're studying this, but you're not considering the context with which people are living and the atmosphere in which they are breathing in all of this toxic stuff about food and eating, of course they're, this is going to look like a food addiction.

But no, if you're not controlling for people's histories, we can't say that this is addiction because one thing we know to be true is that, uh, dietary restraint and food, [00:40:00] a restriction are surefire ways to feel addicted to food. I'll say that again. Dietary restraint and food restriction are surefire ways to feel addicted to food.

Any study saying food addiction is a thing, have not controlled for people who have dietary restraint and histories of food restriction and eating disorders.

That's one of the biggest things I would say, is the biggest critiques of, of research on food addiction. Yes,

I

Sirius: am not an expert on addiction by any means, but I think

it's an interesting thing to have a culture and a society that is so focused on food restriction [00:41:00] and has made some very strong and and casual connections between overeating and fatness. To have that sort of, and, and that we hate fatness, right? Those, those things are all sort of true in our culture when that's sort of what's happening around us.

And then you have commercials and advertisements like what we see around food. To have those two things happening at the same time feels like a really, really confusing thing to put in front of people on a regular basis. And I just, I, I will just also throw out there that the. The way that food gets advertised and things like nicotine and alcohol, all of that stuff gets a advertised the same way they're learning from each other.

When one of those groups has a [00:42:00] success, the other groups are watching, and vice versa. A lot of the people who work on advertising in Big Tobacco, they also work for the big food companies and the alcohol com. I mean, like, it's all connected. And so, to be in a culture that tells us that like, food is bad and we should limit our food at all costs because we don't wanna get fat.

And then also, here's the most enticing thing you could have. Mm-hmm. I, what are, what are we even supposed to do with that? Mm-hmm.

Yeah. I

don't,

mm-hmm. Again, I, I'm not an expert on addiction. But I do think it's curious that that's sort of what we're all trying to navigate for ourselves. Mm-hmm. Mm-hmm. Yeah. A lot of conflicting messages out there. Mm-hmm. [00:43:00] Mm-hmm.

Dana: I think we can't, we can't talk about this without talking about sugar specifically, right? Because there's a lot of rhetoric out there about sugar addiction and how sugar lights up the same pathways in the brain as heroine. Anyone ever heard that before?

Hilary: Yes.

Dana: I bet you've heard that before. And and yet we don't hear about the other things that light up that pathway that aren't, uh, drugs or food, right? Like when you receive a hug from a loved one, that area of your brain lights up. When you listen to good music, that area of your brain lights up.

One thing I wanna say about sugar addiction, I wanna say a couple of things specifically about sugar addiction is that there was a big. Uh, [00:44:00] meta-analysis in the European Journal of Nutrition that was published in 2016 called Sugar Addiction, the State of the Science.

And what they found is they, the, the results were, we find little evidence to support sugar addiction in humans. And findings from the animal literature suggests that addiction, like behaviors such as binging, occur only in the context of intermittent access to sugar. These behaviors likely arise from intermittent access to sweet tasting or highly palliative foods, not the neurochemical effects of sugar, right?

That when we restrict and limit people's access to sweets, we see this in kids. I mean, I grew up with sugar cereals in my house. We had 'em for breakfast. Sometimes they were just there and we would have kids come over and eat four bowls of sugar cereal 'cause they didn't have it at [00:45:00] home. Right. Little Debbie's.

Mm-hmm. All of that stuff. We see that all the time. And kids.

Hilary: Mm-hmm. Yeah. That's how it was around Easter candy or Halloween candy at my house. Mm-hmm. Mm-hmm. Like, we didn't take it away from them.

Sirius: Mm-hmm.

Hilary: It's ridiculous. Go send them out to get it and then take it away. No. We just made it available when they were young.

It became like part of their toys, like, they'd start, they'd start carrying it around in the dump trucks and stuff. Mm-hmm. Mm-hmm. But as they got older, they never went through it all. But friends would come over and I'd forget that it was a problem. They would eat a lot of it, which is what it is, but yeah, it was notable.

The difference. Mm-hmm.

Dana: Yeah. Then when our access is limited to something, yeah. We want it more. Mm-hmm. Yeah. And there's something called the [00:46:00] habituation effect, which we write about in the book and we talk about a lot, which is the more we're exposed to something, the, the less desirable it is.

When we have access to things regularly, we tire of them, but we don't see this with heroin. Right. You could give a heroin, someone who's addicted to heroin, all the heroin and fill the room up and they're just gonna use the heroin. It's not the same. But if you fill up a kid's who's obsessed with m and ms and you fill up the pillowcase full of m and ms and you let the kid take the m and ms around the house, eventually, initially that kid takes the m and ms everywhere, but eventually the kid starts leaving the bag of m and ms because they're just m and ms.

Mm-hmm. And when parents enhance the value of one food over another and [00:47:00] reward certain the eating of certain foods with other foods, that is when kids get more preoccupied. Mm-hmm. And those of us who work with people who are trying to recover from their eating disorders and have these feelings of being out of control around sugary foods or other foods, they've forbidden themselves when they stop dieting and restricting.

We find that their experience around food changes and relaxes, this frequency and severity of so-called binges goes down. We don't see that with addictive substances like heroin.

Hilary: Mm-hmm.

Sirius: But we see that with food. We see that with eating

something. I well, before we shift [00:48:00] gears, is there anything you wanna, else you wanna say about the addiction research? Why people, this is

such a seductive, this idea of food addiction is so seductive. I've been thinking about this in the context of some of our more recent conversations about Maha and the way that Maha's trying to really connect with this addiction narrative.

Uh, and I, I think both of y'all have said more eloquent things about that, but I think that's really, really important to be clocking who's talking about food addiction and to what end. Mm-hmm. Because the, the pathologizing of something like food addiction as an addiction like that there's a reason why someone might wanna cast in that light versus another, another way of thinking about it, like as being a natural, normal part of human life, the obtaining and eating a food.

But no, it's an [00:49:00] addiction. So yeah, that's, I just think pay attention to who's calling it that. Mm-hmm.

Hilary: Yeah. And who's not in the room? Mm mm mm.

Sirius: Yes. I mean, it's one of the things I thought as we, as we start to wrap up this episode where do we go from here and what recommendations do we have for people who are, have been maybe in 12 step programs or have in the past subscribed to more kind of food addiction models, Overeaters Anonymous, things like that.

Like what do we, what do we wanna recommend for them? And, I think there's kind of two things. One is, there's, there's a, there's a long list of reasons as to why food addiction is dangerously misleading and I think serious. [00:50:00] You were, kind of speaking to like the idea that there's so much that we don't know and we must be willing to sit in the discomfort of not knowing.

Mm-hmm. And then asking questions like, who benefits from the framing of this as addiction and who's making the money? Which I found myself thinking about where a lot of these OA groups, I mean, maybe people donate to go to them, but it doesn't seem like it's a huge money making thing, which I was like, who's making the money here?

But guess what, we got GLP ones, now we, there's the money. Mm-hmm. There's the people who are now selling food addiction because they're talking about food noise.

Hilary: Yep.

Sirius: And not having any food noise, which, what else reduces food noise. Getting enough to eat. And let me just say, getting enough to eat consistently and [00:51:00] predictably over a long enough period of time where your body trusts that it will be fed.

Not a week, not 24 hours, but if it took men in a study where they had one period of food deprivation for six months, and it took some of those men over a year to normalize their eating, it's gonna take your time.

Hilary: Mm-hmm.

Sirius: Who are the people asking the research questions, and are they willing to consider a weight inclusive approach?

Have they done anything to divest from anti-fat bias and diet culture? Do they know how diet culture shows up in their life? Because if they don't, then the questions they're even asking suck. Right? Mm-hmm. Who are the people that get to decide what research gets funding? This is particularly interesting to talk about right now, given what's going on in the, [00:52:00] the government here in the United States, and you got Dr.

Fucking Oz in charge of shit and Junior. But who gets to decide what research is funded? What role is fatphobia playing in the ways we are approaching healing? And what do we as a society have to face to give it up? Right? We're not asking the right questions. Mm-hmm. Mm-hmm. And this is, this phrase just seems like we have a crisis of imagination when it comes to this stuff.

And food addiction language just colludes with the, the, our narrative that we've adopted from living in, in diet culture. So when we think about, recommendations for those who are seeking an alternative, maybe somebody's listening who's, who's had histories in 12 Steps, or [00:53:00] maybe they're currently attending a 12 step program.

What do we want people to know? What recommendations would we give them?

Hilary: I mean, I keep thinking about the folks that, so commonly you and I saw Dana, who thought that they had a food addiction problem or compulsive eating, or they were emotional eaters or binge eaters when actually their engagement in these kinds of programs and also other forms of treatment that are typically given to fat folks who are struggling.

They actually miss that they have anorexia, that fat people can have anorexia and that they have not been meeting their needs for a long period of time, and they're afraid of food because of all of those programming and rhetoric [00:54:00] and expectation that's been placed on them. And they need treatment for anorexia, not another program that's gonna make them feel like they don't restrict well enough.

So many people came to see us who had anorexia and actually thought they were just bad dieters because occasionally they would eat, and it was, it's really, really troubling. So that's coming to mind. So that might be you if you're listening. And it's very underdiagnosed and very misunderstood, and you absolutely should find, if you wanna talk to someone about it a health at every size therapist or a body trust clinician would be ideal probably in this scenario.

Something like that. And then the other thing I keep thinking about is how, lots of us are conditioned to not have control over our [00:55:00] bodies. That that's not safe. That we can't be safe with our own bodies, that we are the problem. And I keep thinking about that and how quickly and early that's taken away from so many of us for a variety of reasons.

Even before puberty or at the onset of puberty, when the messaging about our body changes and it becomes something to watch out for, or fear or get control over because of other people's reactions to it. It's a huge boundary violation at a minimum, and the answer is not to give over more control of your body to others, even though you may notice that you find some degree of comfort in that,

but you are not the problem the way your body has been [00:56:00] discussed. Pathologized, blamed, teased, and, and used as a site of perfection. Performance is not yours. That's the cultures. It does not belong to you. And I hope with that, with, I hope that you are able to hand it back.

Dana: Learn where your dieting mind shows up in your life.

And to give yourself unconditional permission to eat and enjoy food. And that is, no conditions, no amounts, no frequency, not you can have it, but you get this much or you can have it, but just once a week. Or you can have it as long as you clear it with your sponsor. That is not unconditional permission to eat.

Unconditional permission to eat also means that we are free of guilt and shame before, during, and [00:57:00] after we eat it. There can be like also the secrecy like eating as if we're in front of other people. We, we can't always eat with

people, but not having this kind of false food front where there's what we do when we're, we're, we're with people.

And then there's what happens when I am hiding. And have secrecy and shame. And I get like for some people that's where maybe that permission to eat comes and being curious is, do I do this because of the shame? Like do I go through the drive through because of the shame or do I have it ordered because of the shame?

I've had clients go in, they wanted two cupcake, they wanted cupcakes. We're working on unconditional permission. They go in to get the cupcakes, they want two cupcakes, but they end up buying a dozen because they feel like if they buy the dozen, then the woman behind the counter thinks they're for a party.

I, and they end up taking home a whole dozen [00:58:00] cupcakes when they wanted two because of that food front. And I get like the shame and the ways people have been shamed, like there's a protective effect of that. And you have. There's, you get to have cupcakes no matter what your size is. You are allowed pleasure from cupcakes.

And that, I think maybe that's where, we'll, well, two other things. That allowing for pleasure, right? And even prioritizing pleasurable eating. Do you like what you're eating? If you came to see me, the first thing I would ask you if you struggled with food addiction, quote unquote, is well, do you know if you like what you're eating?

And most people when they subscribe to this, they wouldn't be able to tell me if they, they liked what they're eating, when we, we wanna prioritize pleasurable eating that is attuned to our body signals and encourages this relationship with food that allows for consistent, flexible [00:59:00] nourishment without rigidity restriction perfectionism.

And lastly is to get curious about this pattern. We all have patterns. And understanding the pattern of coping that you developed to survive is part of this. Hillary and I are actually gonna be recording a video on the cycle, that cycle or pattern for our no more waiting course, which we're bringing back in a month or so.

And that's that pattern of coping you've developed, getting, being curious, looking and listening with kindness and curiosity instead of contempt for yourself. That's where some possible places to change the pattern can come to

fruition, but pulling the reins [01:00:00] in tighter and having somebody tell you what you can and cannot eat is not the way we get out of the pattern.

We might get a little bit of freedom from the pattern for a period of time. Eventually, we'll be back in the pattern.

So if you've subscribed to food addiction models, you've attended oa, you might just reflect on what stands out to you from this podcast episode. Where did you hear truth? It makes sense that you're bumping up against stuff. Be gentle with yourself. We are not really here to convince you. We're here to offer different narratives for you to choose from and who benefits when you identify as a food addict.

We will leave some, uh, resources in the show notes to read more. Uh, we [01:01:00] appreciate your support with this podcast. If you have a friend you think this episode would be, uh, interesting too, please send it on to them. We benefit from your likes, shares, and subscribes, and we just are so grateful for you tuning in once again to the Body Trust Podcast.

Thank you everyone. Thank you. Thanks everybody.