

## A COMMENTARY.

### The Most Subtle Disease of Addiction – Peínamania: Processed Food Addiction.

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#### **Introduction**

This commentary regarding the disease of processed food addiction – peínamania continues to bring light to processed food being an actual substance-based addiction analogous to alcoholism and drug addiction (Raymond, et al., 2020; Raymond, 2021). Being a legal substance, processed food can be ingested from the day a person is born. In fact, that is not entirely true. How many mothers ‘eat for ingesting more processed food throughout their pregnancy with an underlining self-justification of now having an excuse, or ‘gives them permission’ to eat what they want because they’re pregnant and eating for two’ (Al-Ateeq & Al-Rusaïess, 2015). Of course this dodges the ‘overweight/fat/obese remarks and it can become a ‘food-fest’.

Processed food – “How can anyone be ‘addicted’ to processed food?” There are many successful ‘weight watchers’ we hear about. The common thread is the promotion of how much weight they have lost, but we don’t hear of any follow-ups or updates one, three, five, ten, and very rarely fifteen plus years down the track. “Why?” is a good question to ask; I am sure we could reply with similar answers.

#### **Another Legal Available Addictive Substance**

Legal drugs also known as over-the-counter (OTC) and prescription (Rx) drugs are prevalent in society today (Barrenberg, et al., 2018). Also included in this class are alcohol, nicotine, and caffeine (Lucke et al., 2018) as well as marijuana which is legalised in the USA in several states (Leung, et al., 2018). Processed food is available everywhere, in every country, in some way shape or form. The majority of ordinary people ingest processed food

any and every day without any repercussions. For them, it conveys sociability, camaraderie, communication and warmth coupled with vivid imaginations. It represents a liberation from ones worries, cares, fatigue and the monotony of everyday life. It brings about heart-warming and happy experiences, a closeness with family, friends, neighbours, colleagues and societal gatherings, from the impoverished and destitute to aristocratic organisations. Sentimental feelings of living a life that is satisfying, fulfilling and with a sense of purpose come strongly.

However, as the disease unfolds and the peínamaniac (processed food addict) progresses to the final stages of excessive ingesting, the once known pleasures and enjoyment are no longer present, albeit just reminiscences. Trying to reclaim the great moments of the past was an endless battle between a persistent longing to enjoy life as was once known, and the gut-wrenching obsession, delusion and illusion that some new miracle of control would appear to enable one to do the impossible. The processed food addict has an infinite supply of ‘one more attempt’ and ‘one more failure’ justifying endlessly, ‘this time it will be different.’

As the disease progresses it brings about narrow-mindedness from those who are also caught in the processed food addicts web. This is further accompanied by increased isolation from friends, family and society as a whole. Over time, the processed food addict (peínamaniac) becomes one of many subjects under the dictatorship of its leader, Sovereign processed food. In the early days the processed food addict tries to escape via practitioners of all titles, nationalities, and approaches, trying to find understanding, acceptance and hope which *were* temporarily successful but, once again ingestion ensues meeting up with the well-known and practiced state of being wasted – lying on the couch asking, “Why? Why did I do it again?” To add more pain, it was mostly underpinned by the dreadful gaslighting within oneself of shame, blame, unworthiness, guilt and imperfection. A processed food addict will identify with such a scenario.

From time to time a processed food addict ‘being empty’ referring to the empty processed food addict syndrome, (Raymond, 2019) which is analogous to a ‘dry drunk’ may say “I’m doing pretty good; my weight is down; I can ingest a little bit extra non-processed food now; I’m looking good, feeling better and in control. Even got my job back and a new relationship is on the horizon. I have a healthy life today.”

Beware – this is the subtlety of the disease of processed food addiction. The illusion that once the weight is down and appears to be staying down, they once again believe the untrue threadbare notion of ‘this time it will be different’ or ‘I wasn’t really that bad’. However, unfortunately this person is like a young child whistling in the dark – a literal attempt to keep under wraps the reality they may be powerless over processed food and

suffering from an addiction which requires a whole life-style change. Deep down inside, they would give anything to attend a smorgasbord of processed food, ingesting what they want and getting away with it.

Sooner rather than later, the same old game is played again – they will return to ingesting processed food, unhappy with their abstinence and maintenance thereof. Subliminally, they cannot envision a life without processed food, and finally the day will arrive when they can't picture a life either with processed food or without it. They will then experience shame, guilt, loneliness and a head constantly and rhetorically sending mixed messages. Incessant destructive thoughts coupled with destructive actions are interspersed with “what's the use of living – especially if I have to live like this for the rest of my life”.

One such destructive action is akin to when an alcoholic or drug addict commit the offence of driving under the influence (DUI). This continues to be a major factor for individuals involved in fatal crashes (Sanchez et al., 2020). However, to think a person could put another person's life at risk while ‘ingesting under the influence’ (IUI) seems laughable. To give this concept some air, most people would also add, ‘you can't be put in jail for ingesting too much processed food’. As such, an IUI offence with an illegal underpinning would be a joke to most people. And yet, patients I have treated have reported having accidents in a frenzy of ‘having to’ go to the nearest bakery, take-out, 7/11, or some type of food store to ingest, anything and everything, to stop the mental torture in the head telling the processed food addict they must eat at once; then followed by a physical allergy, a great power of forcefulness that enforces them to ingest beyond their mental control.

## **Processed food addiction – A Multifaceted Disease of Addiction**

*Processed food to a processed food addict is akin to heroin for a heroin addict, alcohol to an alcoholic, nicotine to a nicotine addict...*

Food is a natural substance albeit, analogous to other addictive substances, it too has been manufactured by employing procedures which can involve one or a combination of various processes. These may include fermentation, extraction, concentration, crystallisation, distillation or preserved in processed substances i.e., sugar or salt.

Akin to those suffering from alcoholism and drug addiction, peñamaniacs also suffer from withdrawal symptoms including headaches, dry mouth, obesity, excessive perspiration, insomnia, depression, anxiety, stress, skin conditions, backaches, stomach aches and the like.

Additionally, families have been shattered, education forsaken, loss of jobs and income coupled with an inability to work as well as continuing mental health issues (Raymond, 2021). Moreover tolerance symptomatology is similar to an alcoholic who may enter a tavern for just one beer, and yet several hours later they're trying to find a taxi to take him or her home. Similarly, the processed food addict begins with just one cookie, and before they know it the whole packet has been eaten.

Quite often food abuse – ‘food addiction or disordered eating’ is commonly treated with cognitive and behavioural approaches (McCuen-Wurst, et al., 2018; Raymond, 2020). This has also been justified in a myriad of ways including, any disordered eating or addiction to ‘food’ is *different* from alcoholism because of a myth that ‘processed food addicts have to eat and therefore entire abstinence is impossible.’ To debunk this myth, yes, it is true the processed food addict has to eat however, they do not under any circumstances ingest processed food but, live nutritionally sustained and healthy lives on non-processed food including: protein, carbohydrates, vegetables, fruit, oil and dairy (Raymond 2019). On the other hand, the alcoholic does not abstain from ‘drinking’ they abstain from all alcoholic beverages drinking only water, fruit juice, milk, soft-drinks and the like.

The major challenge for the processed food addict to face is entire abstinence of *all* addictive substances. Typically when a person presents with alcoholism, they only eliminate alcohol and can still smoke, or partake in other mind-altering substances. The individual is still taking in a mind altering substance, just not alcohol. Generally when an alcoholic comes into treatment, the elimination process begins; primarily with alcohol, then the narcotics, then perhaps the nicotine. Very rarely is the alcoholic encouraged to eliminate processed food; in fact they are encouraged to ingest processed food when they get a craving for alcohol. This can have detrimental effects if the alcoholic/drug addict is comorbid with processed food addiction.

## **A Brief Case Study:**

### **Comorbidity – Alcohol and Processed Food Addiction**

Patient, Henrietta (H), had eliminated alcohol for two years and eight months which was the longest period of abstention for her. This was supported by attending Alcoholics anonymous (A.A.) meetings twice a week. Albeit a self-proclaimed introvert, she made it her business to do service wherever possible becoming a stalwart active member of A.A. She was

also married with a daughter and a son who exuded much happiness with the ‘big’ changes she had made in her life.

Be that as it may, H still experienced periods of anxiety, depression, stress, lethargy and headaches. Her husband was familiar with these symptoms from H’s active addiction days and would nervously wait these periods out which typically only lasted a couple of days until H appeared better. He had resigned to the notion that H would always have some challenging days and made sure he was there to help her through these ‘rough’ times.

What they noticed ‘helped’ Nancy enormously was to have the fridge and pantry stocked with Nancy’s favourite foods including chocolate chip ice cream, cheesecake, frozen meals of pasta, pizza and garlic bread and an array of cookies and candy. H continually shared how much better she felt even if only momentarily when she ingested them.

Just prior to her third A.A. celebration, H relapsed, drinking a bottle of Riesling. Her husband came home from work and found her passed out with the empty bottle beside her. She was rushed to hospital and then to a private clinic where she was counselled to try and figure out what stress and anxieties had she experienced to seemingly cause her to relapse. H, now blaming and condemning herself for being weak-willed, believed she should have known better than to pick up a drink, and kept asking herself “why do I always have to ruin everything? What is wrong with me?”

Finally discharged, she shared with her family that, “out of nowhere this mental obsession to drink suddenly hit me I couldn’t fight the urge to not drink. It was too powerful.” She felt full of shame, remorse and guilt whilst pleading for her family to forgive her and promised she would not do it again saying, “I will increase my A.A. meetings, ring my sponsor more and slowdown in my work.” Her family guaranteed they would always be there for her and would do anything to see her happy once again as they continued to try and work out, ‘what did make H snap?’

“Was it because her daughter had some minor health issues; the stress of her third A.A. birthday celebration; was she socialising more than usual with her husband’s work functions; or was she finding an extra shift at work too much?” Finally they decided it would be best to live a quieter life and that she would not accept any extra work to see if that made a difference.

It ‘worked’ for approximately 11 and one-half months but, H’s depression, stress and anxiety got worse and at times she said it felt like she was living on an emotional rollercoaster. H was familiar with this pattern and vowed she would never go through another relapse like before. So H drank a bottle of Malibu along with overdosing on a bottle of over-

the-counter sleep medications. Being rushed to emergency for a gastric lavage (stomach pump), she went into a coma for seven days before passing away.

H's family believed they had done everything possible to help her asking themselves, "What went wrong? Had H been secretly drinking without them knowing and mistakenly overdosed? Did she lack the ability to fight the urge to drink? Was the addiction too strong and she was one of those who may never have recovered – a chronic relapser?"

H was finally defeated by an underpinning addiction – processed food addiction – *peinamania*. Her continued ingesting of coffee and snacks at every A.A. meeting; the constant grazing and increased ingestion of processed food when things got tough; the cyclic dieting and fasting she used when the fear of gaining weight tortured her. Even though she had eliminated alcohol for quite a lengthy period of time, she was still under the influence of alcohol. Even though she wasn't drinking, copious amounts of processed food and caffeine kept her blood sugars going up and down like a yo-yo. Her thinking was hopelessly confused which fed her constant mood swings and increased her desire to drink alcohol making her days of not drinking (sobriety) torturous.

Importantly, attendance at A.A. meetings has shown to be a suitable approach for alcoholics (Karriker-Jaffe et al., 2017; Kelly, et al., 2020) and in H's case it was the one stabilizing foundation in her life giving her the ability to put down the alcohol for as long as she did. However, not even A.A. could help her fight the persistent mood swings that seemed to appear from nowhere which were not related to her daily life – the most torturous of all was the constant craving for alcohol that never seemed to have left her. She couldn't understand why others did not experience what she shared about. H was dry, but she never stopped thirsting for the alcohol and the more processed food she ingested albeit, giving some temporary relief, increasingly augmented her physical and mental misery with the consequences feeling ominously like withdrawal symptoms she experienced from alcohol. H shared with her husband that her continual craving for alcohol was her thorn in her side, something that would always give her continual anguish believing she would never be able to live without a chemical crutch of some description, so they 'just had to live with it'.

### **What Caused the Patients Relapse?**

So what defeated H? She had stopped drinking, which is the main priority for an alcoholic; she went to A.A. which acquainted her with a spiritual way of life i.e., a sense of not being alone, an introduction to the concept of a Higher Power and a place where she

could learn to change her way of life. Together, H was motivated and wanted to stay sober. However, she had not addressed the possibility of having comorbid addictions. Unfortunately this neglect was underpinned by a lack of ignorance and misunderstanding from a world who does not yet understand the disease of processed food addiction (peínamania) and whose reactions are very different from the processed food addicts when it comes to ingesting processed food.

## **Processed Food Abuser or Processed Food Addict?**

### **Another Face of Addiction...**

The majority of society appear to be processed food abusers; they can stop or moderate their ingesting, although they may find it difficult and troublesome but with some medical help, they are able to do so (Raymond, 2020).

In my work, I see many ‘recovering’ addicts suffer the same as H and many who are in danger of relapse. I would like to clarify, this is not because they are weak or fooling themselves about their alcoholism or drug addiction, but because they are using another substance such as processed food or narcotics and nicotine, to ‘keep their weight down’. This in turn keeps the addictive substance they have eliminated to this point alive, or even worse, becomes a cover up for their hidden primary addiction. An addict still suffering, can be spared much physical and mental torture if any symptomatology of processed food presents when they are being professionally treated.

Unfortunately, very few indeed will address this malady typically saying, “well I’ve put down the alcohol, the drugs and the cigarettes, at least I can still enjoy what I eat.”; increasing the risk of dying in perhaps 5, 10, 15, or 20 years earlier from secondary complications including cardiac disease, diabetes, hypertension, obesity and more recently Covid-19.

## **Questions and Answers**

It would be remiss of me if I didn’t broach a couple of questions which I confidently assume may be uppermost in your thoughts...

- “Are you saying that everyone who is an alcoholic or drug addict is also comorbid with processed food addiction?”

*Definitely not. I treat addicts who present with a sole addictive substance i.e. alcoholism, drug addiction and or nicotism; likewise, I treat many alcoholics comorbid with narcotic addiction, gambling etc. This paper is highlighting the point that there is a minority of already diagnosed addicts who are potentially suffering from the disease of processed food addiction which may be masked by mental health symptomatology or physical symptomatology or another addiction.*

- “Isn’t food and addiction historically treated as a behavioural, non-substance-based problem?”

*A valid, plausible disease concept of processed food addiction (peínamania) emanates as I parallel it to alcoholism and drug addiction (substance-based addictions). Most notably is the genetic predisposition of addiction no matter what the substance; a continued desire to stop or moderate the use of the substance evidenced by many failed attempts to do so; the individuals appetite for the substance increases over time in order to achieve the desired effect; daily living becomes increasingly unmanageable due to a large amount of time in pursuit of the substance, using the substance and or recovering from its effects; the person continues to present delusional thinking in the conquest of denying they have an addiction ‘problem’ hoping against hope some miracle of control will ‘fix’ them; the substances have easy accessibility; past a certain age the substances are legal. Lastly, synchronising with substance addictions, abstinence from the substance – in this case, processed food – continues to be an effective long-lasting treatment leading to the full remission.*

- “Why are individuals with a predisposition for processed food addiction so adamant they are compulsive overeaters, emotional eaters, food abusers or sugar addicts and the like?”

*A person with the predisposition of processed food addiction will go to any lengths to minimise the severity of the illness and avoid the stigma of an addiction. Typically, constant denial of the truth is a painstaking process and in so doing, they will label their ‘problem’ as something less confronting as an ‘addiction’. The nomenclature ‘addiction’ rouses an old 19<sup>th</sup> century image of a drunkard laying on the park bench with a paper bag or someone in a dark alley shooting up.*

*Recovery from the disease of processed food addiction means one hundred percent elimination of the substance – the first priority of treatment is to sever completely the primary cause of the disease – processed food (Raymond, 2019). Hence, saying one is ‘just a food abuser etc.’ continually keeps the individual in denial giving them an excuse not take responsibility for the necessary lifestyle changes required, and secondly, it permits the person to keep the fantasy alive that somehow, someday, someday, they will be able to control and enjoy ingesting processed food.*

The main purpose of this commentary was to bring to light the multi-faceted disease of peínamania – processed food addiction. Primarily, I make note of processed food being a ‘legal’ substance, followed by the challenges trying to understand another face of addiction. I purport, ‘this disease of addiction is a reality and not a myth, or the result of being a weak-willed glutton, or entwined with many and varied eating disorder labels. I have also reiterated the disease of peínamania (processed food addiction) manifests in those individuals who have the predisposition of processed food addiction. Most people are ‘normal’ when it comes to eating, or perhaps could be verging on the edge of processed food abuse, psychologically dependent, compulsive overeating, or disordered eating.

I have noted importantly (but briefly due to limited space) the subtleness of how the disease manifests and presents itself with many different guises and multi-faceted facades to those who do not understand the nature of this illness. In particular I have focussed some discussion on the similarities with other substance-based addictions and have included a brief case study of the comorbidity experienced between an alcohol and processed food addiction.

Lastly, I share that the majority of individuals are processed food abusers. Those actually suffering from the disease of processed food addiction – peínamania, are in the *minority* – the individuals who have tried literally everything over a long period of time and are finally exhausted, hopeless and desperate. Desperate to find some understanding as they come to realise there maybe something else going on; they are not or have never been a bad person trying to get good, but actually have been a sick person trying to get well. This is followed with several questions and answers in hope of further contemplation, whilst igniting global conversations about the enormity of this particular disease of addiction and the infinite consequences (secondary complications) that may arise from untreated processed food addiction. If any further information is sought, please refer to Raymond, 2019.

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