



Managing the Addictive Appetite

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Many times, difficulty arises in treating and helping those who struggle with treating and recovering from Sexual Addiction (Compulsion or Out of Control Sexual Behavior) to understand how the addiction works and how recovery works. Often the metaphor of eating disorders can be extremely useful. By reviewing the process of how an eating disorder affects the addict's relationship with food, then comparing it to the active and recovering sex addict, sometimes, a broader understanding can be developed. Part of the need for such a metaphor arises from the difficulty with the "Abstinence Model" of chemical dependency recovery, which mandates stopping the source of addiction completely. Since this is impossible with both food and sex or sexuality, a more reasonable model must be available. This sometimes brings up the question of whether or not alcoholics or drug addicts can learn to be "reasonable" drinkers or drug users. The answer is a resounding, "No." At least not based on the logic presented here. No human suffered from spending an entire life without ever ingesting a drop of alcohol. However, every human must eat daily in order to survive and, like it or not, every human expresses his or her sexuality on a daily basis, whether or not sexual activity is a source of that expression. Hence, for the process addict, those who are addicted to processes, such as eating, gambling, sex, and work, recovery requires understanding the appetite and learning reasonability.

One of the primary disconnects in the food addict who is active in addiction is the connection between the head, the body and the need for food. The process of addiction removes both the ability to identify hunger and satiety, the sense of having eaten an adequate amount and needing time to stop eating. For the food addict, the sensations range between starvation and hypoglycemia and being uncomfortably overfull. For the restrictive eater, the sensation of hunger is a terrifying, often almost traumatic feeling, one to be avoided. For the overeater, hunger is either so foreign that it is only recognized when hypoglycemia sets in with headache, tremulousness and irritability. Otherwise, eating is a constant process of "grazing" or eating something constantly, punctuated by meals that are terminated by a statement something like "If I eat another bite, I'll pop" and a loud groan of discomfort.

In order to establish recovery, the food addict enters into a plan of both food and eating. The goal is to eat regular amounts of non-triggering foods on a regular schedule, with nothing other than scheduled snacks in between. First of all, this process allows the overeater/restrictor to stop eating binge foods and trigger foods. An example of these foods is the high sugar, high carbohydrate dessert. Many times, the recovering food addict follows an abstinence plan that includes no refined sugar, no refined flour products (such as white bread) and no in-between meal snacks. In addition, meals are usually pre-planned, even if it is just an agreement to eat a meat, 2 vegetables and a fruit within a time limit. The person working a Twelve Step program usually has an agreement with both a home group and a sponsor to check in regarding this commitment and the adherence to it on a daily basis. In this way, the addict has both support and accountability.

Over time, the desired result is that a relatively magical experience arises: that of feeling hunger and satiety. This is never an experience that is planned or anticipated. It is almost always a major surprise. The food addict, for some unknown reason begins to experience the thought that a typical meal time is approaching and that hunger is starting to arise. The process of planning and preparing to obtain and eat a meal becomes a calculated thought process, including winding down work activities for lunch and ceasing starting new projects. In addition, after eating for a while, without rush or pressure, the body has time to process food and to send the messages to the brain anticipating the impact of eating. When this happens, the sense of "enough" becomes a new and unique experience. To stop eating before the sense of fullness becomes uncomfortable is, for the food addict, a strange experience when it first arises. After a period of time, the food addict learns to trust this feeling and to be able to eat without fear, knowing when the body needs food, when it is satisfied, thus, when to stop. The concept of "reasonable" begins to make sense.

At this point, the food addict, with the guidance and support of those with long term recovery and experience, may begin to entertain the notion of re-introducing basic “trigger foods” that are a part of daily dining, such as white bread, higher calorie foods in reasonable amounts, and, eventually desserts. Judi Hollis, PhD once said in a talk, “If you can take it or leave it, you can take it or leave it. If you’ve gotta have it, walk away.” This is the essence of “reasonable” eating. Any sense of urgency, whether it is to deal with a difficult day or to appease a difficulty host, requires emotionally walking away from the food object. This requires planned, committed recovery. When one begins to broaden the foods considered within an Abstinence Plan, a good idea is to do so after discussing it with both a home group and a sponsor for some time, at least a couple of weeks. In addition, a commitment to discussing the new food within a defined period of time with both the sponsor and the group is also essential. The whole goal is to keep the behavior open, honest and discussed. If changes in overall behavior or immediate changes in patterns of eating arise, the support system is there to point them out and the food addict goes back to the original abstinence plan.

Similarly, the sex addict has lost the ability to experience arousal outside a very limited array of behaviors that have been incorporated in patterns of acting out. The sex addict finds that sexual arousal means the imperative urgency of acting out or controlling acting out. Likewise, “sexual satiety” means facing the exhaustion or consequences of acting out or an acting out binge. Rather than feeling a sense of true satisfaction with the sexual experience, the addict experience the brief high of the orgasm followed by either the exhaustion of the acting out, the shame of the process, or the urgent need to “clean up” or cover up the evidence of acting out. Many times, this is followed by the immediate plan to find the next source of acting out, to avoid the feelings that trigger the “need” to act out, much like the groaning overeater leaves the table and still checks the clock to see when the next meal is due or carries a “go box” to the next stop.

Sexual recovery requires a period of sexual abstinence that also includes celibacy. This seems harsh, but it is essential in getting the brain out of the loop of trance and addictive escalation that occurs in the early stages of arousal that are not any where near consciousness. Only by eliminating the chance of “dessert” completely, can the brain begin to create the sense of arousal, which is a myriad of feelings across a range of experiences. In addition, the strict guidelines help the sex addict to separate out the feelings that parallel the food addict’s sense of hunger, deep hunger, and need to eat. These feelings include the understanding of the difference between true sexual appetite and the desire to act out in order to deal with feelings, stress, or other emotional experiences. On a positive note, the addict begins to experience the joys of deep intimacy that causes a deep level of arousal that is, in itself, very satisfying, without any sexual contact or “release” attached. In addition the spectrum of pleasurable arousal and intimacy broadens and becomes much more complex and amazing. However, this process is one of growth, insight, understanding and development.

Recovery for the addict, with or without a partner is based on understanding of how recovery works, how sexuality and sex (two different things) work, a spiritual and personal sense of self, understanding of “hunger and satiety or satisfaction” and the patience to reach this goal. This sounds so very simple and, in reality, like the Program of recovery, it is. However, it is not easy!

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