

Brain over Binge – Hansen, Kathryn

Kathryn attempted therapy for her bulimia, and discovered it didn't work for her. Additionally, she found that binge eating and bulimia often does not respond well to therapeutic interventions. Instead, she found that the concepts of clinical social worker, Jack Trimpey, found in Rational Recovery served her best.

Rational Recovery posits that the disease concept for issues surrounding urges/addiction isn't effective because it assumes the issue stems from hidden causes (depression, anxiety, self-esteem). Tackling the hidden causes, however, does not remove the original desires of the urge.

The urge, in this case, compulsive eating, is shown by the Addictive Voice or the lower/animal brain. This is not really the voice of the authentic individual and is rooted in an evolutionary response that is intended to protect. It ensures survival. By separating individual/authentic thoughts of the human/higher/developed brain from the evolutionary/survival impulse, you can make an informed decision to stop the impulsive/urge behavior.

Instead of trying to thwart the impulse/feeling, allow recognition that the craving will surface as part of the brain's survival response. These cravings aren't indicators of some hidden defect, because it comes from the automatic, unthinking part of the brain. Instead, feel the cravings and understand that they don't originate in the higher brain. This part of the brain, when detached from the lower brain's impulses and cravings, is the only part that can exercise choice. Don't talk yourself out of the feelings or thoughts as this will only incite frustration. Instead, observe the stimulus as an automatic function and they will eventually die down and disappear upon neural rewiring and new habit creation. No thought or feeling can make us act.

Separate the thoughts/feelings about the addiction before they become powerful urges:

- I binge because I have urges to binge. My urges to binge were not symptoms of anything – they were the problem.
- Restrictive dieting creates an adaptive response in the brain. They are based in survival instincts, because dieting goes against our nature and our lower brain will try to fight it.

Teens have less actual control because of their survival instincts. Biologically, bingeing is a natural response to a teen dieting, which is why the onset of bulimia is mostly age-specific.

One of the neurochemicals tied to binge eating is the release of opioids in the hypothalamus.

Another reason that people get in the cycle of bingeing is memory, because the brain is wired to seek pleasure over pain.

Food deprivation changes the brain, so restriction changes the brain. Additionally, high sugar and fat foods are most pleasurable and most attractive to the brain for the adaptation to survival when food-deprived.

Habits are how human survive, and eventually bingeing becomes a habit. Repeating a behavior changes the brain so that the behavior becomes easier and with less conscious thought, which is another survival technique.

Neuroplasticity is the brain's ability to rewire itself. Where we focus our attention and our behaviors physically changes the brain.

Dieting > Survival Instincts > Urges to Binge > Binge > Purge > More Urges to Binge > Repeated Survival-Instinct-Driven Bingeing/Purging > Habit Formation in the Brain > Brain Automatically Produces Urge to Maintain the Binge Eating Habit (144).

There is a biologically based personality trait called 'high reward sensitivity' in some individuals where they have more pleasure-seeking traits, and therefore are at higher risk of addiction.

Binge Eaters are more impulsive and less adept at self-control, even outside of eating habits.

People can become addicted to highly palatable foods due to the opioid receptors in the brain that regulate food intake.

Why many people follow urges to binge:

1. I thought my urges to binge signaled a real need. (151)
2. I tried to fight my urges to binge. (153)

“I stopped trying to desperately stay above water, because I learned that I didn't even have to enter the water. In separating myself from my urges, I was learning to watch the waves from the shore.” (155)

3. Binge eating quelled my urges to binge. (155)
4. Binge eating felt good. (156)

“The act of consuming the substances and the feelings the substances induce become reinforcing.” (157)

5. Therapy unintentionally encouraged me to follow urges. (159)

“The first step in recovery is wanting to recover. No one can help you until you are willing to stand up against what afflicts you.” (161)

“I believe the 'substitution' technique was actually harmful to me. When I did manage to use it, it caused me to focus all my attention on the urge to binge in an effort to decipher its symbolic meaning, and that served to give my urges even more attention and emotional significant, even more power.” (171)

How did I create my brain-wiring problem in the first place?

By acting on my urges to binge many times.

How did I reverse my brain-wiring problems?

By not acting on my urges to binge many times.

When it comes to the brain, you have to use it not to lose it. The connections will soften every time that function isn't used. Make disciplined behaviors and the brain will eventually follow and the urges will subside/disappear. The brain is plastic, so this is the key to recovery.

The prefrontal cortex is the command center of the will, and by using "free won't" we can separate the brain's automatic messages from the actions we take.

Five steps to recovery:

1. View urges as neurological junk from the lower brain. (I am not my habit.)
2. Separate the highest human brain from the urges. (Practice mindfulness.)
3. Stop reacting to the urges. (Decide where to put my focus. Awareness v. Attention.)
4. Stop acting on the urges.
5. Get excited. (Praise has a physical effect on the brain. Excitement focuses positive attention.) (182)

Urges to binge can surface during recovery:

1. When overeating.
2. When undereating.
3. When eating highly pleasurable foods.

Dealing with life and bulimia recovery are two separate issues, and should be handled as such.

"Technically nothing can trigger binge eating, because that completely eliminates free will. That's like saying someone's anger triggered the gun. That's simply not possible. Regardless of anger or any other feeling, someone's voluntary hand muscles have to fire a gun. Likewise, I had to use the voluntary muscles in my hands, mouth, face, and throat to put large amounts of food in my mouth; and nothing could trigger those muscles to work without my consent. So, in therapy, when I said that this or that 'triggered my binge', I was squeezing out room for the conscious choice of my highest human brain." (244).

The brain desires patterns and will seek them tirelessly. Therefore, conditioned associations will occur when certain situations are repeated (e.g. eating alone, after a fight, during stress). These become the learned stimulus-reactions. Some situations can cause urges to flare, and that is simply the lower brain's response. Once the actions change, the pathways to the urge/flare-up will diminish or disappear.

Medications typically don't work for bingeing, because drugs don't change the neural pathways that were created during the binge habit formation. Also, if people get secondary benefits from bingeing – the taste, pleasure, instant satisfaction – then medication won't alleviate those. Medications don't taste good, aren't pleasurable consuming, don't provide distractions, etc.

It is important not to attribute recovery to increased moods, because that puts individuals at continual risk for relapse if their moods lower.

OCD techniques can work for bingeing/urges. "Revaluing is the step where patients quickly recognize the disturbing thoughts as senseless, as false, as errant brain signals not even worth the gray matter they rode in on, let alone worth acting on." (282)

"You have only temporarily become a victim of your own healthy brain." (287)