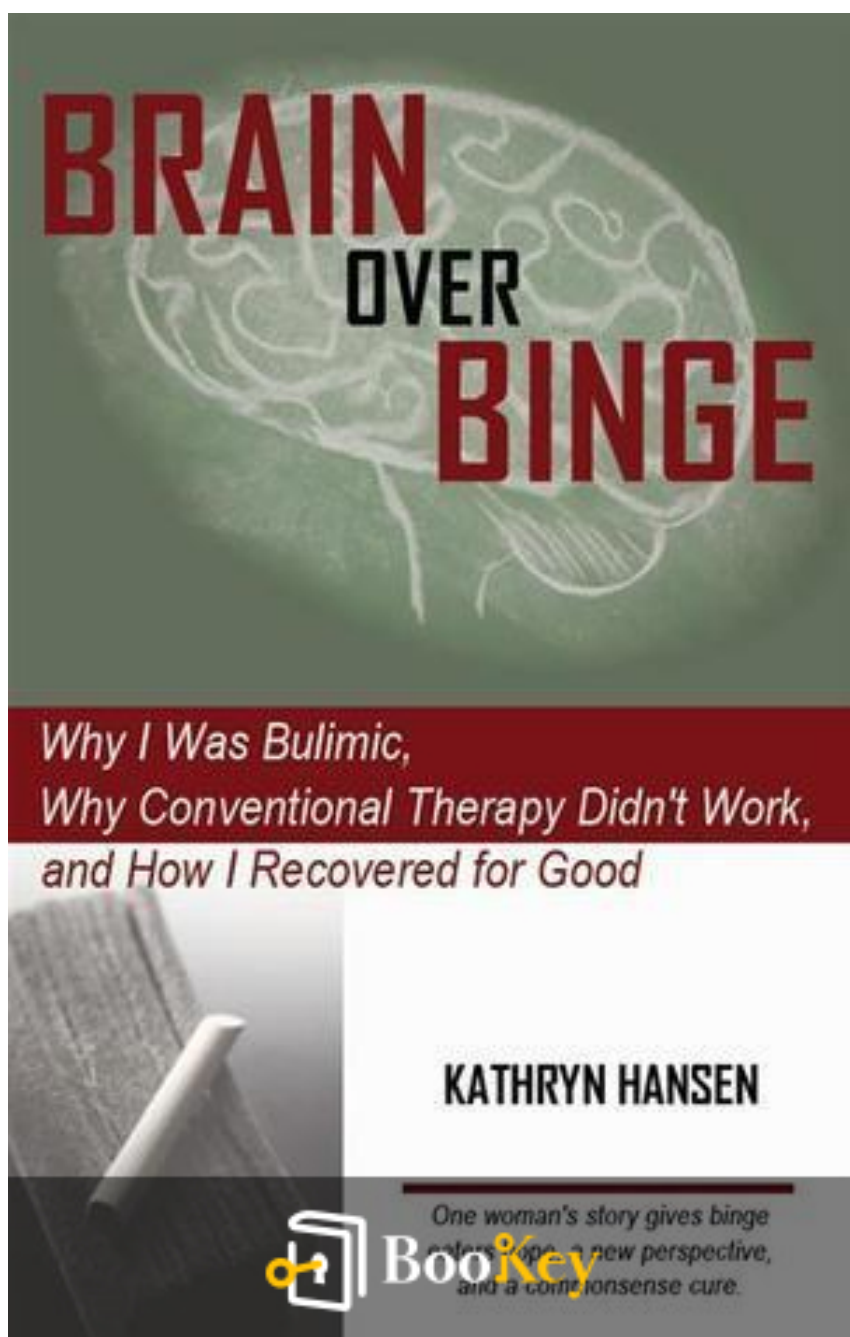


Brain Over Binge PDF (Limited Copy)

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Brain Over Binge Summary

"Reclaim Control from Binge Eating Without Therapy or Diets"

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About the book

In a world overwhelmed with misleading dietary advice and oppressive societal pressures dictating body image, Kathryn Hansen's "Brain Over Binge" emerges as a beacon of hope for those caught in the unending storm of binge-eating. This insightful and empowering narrative departs from conventional recovery methods to explore an often-ignored perspective: the power of the individual mind over flawed neurological pathways. Hansen candidly shares her own journey, revealing how understanding the brain's habitual responses enabled her to break free from the cycle of compulsion. Through this lens, "Brain Over Binge" not only dismantles myths about willpower but equips readers with the cognitive tools to reclaim control, reframing the dialogue around eating disorders from one of helplessness to that of empowerment. As you delve into this transformative book, prepare to embark on a mental odyssey that challenges entrenched patterns and offers a roadmap to reclaim the authentic self lurking beneath the tumult.

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About the author

Kathryn Hansen is a passionate writer and advocate in the field of eating disorder recovery, renowned for her candid approach to understanding and overcoming binge eating. Embarking on her personal journey to recovery after years of battling her own struggles with food, Hansen harnessed her experiences to craft a compelling narrative that offers hope and guidance to others. Unlike traditional therapeutic methodologies, she presents a distinct perspective by addressing the neurological and behavioral aspects of the disorder. Hansen's debut book, "Brain Over Binge," showcases her commitment to illuminating the underlying influences of binge eating and empowering individuals to reclaim control over their lives. Her work continues to inspire and challenge conventional notions within the realm of eating disorders, establishing her as a notable figure in the discourse of mental health and wellness.

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Chapter 1 Summary: 1 A Typical Day's Binge

Chapter Summary: "A Typical Day's Binge"

The narrative unfolds on January 6, 2000, with the protagonist awakening from an uncomfortable sleep on a stained, undesirable basement couch in her college dorm. She is engulfed by regret and shame due to another episode of binge eating, a behavior she had vowed to change as part of her New Year's resolution. Her sense of failure and self-disgust is painfully strong because this binge represents a continuation of holiday habits and defies her intentions of starting fresh with the new semester.

This pattern of binge eating is something the protagonist struggles with, particularly during holidays, where indulgence escalates into uncontrollable consumption once everyone else retires for the night. She describes the overpowering urges to eat everything in sight—stuffing, sweet potatoes, and desserts—with the result being a mix of physical discomfort and emotional turmoil, including the fear of the health risks her overeating might pose.

The protagonist reflects on the relentless nature of her cravings, which defy her otherwise conscientious nature. During these episodes, she feels disconnected from her rational self and is drawn into a trance-like state where immediate gratification overshadows the knowledge of her actions'



irrationality. Despite making resolutions to quit bingeing, each attempt is undermined by the strength of her urges.

Driving back to university, a pivotal moment marks her loss of control as she succumbs to the compulsions during the journey, pulling off the road multiple times to acquire more snacks. Despite longing for college experiences of friendship and romance, the protagonist finds her social life hindered by her consuming obsession with food.

Upon arrival back on campus, she attempts to forget her concerns by falling back into her pattern, retreating to the basement for another binge. This behavior significantly affects her college life, illustrated by her avoidance of social interactions and the accumulation of shame from failing her resolutions and the unresolved tension with her roommate, Julia.

The narrative dives into the complexity of her relationship with food and the lengths she goes to cope with her binges, including the desperate attempts to purge, driven by a hopeless wish to undo her actions. A heartfelt incident with Julia, where the protagonist admits to her eating disorder and theft of food through a letter, attempts to mend their strained relationship. Julia's understanding response and the subsequent arrangement to forgive and move forward is a rare moment of solace for the protagonist amidst her ongoing struggles.



As the chapter closes, the protagonist recognizes the irony of ending her binges with diet beverages, magnifying the absurdity of her actions, yet she remains trapped in a cycle of emotional eating, desperately clinging to the hope for change in the new semester.

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Chapter 2 Summary: 2 A Typical Day of Purging

In this chapter, the protagonist grapples with a persistent cycle of binge eating and over-exercising—hallmarks of their struggle with bulimia, a type of eating disorder characterized by binge eating followed by purging behavior to avoid weight gain. The chapter opens with the protagonist alone in their dorm room, reflecting on their tumultuous relationship with food. They recount the anxiety of potentially eating their roommate Julia's food, a friend from high school whom they've wronged in the past.

Once, the protagonist suffered from anorexia, where their underweight condition was clear even to themselves. However, this disorder gradually transitioned into bulimia as they entered college. They recount their first semester, a time when the weight gain was necessary but achieved through unhealthy binge eating patterns that have now spiraled out of control.

On January 7, the protagonist wakes up with a headache, a common consequence of the previous day's binge. They prepare for a rigorous gym routine designed to punish themselves for overeating, packing multiple sets of clothes to change in between exercises due to excessive sweating. This day is a glimpse into their lived reality, with long hours dedicated to cardio as a means to compensate for the overeating and manage their weight. They describe the gym experience as a prison, despising the monotony but feeling trapped in this destructive behavior.



Throughout this routine, the protagonist distracts themselves with studying, trying to bear the chain of this relentless cycle. The relief comes after the exercise—an illusion of having undone most of the damage caused by the binge, though they rationalize it as most likely just water weight loss. They reward themselves with a normal, nutritious dinner, promising this will mark a healthier lifestyle change, hoping this semester will differ.

Despite these intentions, the drive back from dinner unveils the mental turmoil when cravings become overpowering again. Insatiable thoughts about food and the fear of being unable to control their appetite emerge. Despite logic, therapeutic methods, and self-distraction attempts, these urges persist. The struggle leads to a sleepless night filled with anxiety, as resisting the binge feels just as exhausting and defeating as succumbing to it.

Ultimately, the cycle continues, and within days, the protagonist again breaks promises to themselves and binges. A familiar pattern of shame and relentless exercise to compensate follows, reinforcing a vicious cycle that is challenging to break.

The chapter closes with a somber reflection, still trying to understand this pattern despite therapy and self-help efforts. The protagonist is caught in an exhausting loop, unable to escape the daily battle with cravings, consumed by the time wasted in attempting to correct their actions through compulsive



behavior. A glimpse into the past reveals when this journey began—during a weight loss attempt in high school—and how it insidiously developed into a life-altering condition.

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Chapter 3 Summary: 3 Choice and Consequences

In these chapters, the author recounts the gradual and unintended descent into disordered eating, spurred by personal life events and shifting priorities. Initially, the author, having always been a naturally thin and active girl, didn't focus on weight. However, during her early years of high school, she experienced a normal and healthy weight gain as part of her development. This change brought about an awareness of weight, a topic gaining traction among her peers who were starting to diet.

Despite this awareness, the author initially dismissed the dieting culture and continued her normal eating habits, fueled by her active lifestyle as a member of various sports teams, such as cross-country and softball. However, an unexpected turn came when she underwent a tonsillectomy, which temporarily restricted her eating and inadvertently led to weight loss. This incident occurred alongside a leadership change in her softball team, which reduced her motivation to focus on strength training. These factors, combined with societal pressures and newfound self-awareness, motivated her to continue limiting her food intake.

The author describes her newly-adopted restrictions on eating. She slowly replaced junk food with fewer calories and embarked on more aerobic exercises, especially running, shifting her focus from sports strength to weight control. While she found success as a competitive runner, her internal



struggle began to deepen. Food went from being a casual part of life to an obsession, driving her to avoid situations where she might be tempted to eat unhealthy foods. Her appetite became a constant battleground, and anxiety about potential weight gain led her to further restrict food and increase her running to compensate for any slip-ups.

As her journey through high school unfolded, her weight dropped significantly, and with it, her performance in softball deteriorated. Despite recognizing the sacrifice of her athletic strengths, she lacked the courage and knowledge to revert to her former lifestyle. Her relationships and everyday activities took a backseat as the obsession with food continued to dominate her mind.

Even as her weight declined and she showed signs of anorexia, she did not perceive her dieting as severe enough to constitute an eating disorder. Her daily intake became minimal for someone as active as she was, equating to a form of starvation given her physical demands. Nevertheless, the author's denial and the complexities of teenage dieting culture perpetuated her journey toward an eating disorder. This nuanced narrative highlights the interplay between societal influences, personal circumstances, and the consequential choices that can silently propel one into the grips of an unhealthy relationship with food and self-image.



Chapter 4: 4 Introduction to Therapy

The chapter "Introduction to Therapy" details the author's journey through a challenging period when they first began therapy for an eating disorder. In the summer following their junior year of high school, their weight had dropped to 100 pounds, prompting their concerned parents to send them to a therapist. Despite the author's reluctance and denial of any issue, the therapist diagnosed them with anorexia, highlighting that the disorder was more about underlying psychological issues than just food and weight.

The therapist explained that the symptoms of anorexia stem from deeper life issues, and treatment would include addressing self-esteem, anxiety, potential depression, relationship problems, and social skills. This was a novel perspective for the author, who viewed their dieting as purely a weight loss endeavor. Despite acknowledging personal flaws like low self-esteem, high anxiety, and shyness, they couldn't see the connection to their eating habits and vowed to avoid returning to therapy.

As their senior year commenced in August 1998, the author noticed their control slipping. Despite attempts to incorporate normal meals and moderate fatty foods, they struggled with heightened cravings and guilt. The author oscillated between restrictive eating and allowing indulgence based on their physical activity, maintaining a borderline anorexic weight but experiencing a growing dissatisfaction with their running achievements.



Deciding to run cross-country and track at a Division I university in Mississippi—where their sister was already a student—the author grappled with conflicting emotions. Though part of them was excited, another part mourned the loss of their dream to pitch in college softball. The overlap

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Chapter 5 Summary: 5 My First Binge

Chapter 5: My First Binge

In this chapter, we are introduced to the protagonist's initial experience with binge eating, a key turning point in her life. Before this incident, she had a strict eating regimen, often avoiding foods she craved, like sweet cereals, out of fear of losing control. Her father, who often indulged in sugary cereals, unwittingly acted as a trigger for her cravings. Despite her trepidations, one March morning she succumbed to the long-suppressed desire and binged on multiple bowls of cereal. This event marked the start of a pattern of behavior she struggled with for years.

The immediate aftermath of the binge was a complex mix of emotions. While she felt a momentary sense of relief and satisfaction from indulging, these feelings were soon overshadowed by guilt and shame. She resolved to regain control over her eating habits, but this commitment soon clashed with her escalating dependency on food for comfort.

Her binge eating episodes began to escalate, and despite an increase in her running routine, a crucial aspect of her identity, the consequences of her eating patterns became increasingly difficult to ignore. The stress of maintaining her athletic success, combined with inadequate nutrition, led to

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a stress fracture, her first of many. This injury was a wake-up call, pointing out that her body was suffering from more than just overexertion—it was a consequence of underlying nutritional deficiencies linked to her disordered eating.

As she navigated the challenges of her senior year, her obsession with maintaining a low weight intensified. Even a school trip to Orlando—a typical high point for a high school senior—felt overshadowed by her constant calculations about calories and an unrelenting need to exercise. By the time she graduated in May 1999, she was physically emaciated and emotionally distant.

As summer unfolded, she continued her extreme exercise regimen, further isolating herself from friends and family. Her dwindling weight and the visible strain on her health increased concern among those around her, prompting pressure from her parents to seek therapy—a suggestion she resisted.

Despite the unhealthy cycle of binge eating and intense exercise, her secret struggles continued. A summer job at a bakery served as a new source of temptation. Breaking her own rules, she succumbed once more to binge eating on doughnuts, leading her to a desperate but unsuccessful attempt to purge, hinting at the beginnings of bulimia.



The protagonist's relationship with food became increasingly complicated as she realized that binge eating provided a temporary escape from the self-imposed pressures of dieting. This growing dependency only further fueled her cycle of guilt and indulgence. Attempts to regain control consistently fell apart, contributing to a steady weight increase that her parents interpreted as recovery, unaware of the underlying struggles.

Heading to college, she hoped that a new environment might break the cycle. Yet, without an effective support system or coping strategies, her disordered eating persisted, and she remained consumed by food-related anxieties and isolation. College did not quell her struggles; if anything, it magnified them amid the pressures of a new environment and expectations. Here, the chapter closes as she reluctantly faces the reality of needing professional help, despite several broken vows to herself to never return to therapy.



Chapter 6 Summary: 6 Accepting Therapy

In Chapter 6, the main character begins therapy at the urging of a cross-country coach who notices her unhealthy weight and eating behaviors. This chapter delves into the complex journey of understanding and treating an eating disorder, specifically bulimia. Initially reluctant but gradually open to the idea, the protagonist begins sessions with a sports psychologist who moves her diagnosis from anorexia, binge eating-purging type, to bulimia, nonpurging type, as her weight changes.

The narrative explains the theories presented by therapists: eating disorders are not about food or weight, but rather symptoms of deeper emotional problems like low self-esteem, anxiety, and depression. Food becomes a coping mechanism for emotional needs. The protagonist is challenged with the idea that to overcome her eating disorder, she must address the root psychological and emotional issues fueling her behavior. Despite initial skepticism, she begins to engage with these ideas, exploring self-monitoring techniques such as journaling to identify triggers for binge eating, ranging from stress and loneliness to feelings of inadequacy.

Her journey involves working with a nutritionist to plan meals that support her high activity level, though she struggles with the temptation of binge foods. Despite her efforts, the urges to binge remain persistent and varied, occurring in numerous emotional states and situations, making it arduous to



pinpoint and address specific triggers. The protagonist explores deeper aspects of self-discovery, attempting to find fulfillment and identity, address perfectionism, and resolve past traumas as advised by her therapist, Jim.

Throughout college, despite extensive therapy and lifestyle changes, her binge eating episodes continue, illustrating the ongoing battle with bulimia. The realization dawns that recovery is a multifaceted and lengthy personal journey requiring more than willpower or simple self-control. Instead, it involves addressing complex emotional and psychological roots, without a straightforward cure.

While therapy opens doors to self-awareness and emotional coping strategies, the protagonist finds therapy's complexity and lack of immediate solutions frustrating. Despite the personal growth journey she undertakes, her binge eating persists, and she feels entrapped by a cycle she cannot wholly break free from. The narrative captures her disappointment with the therapeutic process's slow progress but underscores the significant, though indirect, personal development she experiences.

The conclusion of her college years reveals a cautious acceptance, acknowledging that while many opportunities were lost to her disorder, valuable life experiences and relationships persisted. By sharing her story, she hopes to impart the dangers and challenges of eating disorders, providing insight that could prevent others from losing precious years to



similar struggles.

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Chapter 7 Summary: 7 Topamax to the Rescue

Chapter 7: Topamax to the Rescue

The protagonist finds themselves in a moment of reflection the day after their college graduation in May 2003. Alone in a nearly empty apartment, they are physically uncomfortable and mentally wrestling with the choices of their college years. With a degree in communication—which was not their original choice of meteorology—they are filled with regret, realizing that the decision was made hastily under the belief that it might help them overcome bulimia. Their college years are marred by the eating disorder, making them disengage from their studies and personal relationships.

Graduation brings neither pride nor joy; instead, there's a heavy sense of failure. Moving back to their parents' home, they begin intensive therapy, yet find their bulimia unchanged. A breakthrough comes when they are prescribed Topamax, a medication traditionally used for epileptic seizures, which unexpectedly curtails the cravings to binge eat. This surprising relief allows them to start feeling more like themselves, engaging in internships, volunteering, and even rekindling personal relationships.

Throughout the summer, filled with nostalgia and reflection, the protagonist reconnects with old friends and begins a long-distance relationship with

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Greg, who will later become their spouse. The influence of Topamax seems to open a world of possibilities beyond binge eating, although its side effects provoke concern over dependency and long-term health impacts.

The growing relationship with Greg leads them to realize how different life becomes without the constant urge to binge. Despite ongoing low self-esteem and confusion about their career direction, their life is no longer consumed by the eating disorder. This period of clarity forces them to question the therapeutic wisdom they received that tied bulimia closely with emotional and mental health. They begin to suspect that the disorder may be rooted more in their brain chemistry than their emotional state.

However, by October 2003, the effects of Topamax fade, leading to a return of binge-eating urges. Reluctant to increase the dosage due to potential side effects, and fueled by a newfound skepticism towards therapy, the protagonist decides to approach their recovery individually. They discontinue the medication and resolve to avoid therapy, believing they might be capable of overcoming bulimia without professional intervention.

Overall, this chapter highlights the protagonist's journey through confusion and revelation, grappling with the complexity of their eating disorder, and the temporary relief that Topamax provides. It culminates in a resolve to seek recovery through personal means, forging a path independent of traditional therapy.



Chapter 8: 8 Some Things Change, Some Remain the Same

In Chapter 8, "Some Things Change, Some Remain the Same," the narrator embarks on a transformative yet challenging period of her life. She decides to move to Phoenix with her partner, Greg, who has landed a new job there. The move is accompanied by her enrollment in a master's program in religious studies, an academic pursuit she hopes will shift her focus away from her ongoing struggles with bulimia. However, living with Greg presents the unavoidable confrontation of her eating disorder, which had been easier to hide when they were apart.

Despite her initial reluctance and the fear that her disorder would interfere with their relationship, Greg's unwavering support and love convince her to take the leap. Her father accompanies her on the drive from Louisiana to Arizona, a journey that reconnects her with him in a way reminiscent of their shared love of running, a passion that had bonded them years before.

As she settles into her new life in Phoenix, the narrator continues to grapple with bulimia. Her relationship with Greg strengthens, yet her eating disorder persists, tarnishing moments that should have been happy and stable. Greg maintains a supportive stance, his actions often a testament to his unconditional love, such as sleeping on the floor next to her when she felt too ashamed to sleep in their bed after a binge. Despite his love and support,



the disorder continues to manifest, leading the narrator to cancel plans and evade social interactions—a pattern she had seen in past relationships.

The culmination of this struggle occurs when Greg proposes marriage. While she loves him and the life they could build together, the timing feels premature due to her persistent bulimia, prompting her to initially decline. However, after considering their conversations and realizing that recovery isn't a prerequisite for love, she proposes to him a month later. They marry in a civil ceremony, followed by a small church service attended by family, sidestepping the traditional pressures of a wedding that her disorder made untenable.

In their new life, despite the stabilized environment and fulfilling work as a teacher's assistant, binge eating resurfaces. The narrator once again considers therapy, wondering if there are complex psychological roots to her disorder that she hadn't yet addressed—a train of thought encouraged by therapists she had seen before. Yet, she internally debates this narrative, questioning if binge eating was truly a coping mechanism, as her experiences with therapy had yet to fully resolve her disorder.

Ultimately, the chapter leaves readers with the notion that while major life changes and deep emotional introspection seemed necessary, the true resolution to her bulimia lay in simpler truths that were yet to be discovered. The chapter reflects the ongoing struggle between external changes and



internal battles, highlighting that love and support, although crucial, were not alone sufficient to overcome deeply ingrained patterns of behavior.

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Chapter 9 Summary: 9 A New Book and New Hope

Chapter 9: A New Book and New Hope

In May 2005, the warm Arizona summer was on the horizon as the narrator navigated personal struggles with bulimia—a relentless cycle of binge eating and self-criticism. After a particularly severe episode the previous night, the protagonist set out for the gym with ambitious plans of extended cardio and weightlifting but felt overwhelmed and decided to procrastinate by visiting a bookstore.

The psychology and self-help section had been a familiar haunt, offering potential cures for the enduring eating disorder with little success. None of the myriad books on happiness, self-esteem, stress relief, spirituality, or depression had provided the sought-after remedy for binge eating. On this day, however, a new path was ventured—the addiction and recovery section. This shift acknowledged that the protagonist perceived their behavior akin to an addiction, similar to substance dependencies.

Browsing the titles, "Rational Recovery: The New Cure for Substance Addiction" by Jack Trimpey captured attention. The book's promise as an alternative to Alcoholics Anonymous (AA) intrigued the narrator, who had a mixed experience with its offshoot, Overeaters Anonymous (OA). Previous

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encounters with OA highlighted conflicts; while the group advocated abstinence from white flour and sugar—foods the narrator often binged on—the protagonist felt that restrictive diets were a trigger rather than a solution. Furthermore, the spiritual elements of OA, invoking a "Higher Power," clashed with the narrator's agnostic views, rooted in disillusionment from past religious pursuits for bulimic salvation.

Rational Recovery (RR) piqued interest by rejecting the notion of addiction as an incurable disease— a premise aligning with the narrator's skepticism of traditional treatment philosophies. The hope that RR might offer an alternative to OA felt promising, so the book was purchased as both a potential tool for recovery and a mental distraction during obligatory workouts.

The narrative took a pivotal turn with RR, which far exceeded expectations. Instead of simply providing distraction, RR empowered the narrator by advocating personal responsibility and offering practical strategies directly addressing the binge eating. This new approach marked the beginning of a journey to complete recovery from bulimia, redefining hope and agency in managing the disorder.

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Chapter 10 Summary: 10 My Two Brains

In Chapter 10, titled "My Two Brains," the author explores the radical perspective presented in Jack Trimpey's book, *Rational Recovery (RR)*, and its application to their struggle with bulimia. Trimpey, a clinical social worker, challenges the conventional disease model of addiction promoted by Alcoholics Anonymous (AA) and widely accepted in society. He asserts that treating addiction as a disease undermines personal responsibility and agency. Instead, he suggests that individuals can overcome addictions—whether alcohol, drugs, or eating disorders—without lengthy therapy or self-discovery journeys.

Trimpey's approach, which the author found compelling, focuses on the concept of the "animal brain" or "beast brain," an ancient brain region tied to basic survival instincts. According to Trimpey, this part of the brain falsely identifies addictive substances or behaviors as necessary for survival, leading individuals to crave them as if they were vital like food or oxygen. The accompanying "Addictive Voice" (AV) stems from this region and supports the addiction, making quitting seem daunting.

The author resonates with Trimpey's past experiences of feeling victimized by hidden causes beneath their behaviors—a belief they applied to their bulimia. They compare this with Trimpey's view: the disorder is not the product of deep, unresolved psychological issues but a misdirected survival

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drive. Therapy often focuses on resolving underlying problems, but RR suggests a different path, where recognizing and dismissing the AV is integral to recovery. This framework revolutionizes the author's understanding, making them question if therapy's focus on personal issues might actually hinder recovery.

Trimpey's technique, Addictive Voice Recognition Technique (AVRT®), enables individuals to recognize and separate their true self—rooted in the rational, conscious "human brain"—from the AV. The human brain, being the seat of voluntary control and reason, can choose not to act upon the AV's impulses. The author reflects on their experience with Topamax, a medication that briefly alleviated their binge urges without addressing personal problems, further challenging therapy's effectiveness.

This chapter illustrates a shift in perspective for the author. It signals a potential turning point in their recovery journey—acknowledging that addiction can be quickly addressed by rejecting the AV and understanding it's merely a voice from the primal animal brain, not a reflection of their true self. By focusing on recognizing and detaching from the AV, the author embarks on an empowerment path, asserting that recovery is within their control and not dependent on unraveling hidden psychological causes.



Chapter 11 Summary: 11 I Had Control All Along

In Chapter 11, the narrator delves into the concept of dual brains—the human brain and the animal brain—as introduced by Jack Trimpey. This theory offers clarity and hope to the narrator, who grapples with binge eating. The human brain, representing rationality and self-control, is contrasted with the animal brain, seen as the source of impulsive urges such as binge eating. The narrator realizes that these urges are impostors, not genuine needs, thus empowering them with the belief in their ability to choose their responses.

Through reflection and insights gained from reading Trimpey's work, the narrator acknowledges already possessing the knowledge that they didn't have to succumb to the urges. Yet, prior to this understanding, they had been overpowered by these urges, which appeared as personal thoughts and emotions, coaxing them with justifications like deserving a treat or needing relaxation. In therapy, they learned alternative coping mechanisms but found them insufficient during intense cravings that seemed integral to their identity.

The turning point arrives when the narrator sees these urges more as robotic voices stemming from the animal brain, thereby distinct from their true self. This separation leads to a strategy: instead of suppressing these urges, the narrator decides to observe them dispassionately and choose not to act on



them. They begin to disconnect emotionally from the binge-eating habit, recognizing it as merely a behavior reinforced over time rather than a response to unmet emotional needs.

Returning home with this new outlook, the narrator acknowledges that binge eating had become a conditioned response driven by a misguided part of the brain believing it to be essential for survival. They affirm the power of the human brain in making conscious choices, realizing that their eating disorder was not a complex mystery but a resolvable pattern. In deciding to detach from these urges and reject their call to action, the narrator embarks on a transformative path, unaware that this pivotal moment marks the nearing end of their struggle with bulimia.

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Chapter 12: 12 Resisting the Urge

In Chapter 12, titled "Resisting the Urge," the protagonist experiences a significant breakthrough in managing her binge eating tendencies. The chapter begins with her returning home from the gym and finding herself alone for dinner. After eating a regular meal and dessert, she confronts familiar cravings and thoughts urging her to binge, which she attributes to an automatic, instinctive part of her brain mistakenly signaling a need for survival.

Through the techniques she learned from a book called "Rational Recovery" (RR), she distinguishes between her higher, conscious self and the automatic urges to binge. Realizing that these urges are not laden with deep emotional significance or hidden meanings, she understands them as mere expressions of a habit she has been indulging for too long. This detachment empowers her, reducing the urges' intensity and allowing her to notice that they naturally dissipate when not acted upon.

The chapter delves into how she redefined her understanding of binge eating. Instead of viewing it as a coping mechanism for emotional or psychological distress, she sees it as a response solely to the discomfort of her own urges. These insights reveal that her past binges were not solutions to emotional problems but rather reflexive actions to silence the cravings themselves.



Reflecting on her breakthrough, the protagonist acknowledges the simplicity of this realization compared to the complex narratives she had previously constructed through therapy. The intricate web of explanations involving her past, mental health, and personality no longer holds weight. Instead, she embraces the straightforward truth that she is not compelled by any

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Chapter 13 Summary: 13 The End of My Bulimia

Chapter 13: The End of My Bulimia

This chapter chronicles the author's personal battle against bulimia, a severe eating disorder marked by cycles of binge eating followed by purging. The narrative begins after a pivotal moment when the author finds newfound hope and confidence through a program called Rational Recovery (RR). However, apprehensions linger about permanently giving up binge eating, an act that has become a coping mechanism and a source of solace despite its destructive nature.

The author grapples with an internal conflict between two parts of the brain: the animalistic, instinct-driven part seeking the numb solace of binge eating, and the higher, rational part—the human brain—that yearns for control and a life free from this disorder. There is a keen recognition that the urges to binge are a byproduct of the more primal, automatic parts of the brain, not the rational self that desires liberation and fulfillment.

As the days pass, the author consciously separates from the thoughts and feelings associated with binge eating. By viewing urges as external, almost absurd propositions, a sense of control and empowerment emerges. This newfound objectivity reveals the disconnect between genuine desires and the



brain's automatic, ingrained responses.

Despite initial progress, the journey is not without setbacks. The author describes an instance two weeks post-RR when an urge overpowers rational resistance, leading to a binge. However, this event marks a turning point as the author clearly identifies the moment of succumbing to the animal brain and reframes the experience as an opportunity for introspection rather than a failure.

The chapter continues to explore how the author's relationship with binge eating transforms over time. A significant change occurs when the author chooses to binge, fully aware and in control, as an experiment to test the power of choice over compulsion. This conscious decision alters the dynamics: the food lacks its former allure, and the binge feels hollow because the rational, human brain remains engaged throughout. This revelation dismantles the illusion that binge eating is an uncontrollable force, highlighting the potential for choice and autonomy.

By August 2005, the once overpowering urges fade into infrequent, manageable thoughts. The absence of reactive cravings signifies a substantial shift in the author's mental landscape—detaching the identity from the compulsion. As the year concludes, bulimia's once-tight hold loosens into a distant memory.



The chapter culminates in a poignant New Year's Eve moment. In the solitude of unfamiliar surroundings, familiar binge-inducing thoughts arise, attempting to lure the author into old patterns. However, the author listens to them with detached curiosity, recognizing them as mere automatic thoughts devoid of power. This marks a final victory—a confirmation that the author no longer needs to make resolutions to stop binge eating because the battle has already been won through a critical evolution of thought and self-awareness.

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Chapter 14 Summary: 14 Investigating the True Story Behind My Bulimia and Recovery

In Chapter 14, the author reflects on her unexpectedly swift recovery from bulimia and embarks on a journey to understand the underlying mechanics of her healing process. Having experienced a drastic shift in her mindset that led to the cessation of her bulimic behaviors in 2006, she initially doubts the permanence of her recovery, worrying it might be a temporary reprieve like past experiences. However, as time passes without any urge to binge eat, her confidence grows that her recovery is stable and genuine. This newfound assurance sparks a deeper curiosity—how had she managed such a sudden turnaround without addressing all her emotional and psychological issues as previously advised by therapists?

The author recounts her quest to redefine her understanding of her eating disorder by focusing on brain function rather than the previously emphasized psychological, personality, or genetic factors. She credits Trimpey's insights from Rational Recovery, specifically his discussions around brain activity in addiction, for her newfound perspective. Instead of viewing her bulimia through the lens of personal emotional struggle, she now sees it as a natural response of a healthy brain performing its functions—adapting and reacting to certain behaviors and urges.

With this fresh outlook, the author aims to share her personal insights and

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simplified understanding of bulimia's development in the brain, distancing herself from densely scientific explanations. She stresses her background as a liberal arts graduate, not a brain expert, underscoring the accessibility of her recovery approach. By demystifying how bulimia can manifest and be eradicated by the brain's straightforward processes, she hopes her story might inspire others to overcome binge eating as effortlessly as she did.

This chapter serves as the foundation for Part II of the book, where the author promises to delve deeper into her brain-focused analysis, offering a practical roadmap for others contending with similar struggles. Her ultimate goal is to empower individuals to achieve a similar liberation from eating disorders by leveraging a simplified understanding of the brain's role, thereby transforming her personal triumph into a beacon of hope for others.

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Critical Thinking

Key Point: Understanding brain function over emotional causes

Critical Interpretation: By distinguishing the urges to binge as a natural, albeit misguided, function of a healthy brain rather than a deep-rooted emotional flaw, you can shift your entire approach to recovery. This perspective empowers you to detach from the tumultuous emotional narratives often believed to fuel eating disorders and focus purely on how your brain facilitates these behaviors.

Recognizing that these urges are simply misdirected neural responses allows you to not only demystify the recovery process but also liberate yourself from the weight of perceived emotional inadequacies. By adopting this shift in mindset, you can aim to cultivate a more seamless and less psychologically burdensome journey away from the cycle of binge eating.



Chapter 15 Summary: 15 Was I Really Recovered?

In Chapter 15 of the author's narrative on overcoming bulimia, the focus centers on the concept and definition of recovery. At the heart of the discussion is the author's contemplation of whether true recovery was achieved. Initially, the author assumed that overcoming bulimia would require a significant personal transformation. However, after ceasing binge eating and purging, the author noticed that while the compulsion to engage in these behaviors had disappeared, their sense of self essentially remained unchanged.

The chapter delves into various definitions of recovery presented during the author's therapy, highlighting how they are often loaded with broad, challenging goals, such as resolving underlying emotional issues, improving self-esteem, and achieving happiness. These definitions painted recovery as a daunting, potentially lifelong endeavor. However, through personal reflection, the author realized that the broad expectations set by these therapeutic goals overshadowed the simplest and most direct route to recovery.

Three critical questions helped the author redefine recovery. "What was I trying to recover from?" explored the essence of bulimia as primarily a cycle of binge eating and purging. The absence of binge eating, therefore, would mean the disorder could not exist. "What is recovery from bulimia or BED?"

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led to the straightforward conclusion that recovery must be the termination of all binge eating. "What did I need to do to achieve recovery?" boiled down to simply stopping the binge eating behavior. This realization allowed the author to view recovery not as an overwhelming psychological transformation, but as an act of ceasing the specific behavior central to bulimia.

The author confronted conventional therapeutic beliefs that suggested unresolved underlying issues would cause a relapse or manifest in other destructive behaviors. A shift in perspective occurred by distinguishing between "recovery," which involved stopping the behavior, and "life," the broader journey of personal growth and self-understanding. The author argues that traditional therapy might complicate recovery by intertwining it unnecessarily with broader life goals, when the primary focus should be on eliminating binge eating to move forward with life's challenges naturally.

Furthermore, the author questions the adequacy of the DSM's diagnostic criteria for bulimia, noting that they rightly emphasize the significance of eating behaviors but may overlook wider psychological or biological factors cited in therapy. Despite possible oversights, the author contends that bulimia is primarily about the behavior itself—binge eating—and recovery is achieved when that behavior ceases.

In conclusion, the chapter emphasizes that recovery from bulimia might be



more practical and attainable than traditionally represented, by focusing on stopping binge eating as the definitive step toward overcoming the disorder.

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Critical Thinking

Key Point: Simplifying Recovery: Focus on Behavior

Critical Interpretation: In your quest for healing, it's crucial to realize that recovery doesn't have to be an overwhelming challenge defined by resolving countless emotional issues or achieving unreachable life goals. Instead, by honing in on the behavior—much like how the author pinpointed binge eating as the primary behavior to cease—you can experience genuine recovery. When you focus solely on stopping the behavior that keeps you trapped in a cycle, recovery becomes a tangible and practical goal. This approach not only demystifies what is often seen as a complex recovery process but encourages you to clearly define boundaries between the behavior you wish to change and the broader life journey. With this clarity, you can strike a healthier balance between overcoming specific issues and growing personally, without feeling entangled in never-ending therapeutic aims. By adopting this straightforward mindset, recovery can transform from a seemingly distant objective into an achievable reality.

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Chapter 16: 16 Why Did I Binge?

Chapter 16: Understanding the Urge to Binge

In this chapter, the author reflects on a crucial realization about their years of struggling with binge eating: the root cause was not complex emotional or psychological issues, but simply the urge to binge itself. Contrary to what they learned in therapy, the author realized that their binge eating wasn't triggered by deep-seated emotional needs, low self-esteem, anxiety, or any particular life events. Instead, the urge to binge was the direct and solitary cause of every episode of overeating they experienced.

This revelation came into focus when they stopped acting on these urges. By eliminating the behavior, it became clear that tackling other personal issues wouldn't address the binge eating problem unless the urges themselves were managed. The therapy approach, which suggested binge eating was linked to specific emotional triggers, was deemed by the author as an indirect and inaccurate explanation. Instead, they learned through Rational Recovery techniques to focus on eliminating the urges themselves, the real culprits behind the binges.

The author describes these urges as more than mere cravings for indulgence; they were intense, almost uncontrollable compellings to consume food

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rapidly and in large quantities. Sometimes these urges arose predictably in familiar scenarios, like being alone at home or eating meals laden with certain foods. Other times, they appeared unexpectedly, even when food wasn't present, indicating that binge urges were powerful enough to encourage planning binge episodes.

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Chapter 17 Summary: 17 What Caused My First Urges to Binge?

In this chapter, the exploration of the origins of binge eating is centered on understanding the internal and biological triggers, rather than external factors or perceived emotional deficiencies. The author reflects on their experiences, recounting the first urge to binge which came as a high school senior during a restrictive diet. This moment marked the beginning of a pattern attributed not to personal failings or psychological issues, but rather to the biological response of the brain—specifically, the "animal brain" and its survival instincts reacting to dieting.

The concept of the "animal brain" is introduced as the instinctual, primitive part of the brain that prioritizes survival and basic needs. This is contrasted with the "human brain," which is associated with rational thinking. The animal brain, through the hypothalamus, perceives dietary restriction as a threat, activating survival mechanisms that lead to intense cravings and binge urges. Such reactions are supported by biological evidence drawn from studies on various subjects, including prisoners of war and lab animals, all of whom exhibited binge eating behaviors following periods of starvation or restriction.

The chapter elaborates on the hypothalamus's role in maintaining homeostasis by regulating body functions such as temperature, metabolism,

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and notably, eating behavior. The effects of the hypothalamus' components, the hunger and satiety centers, highlight the complexity of the brain's influence on food intake.

While acknowledging the brain's complexity, the author clarifies that no single part of the brain or neurochemical can be pinpointed as the sole source of binge urges. Instead, various processes and chemicals within the nervous system contribute collectively, making eating behavior and urge regulation complex and multifaceted.

Furthermore, the chapter delves into the specific challenges faced by adolescents, whose brains are biologically wired for survival, with an underdeveloped prefrontal cortex, which is essential for controlling impulses. This vulnerability makes teenagers more susceptible to reacting to dieting with binge eating, explaining why bulimia often begins during the teen years.

Throughout the narrative, the author mentions their personal journey, realizing in retrospect that their initial binge stemmed purely from biological drives to counteract self-imposed starvation. The chapter closes with an understanding that the societal pressures to diet, particularly during adolescence, clash with natural survival instincts, leading to behaviors like binge eating. This biological explanation offers a clearer, simpler understanding of the initial binge, a stark contrast to the complex theories



often discussed in therapy. This insight ultimately paved the way for the author's recovery, emphasizing the need to be informed about the brain's role in eating behaviors to combat eating disorders like bulimia.

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Chapter 18 Summary: 18 Why Did I Diet and Why Was It Such a Problem for Me?

In Chapter 18, the author delves into the complex reasons behind their initial decision to diet and how it spiraled into an eating disorder characterized by binge eating and bulimia. Initially, the author questions whether their dieting was symptomatic of a deeper emotional or psychological issue, as suggested by therapists. Despite initially resisting this idea, the author concludes that dieting did indeed play both a physical and symbolic role, representing a deprivation of emotional needs such as enjoyment, pleasure, love, or freedom, and was perhaps a subconscious attempt to gain control over life.

During adolescence, dieting might seem like a cultural norm, especially in societies that glorify thinness, as seen particularly among young girls and women in the United States. The author observes that societal pressures, peer influence, and biological drives underpin teenagers' desire to conform to beauty standards, which are often unrealistic.

Several personal factors influenced the author's choice to diet excessively. Raised in a family that held unhealthy attitudes toward weight and involved in athletics, the author internalized the idea that thinness was desirable. Coupled with a perfectionist personality and low self-esteem, these factors made the author overly critical of their body, thus fueling a deeper commitment to dieting.



The narrative acknowledges that although certain individuals develop eating disorders after dieting, the specific combination of developmental, social, and biological factors that trigger such disorders remains unclear. While there is evidence linking genetic predispositions to eating disorders like bulimia, it is difficult to predict who will develop an eating disorder.

Interestingly, the author concludes that their personal risk factors didn't signify an inherent illness. The decision to diet intensely was the critical catalyst that activated their vulnerability to an eating disorder. The emphasis is placed on the idea that, had dieting been avoided, the cascade leading to bulimia might never have occurred. This underscores the irrelevance of personal risk factors in recovery, as the cycle of bingeing and purging superseded the initial causes of dieting, making it almost impossible to revert to or rectify the original factors that led to the diet in therapy. The takeaway is clear: risk factors only mattered insofar as they led to the initial decision to diet, which, once set in motion, became a perpetuating cycle beyond the reach of retrospective correction.



Chapter 19 Summary: 19 Why Did I Continue Having Urges to Binge?

Chapter 19 explores the persistence of binge eating, despite attempts at dieting and purging, by delving into the powerful influence of survival instincts. Initially, binge eating might have been triggered by the body's response to perceived starvation due to restricted eating habits. However, the continuation of binges over six years remained a perplexing question. The chapter posits that survival instincts do not simply shut off after the first binge. Instead, they are reinforced by behaviors that suggest ongoing deprivation, like purging through excessive exercise or further restricting food intake, signaling the brain to anticipate and guard against future food shortages.

The narrative explains how restrictive eating post-binge acts as a catalyst, sustaining the cycle of binge eating. Each act of purging—whether through over-exercising or severe dieting—sends a message to the hypothalamus, the brain's center for survival instincts, to continue urging food consumption as a protective measure. These urges are further strengthened by the brain's tendency to recall pleasurable sensations from past binges over the negative emotions, due to the interplay between eating-related neuropeptides and memory.

Throughout this cycle, there emerges a division within the mind—the

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rational self against the survival-driven 'animal brain.' This divided brain perpetuates the cycle, as the survival-oriented animal instincts overpower conscious attempts to control or rationalize the urges. However, purging, while seen as a corrective measure, merely deepens the cycle. This is emphasized by the notion that purging offers temporary reprieve from weight gain fears but reinforces the brain's perception of food scarcity.

The chapter also discusses broader concepts of survival instincts using studies with animals like rats. These studies reveal that animals, once food-deprived, continue to consume more, even beyond necessity, when given access to palatable high-calorie foods. This mirrors the human condition, where post-dieting individuals remain fixated on food. Consequently, it highlights that human brains, similar to animal brains, tend to overeat when access to high-calorie, sweet foods is available.

Significantly, the text underscores how the interplay between a human's rational ability and primal survival instincts makes overcoming binge eating a daunting task. For individuals unaware of these brain mechanisms, eliminating these automatic responses becomes a challenge. But the chapter ultimately offers hope by aligning human capacity for change with the understanding of these brain processes, suggesting that awareness can empower individuals to overcome instinctive behaviors.



Chapter 20: 20 Why Did I Continue Having Urges to Binge?

Chapter 20 delves into the persistence of binge-eating behaviors, focusing on habit formation as a key factor. Initially, the author attributes urges to binge to survival instincts stemming from the brain's reaction to food deprivation. However, if survival instincts were the sole reason, these urges would have eventually subsided, especially after significant weight gain. Emotional problems were often cited by therapists as the root cause, but the author disagrees, noting that similar emotional issues persisted even when the urges did not.

The narrative introduces the concept of habit as a crucial component, describing it as a brain function that can become automatic through repetition. Habits, whether beneficial or harmful, are formed when behaviors are repeated, leading to changes in the brain. This concept is illustrated through the neuroscience principle "cells that fire together, wire together," meaning neurons that frequently activate in conjunction solidify their connections, creating neural pathways.

The author identifies three habit types related to binge eating: the "habit of excess," the "habit of pleasure," and the "habit of impulsivity." These habits have a physical basis in the brain, where repeated binge-eating behaviors lead to strengthened neural pathways that make breaking the habit



challenging. The discussion extends into neuroplasticity, underscoring the brain's capacity to reorganize and reshape itself based on experiences and behaviors.

The interrelationship between habits and brain rewiring is illuminated

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Chapter 21 Summary: 21 Why Did I Follow My Urges to Binge?

Chapter 21 Summary: Understanding the Urges to Binge and Overcoming Them

In this chapter, the narrator reflects on their struggle with binge eating and identifies five primary reasons they succumbed to these urges, despite understanding the illogical nature of their actions.

Reason 1: Misinterpreting Urges as Real Needs

The narrator explores how binge eating is mistakenly perceived as a physiological necessity, a remnant from our ancestors' survival tactics in times of food scarcity. However, in the modern world of food abundance, these urges are merely "neurological junk" driven by conditioned needs rather than true biological necessities. This misunderstanding was further complicated by the erroneous belief that these urges satisfied emotional needs such as love or escape, reinforced by therapy concepts that pathologized binge behavior.

Reason 2: Futile Effort to Fight Urges

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Efforts to resist urges through sheer willpower, or "white-knuckling," proved ineffective. Instead of overcoming the urges, this approach, akin to "urge surfing," merely exhausted the narrator. The breakthrough came when the narrator learned to observe the urges from a detached perspective, recognizing them as powerless waves that could not dictate their actions.

Reason 3: Relief Through Bingeing

The most significant reason for succumbing to urges was the temporary relief bingeing provided. By giving in, the narrator found respite from the constant anxiety and mental burden created by the urges, even knowing it would lead to a cycle of guilt and renewed cravings.

Reason 4: The Pleasurable Allure of Binge Eating

Binge eating offered physical pleasure and emotional comfort, akin to the cultural and psychological benefits of normal eating. The brain's release of feel-good chemicals like dopamine and serotonin reinforced this behavior, creating a habit loop fueled by these secondary benefits.

Reason 5: Therapy's Inadvertent Encouragement

Therapy, while intended to help, often reinforced bingeing by providing justifications and excuses for the behavior. Concepts such as bulimia being a

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disease or bingeing serving to cope with emotional problems led the narrator to rationalize their actions, undermining personal accountability and hindering recovery.

The chapter concludes with a critical view of traditional therapy, suggesting that while the desire to recover is essential, the process prescribed is often overly complex and ineffective. The narrator underscores the importance of personal decision-making in the journey to recovery, setting the stage for the subsequent chapter where they delve deeper into finding a more functional path to overcoming binge eating.

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Critical Thinking

Key Point: Recognizing Urges as "Neurological Junk"

Critical Interpretation: When you recognize that the urges to binge stem not from a genuine physiological need but are merely "neurological junk," you liberate yourself from the burdensome belief that these urges dictate who you are. Grasping this concept can profoundly inspire your life, as it empowers you by unveiling the true origin of your impulses and enhances your ability to separate your identity from fleeting desires. By transforming your understanding of these urges, you not only commit to a journey towards healthier habits but also reclaim control over your choices, encouraging a life of autonomy and greater self-awareness.

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Chapter 22 Summary: 22 Why Didn't Therapy Work for Me?

Chapter 22: "Why Didn't Therapy Work for Me?"

In this chapter, the author reflects on their experience with traditional therapy in addressing their eating disorder, specifically bulimia, and explores why these methods did not lead to recovery. The author emphasizes that true recovery is the cessation of all binge eating—a goal that their therapy failed to achieve.

The chapter begins with an overview of the primary therapeutic approaches commonly used for bulimia: psychodynamic therapy, cognitive behavioral therapy (CBT), and addiction treatment. Despite the collective wisdom provided by therapists, nutritionists, psychiatrists, self-help texts, and online resources, none of these approaches effectively resolved the author's binge eating.

Psychodynamic Therapy

The author critiques psychodynamic therapy, which is based on the idea that eating disorders stem from unresolved psychological issues. It involves identifying root causes from past experiences and understanding the current

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purpose that the disorder serves. The underlying assumption is that resolution of these issues would eliminate the need for binge eating. The author rejected this theory, believing it to be conjectural with no scientific backing. Instead, the author asserts that their eating disorder was rooted in the decision to diet and not in deep psychological issues, which therapy insisted on uncovering.

Cognitive Behavioral Therapy (CBT)

CBT proposes that cognitive distortions, incorrect thoughts or beliefs lead to negative feelings and binge eating as a result. It attempts to rectify these distortions through education and understanding while addressing eating habits directly. The author experienced limited success with this therapy because correcting cognitive distortions did not eliminate the urges to binge. They describe CBT techniques like substitution and distraction, both of which failed to reduce their urges effectively. The focus on triggers was also deemed misplaced, as urges still arose regardless of situational triggers.

Addiction Treatment

Addiction treatment posits that certain foods can be physiologically addictive, requiring abstinence to prevent bingeing. The author recounts unsuccessful attempts to abstain from sugary and carbohydrate-rich foods, which only intensified cravings and urges. The chapter argues that labeling



certain foods as inherently leading to binge eating reinforces a sense of powerlessness.

The author concludes by suggesting that therapy failed because it misidentified the problem and focused on incorrect recovery goals. By attempting to analyze and resolve what therapy considered root causes or triggers, the author felt they were giving undue attention to the eating disorder, thereby strengthening it. The chapter closes with a critique of the therapy system itself, which may inadvertently empower harmful patterns by reinforcing attention on them rather than diminishing their significance.

Overall, the author's experience underscores a disconnect between traditional therapeutic approaches and the true nature of their disorder, suggesting that a new framework is necessary for understanding and overcoming bulimia.

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Critical Thinking

Key Point: Recovery through Personal Insight and Empowerment

Critical Interpretation: The chapter underscores that the key to your recovery lies in breaking free from traditional, externally-defined therapeutic models and searching within yourself for empowerment.

Kathryn Hansen discovered that real progress in overcoming her bulimia came when she shifted her focus from seeking external solutions to understanding and harnessing her inner strength. Instead of dwelling on past psychological wounds or adhering to prescriptive recovery methods, you can inspire your life by realizing that the power to overcome challenges depends on your ability to trust your inherent willpower and resolve. This internal shift not only represents true recovery but instills a greater sense of self-awareness and strength, leaving you less reliant on external validation and more in touch with your true potential.



Chapter 23 Summary: 23 Revisiting Recovery: How Did I Do It?

In Chapter 23, the author revisits their journey to recovery from binge eating, focusing on how they overcame the urge to binge. The narrative suggests that the singular cause of binge eating was the presence of these urges, driven by what the author describes as a "binge-created brain-wiring problem." This problem comprises neural pathways in the brain that became increasingly strong as they continued to binge. These pathways were formed by the repeated action of responding to the urge to binge, as a result of survival instincts and habits.

The key to recovery was retraining the brain by simply not acting on the urges. This aligns with the brain's plasticity, which allows neural connections that are not utilized to weaken and fade over time. As the author resisted their urges repeatedly, their brain began to undo these faulty pathways, effectively eliminating the neural connections that supported their binge-eating behavior. This transformation was not achieved through therapy or rationalizing but by behavior modification.

Central to this recovery is the role of the prefrontal cortex, a brain region responsible for voluntary actions, self-control, and decision-making. Unlike the lower brain, which generates automatic impulses, the prefrontal cortex enables humans to override these impulses. Through a process the author



terms as "veto power" or "free won't," the prefrontal cortex allowed them to stop acting on compulsive urges. The author attributes their ability to cease binge eating to leveraging this aspect of the brain, overriding automatic impulses with conscious decisions not to act.

The chapter also introduces five steps that illustrate how the author subdued their binge urges. These steps not only highlight the importance of the prefrontal cortex but also emphasize recognizing urges as mere neurological signals. By separating their highest human brain functions from the urges, they stopped reacting to or acting on these urges. This process culminated in a positive transformation that the author notes was aided by the excitement and motivation gained from successfully resisting these urges.

The author refers to this methodology as "brain over binge," combining both the mind's capacity and the brain's physical structures to counteract the habitual binge-eating cycle. This approach draws a distinction between the lower brain, which initiates automatic binge urges, and the highest human brain, the prefrontal cortex, which provides the capacity to override such impulses. This mechanism of overcoming urges and retraining the brain is presented as a simple yet profoundly effective path to recovery, one that the author hopes will offer insight and assistance for others with similar struggles.



Chapter 24: 24 Brain over Binge, Step 1: View Urges to Binge as Neurological Junk

In Chapter 24 of "Brain over Binge," the author introduces Step 1 of their recovery process: viewing urges to binge as mere neurological junk. This perspective is crucial for overcoming the impulse to binge, which is often mistakenly seen as a sign of a deeper emotional need or a way to cope with life's challenges. The author stresses the importance of detaching from the belief that binge eating is necessary for emotional regulation or fulfillment. Instead, they reframe these urges as meaningless signals generated by the brain's lower, less rational areas.

A pivotal moment in the author's journey was their experience with the medication Topamax, which temporarily alleviated their binge urges. This experience illuminated the fact that the underlying issue wasn't their life circumstances or an inability to handle them, but rather the habitual brain circuitry related to bingeing. While on Topamax, the absence of urges revealed that the supposed emotional or psychological needs fulfilled by bingeing—such as numbing oneself or seeking pleasure—were not genuine necessities.

This insight allowed the author to realize that their binge urges were not indicative of their true desires or needs, but rather a "binge-created brain-wiring problem." By understanding that these urges were separate

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from their true self, they could better disregard them as irrelevant neurological noise. This realization set the foundation for the next step in their recovery journey, providing clarity and empowering the author to break free from the cycle of binge eating.

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Chapter 25 Summary: 25 Brain over Binge, Step 2: Separate the Highest Human Brain from Urges to Binge

Chapter 25 Summary: Brain over Binge, Step 2: Separate the Highest Human Brain from Urges to Binge

In this chapter, the focus is on disentangling one's true self, guided by the prefrontal cortex—the brain's most sophisticated part—from destructive urges to binge. This concept is crucial because people with bulimia often feel that their disorder is separate from who they really are. This notion of "ego-dystonic" urges, which seem at odds with a person's true desires and identity, is supported by studies on disorders like obsessive-compulsive disorder (OCD), where patients also experience intrusive urges they know they shouldn't follow.

Rational Recovery and mindfulness techniques help individuals recognize these urges as mere brain-generated habits rather than expressions of their true selves. The chapter draws parallels between bulimia and OCD, where both disorders involve two competing systems in the brain: the malfunctioning lower brain generating compulsive urges and the higher brain of the prefrontal cortex, which can resist those urges. By acknowledging that these urges are a product of automatic neural pathways rather than their identity, individuals can better resist them.

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The text also explores the contrast between bulimia and anorexia. While bulimia is ego-dystonic and thus more clearly recognizable as a disorder by those suffering from it, anorexia is ego-syntonic, meaning that the anorexic often views their behavior as aligned with their true desires, making it harder to treat.

Mindfulness, a practice of nonjudgmental awareness of one's internal experiences, empowers people to observe their urges from a detached standpoint. This technique bolsters the prefrontal cortex's ability to resist unhealthy desires since mental focus amplifies specific neural pathways, allowing individuals to weaken the pathways that fuel binge habits by withholding attention.

Separation techniques, albeit useful, can sometimes be problematic when misconstrued as external personas, like "Ed" or "Mia," instead of viewing disorders as habits residing in the brain's wiring. Such portrayals may lead to issues like avoidance of responsibility, unnecessary internal battles, and confusion about identity. The chapter warns against these pitfalls and emphasizes that bulimia and binge eating disorder (BED) should be seen as serious issues, not characterized by playful or nurturing personas, as this could undermine the severity and risks associated with these disorders.



Chapter 26 Summary: 26 Brain over Binge, Step 3: Stop Reacting to Urges to Binge

Chapter 26 of "Brain over Binge" focuses on the crucial Step 3: Stop Reacting to Urges to Binge. The author describes a breakthrough moment when she realized that she could separate her higher rational brain from the primal urges to binge, which had previously overwhelmed her emotionally. These urges, powered by the lower brain's automatic processes, often made her feel a spectrum of emotions like frustration, depression, and anxiety. By constantly reacting emotionally to these urges, she found herself giving them more power over her actions.

The key to transformation was understanding that these urges were not inherently part of her conscious self; they were merely habitual neuronal firings from her lower brain. By creating a mental distance from these cravings, the author reduced their emotional impact. This detachment allowed her to observe the urges as external stimuli, akin to a tape recorder playing, thus minimizing their influence over her mood and actions.

Importantly, the author clarifies that she didn't seek to control or suppress her emotions—an acknowledgment that emotions are often involuntary responses from the brain's primitive areas. Instead, she shifted her perspective, naturally allowing these emotions to diminish without deliberate intervention. She employed visualization techniques to create a

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psychological space between herself and the urges, preventing them from inciting emotional turmoil.

By ceasing to analyze the origin of these urges or seeking alternative emotional comforts, the author embraced the notion that the urges would eventually dissipate on their own. This acceptance ushered a new clarity and calm, aligning seamlessly with the insights gained from the previous step of detachment, Step 2. Consequently, the progression to Step 4, which ultimately provides a cure for her bulimia, evolved naturally from mastering Step 3. In this chapter, the author emphasizes the power of cognitive separation and perspective change in combating compulsive behaviors.

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Chapter 27 Summary: 27 Brain over Binge, Step 4: Stop Acting on Urges to Binge

In Chapter 27, the focus is on the transformative impact of separating oneself from the urges to binge and how this leads to overcoming bulimia. The author describes Step 4 of recovery from the book "Brain over Binge," which involves ceasing to act on the urges to binge eat. This step is the cornerstone of recovery, as it empowers individuals to realize that their actions are within their control. The author experienced a significant shift in perception, recognizing that the impulses urging them to binge were not genuinely them, but rather faulty brain activity. By choosing not to act on these urges, the author felt an empowering sense of control and autonomy, likening their recovery to simply learning to say no.

The chapter draws on concepts from Rational Recovery and the work of Jeffrey Schwartz on Obsessive-Compulsive Disorder (OCD). Schwartz's research is pivotal in understanding how not acting on compulsive urges can lead to changes in brain chemistry. Through mindfulness and cognitive reframing, Schwartz's patients learned to redirect their attention away from OCD compulsions. Over time, this led to physical changes in their brain's neural circuitry, demonstrating the power of what Schwartz terms "self-directed neuroplasticity." This change in neural activity was visible on PET scans, resembling changes induced by powerful medications, highlighting the brain's adaptability without pharmacological interventions.

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For the author, the cessation of bingeing urges paralleled Schwartz's findings. By consistently choosing not to act on the urges and perceiving them as separate from their true self, the author rewired their brain. They viewed these urges with detachment and gradually weakened the neural pathways that drove the binge-eating behavior. The principle of "use it or lose it" in neuroscience applies here—the brain prunes unused neural connections, ultimately diminishing the power of binge urges. Thus, the recovery from bulimia was not merely behavioral but involved a profound, neurological transformation, affirming the brain's capacity for change beyond addiction or compulsion.

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Chapter 28: 28 Brain over Binge, Step 5: Get Excited

Chapter 28 of "Brain over Binge" delves into Step 5 of the author's recovery process: getting excited about overcoming binge urges. This step emerged naturally from the journey but played a crucial role in accelerating brain changes. The author explains how positive reinforcement and enthusiasm for new learning experiences significantly impact the physical brain structure by strengthening neural pathways that support recovery and weaken those associated with negative habits. This phenomenon is akin to why children are praised for small achievements, fostering their ability to repeat those actions.

Throughout this phase, the author found joy in resisting binge urges—a significant departure from the previous years of struggle. This newfound power over binge urges felt transformative, offering a sense of rebirth despite no changes occurring beyond overcoming binge eating. Each act of resisting urges fueled excitement and reinforced the brain's most advanced functions, focusing attention on these achievements and forging new connections in the brain's prefrontal areas while weakening the automatic responses of the lower brain.

Although the author lacks scientific proof, such as PET scans, to illustrate the neuroplastic changes, the cessation of binge urges serves as compelling evidence. The absence of binge-inducing thoughts and sensations suggests

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that the previous neural circuitry responsible for these experiences is no longer active. This reflects what Jeffrey M. Schwartz terms "self-directed neuroplasticity"—a self-guided method for modifying brain activity to achieve recovery, as observed in OCD patients.

While the author acknowledges the possibility of future binge urges, the chapter concludes with a confident strategy for addressing them: maintaining detachment and refraining from emotional reactions ensures that past problematic habits remain dormant. This understanding provides a hopeful outlook for sustaining recovery and preventing relapse.

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Chapter 29 Summary: 29 Is Relapse a Possibility?

Chapter 29 delves into the possibility of relapse for someone recovering from binge eating, particularly bulimia. The author reflects on their personal journey, highlighting the transformative realization that their urges to binge, once thought to be deeply rooted in emotional distress or life's challenges, were the actual catalysts for their disorder. They stress that since these urges have waned, the likelihood of relapse is minimal, but not impossible.

The chapter dismisses the traditional therapeutic view that relapse is often an unconscious event triggered by external stresses or unresolved emotional conflicts. In traditional therapeutic contexts like psychodynamic or cognitive behavioral therapy, relapse might be seen as happening due to unaddressed inner issues or external failures, like job loss or personal rejection, which shake the individual's self-esteem or evoke past traumas. Addiction treatment sometimes links it to consuming certain "trigger" foods. However, the author argues that this perspective inadvertently supports relapse by casting it as a passive event rather than an active choice.

Instead, the author firmly believes that a relapse is a conscious choice rather than a passive state driven by circumstances. They underline the importance of recognizing and resisting urges proactively, emphasizing that personal agency is key in avoiding relapse. The freedom from binge eating they have experienced underscores their confidence that they will not revert to old



patterns of behavior, despite life's inevitable ups and downs.

A crucial part of their argument is the biological and neurological understanding they've acquired. During their teenage years, factors like dieting, survival instincts, and the incomplete development of their prefrontal cortex contributed significantly to their condition. Now approaching 30, these factors have changed: they no longer diet, their survival instincts are not as strong, and their brain development is complete, making them less susceptible biologically to the compulsions that fueled their past behavior.

The author pledges never to act on an urge to binge, ensuring a safeguard against relapse that is rooted in conscious decision-making. They express a deep understanding of their condition and recovery, allowing them to move forward with confidence, aware that nothing—be it stress, neurological traces of past patterns, or life events—can compel them back to bulimia, except their own choice. The chapter sets the stage for forthcoming discussions on dieting and normal eating patterns, which are explored in Chapters 31 and 32.

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Critical Thinking

Key Point: Relapse is a conscious choice, not a passive event driven by circumstance.

Critical Interpretation: In your journey beyond binge eating, Chapter 29 of 'Brain Over Binge' offers a beacon of empowerment, urging you to redefine how you perceive relapse. Relapses are not unconscious reactions tethered to life's stressors or unresolved traumas but are rather deliberate choices that you have the ultimate control over. This paradigm shift challenges the traditional therapeutic method that tends to position relapses as inevitable ripples created by life's tumults. By recognizing and embracing your personal agency, you gain the power to resist once-powerful urges and thus safeguard yourself from reverting into past patterns. This chapter inspires you to cling to your autonomy, firmly anchoring your freedom in the conscious refusal to succumb to past compulsions, reinforcing that your path forward is dictated by conscious decision-making, irrespective of life's ups and downs.



Chapter 30 Summary: 30 Where I Am Today

In Chapter 30, the narrator reflects on their journey from bulimia recovery to their present life, highlighting the fears and misconceptions they grappled with during the recovery process. Initially, therapy presented recovery as a pathway to achieving greatness and fulfillment, which deterred the narrator due to a fear of not living up to these expectations. This mindset often served as an excuse to continue binge eating, with the lower brain suggesting that since life outside bulimia wouldn't necessarily be perfect, there was no point in quitting. Despite these doubts, the narrator realized the necessity of recovery, as advocated by Rational Recovery, which emphasizes quitting the addiction without focusing on what follows.

Today, the narrator's life is significantly improved, not because it matches the ideal recovery scenario once envisioned, but because they've freed themselves from the consuming habit of bulimia. Although life is not perfect and challenges remain, the absence of the disorder has granted the narrator more confidence, strength, and control. The recovery journey was not a seamless transformation, but it marked progress toward a more fulfilling life encompassing a loving family and the ability to tackle daily challenges without the overwhelming burden of an eating disorder.

The chapter also delves into personal experiences, such as assisting family after Hurricane Katrina. This event was a turning point, highlighting the

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narrator's capability to cope with crises without resorting to bulimia—a stark contrast to previous years. This newfound resilience underlined an important realization: food is simply sustenance, devoid of the symbolic emotional baggage previously attributed to it. Throughout this journey, the narrator has been actively reshaping their neural pathways, allowing for personal growth and achieving a state of normalcy inclusive of imperfections.

In subsequent sections, the narrator plans to discuss common topics in traditional therapy, such as self-esteem, body image, coping mechanisms, and triggers. By sharing insights on these issues, along with considerations on purging, medication, and prevention, the aim is to provide a fresh perspective that supports recovery.

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Chapter 31 Summary: 31 Normal Eating

Chapter 31: Normal Eating

In this chapter, the author delves into the complexities of achieving "normal eating" after recovering from bulimia, highlighting that eating presents a unique challenge compared to other addictions. Unlike drugs or alcohol, food is necessary for survival, and learning to eat normally is not straightforward, as it varies significantly from person to person based on different needs, tastes, and lifestyles.

Initially, the author's primary goal was to stop binge eating rather than to immediately establish a perfect diet. The idea of "normal eating" was defined as not bingeing or dieting restrictively, meeting nutritional needs, maintaining a healthy weight, and allowing for pleasure and occasional indulgence. Over time, the author came to realize that nobody has a perfect diet, and that the key factor was personal satisfaction with eating habits without resorting to extremes.

A significant part of recovery was understanding that the author's food-related challenges were shared by many. The author initially thought that everyone else had their eating issues under control, but soon recognized that food hang-ups are prevalent in the broader population. Recovery

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involved distinguishing between issues that truly impacted life negatively and those that did not; only the former required change.

Positive changes in the author's eating habits included avoiding overly artificially sweetened "diet" foods in favor of more nutritionally rich options like almonds, and the practice of refusing dessert when not genuinely desired, highlighting a shift towards more thoughtful consumption. The author also embraced a mindset of decisiveness with food choices, emphasizing the importance of living life over obsessing about meals.

The chapter also addresses the misconception that therapy-based recovery should focus on adhering strictly to meal plans or achieving an idea of perfect eating. Instead, the author learned that the key to recovery was in not being overly concerned with food once binge eating ceased, which helped reduce the significance of food in the brain's neural connections.

The author outlines situations where urges to binge arose post-recovery—overeating, undereating, and consuming pleasurable or former binge foods—and how each scenario was managed by recognizing these urges without indulging them. This strategy allowed the author to gradually retrain the brain's response to food without being dominated by it, enabling a more balanced approach to eating.

Finally, the practice of "legalizing" former binge foods—allowing oneself to

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enjoy them in moderation—is discussed as a technique to desensitize the brain's association between these foods and binge urges. However, the author emphasizes that this isn't an obligatory part of recovery. It's important to find a personal balance between enjoying former binge foods and maintaining health-conscious decisions.

The chapter concludes by acknowledging meal plans as potentially useful for some recovering individuals for guidance, while also supporting the idea of eating freely and without strict regimens once urges are effectively managed. Ultimately, the goal is to focus less on the mechanics of eating and more on recognizing but not acting upon binge urges.

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Chapter 32: 32 Body Image, Weight, and Dieting

Chapter 32 delves into the complex relationship between body image, dieting, and eating disorders, particularly bulimia. The narrator opens with a candid admission of struggling with negative body image from a young age, noting that this perception was not unique to those with eating disorders. Contrary to her belief during therapy, poor body image alone neither causes nor sustains bulimia. It is predominantly a cultural issue affecting many women and some men, with 80% of American women expressing dissatisfaction with their bodies. However, the prevalence of diagnosed eating disorders is significantly lower, highlighting that poor body image is not synonymous with eating disorders.

The chapter explains that while body image concerns can lead to dieting, which can be harmful for some due to biological, genetic, and personality factors, the act of dieting and related brain changes are the primary causes of eating disorders. The narrator reflects on her own journey, noting that giving up the pursuit of an ideal body image did not eliminate her binge eating urges. Only addressing the urges themselves, rather than focusing solely on body image, facilitated her recovery.

The narrative progresses to discuss how, after overcoming binge eating, the narrator's perspective on diet and body image fundamentally transformed. She discovered that liking her body was not critical for recovery and that her



self-worth and quality of life were not tied to her physical appearance. This realization coincided with relinquishing the desire to diet, leading to a stable weight post-recovery.

The chapter concludes with a broader reflection on dieting's inefficacy and

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Chapter 33 Summary: 33 Low Self-Esteem

Chapter 33 explores the complex relationship between self-esteem and eating disorders, particularly binge eating. The chapter's narrative begins with the author's reflection on her longstanding struggles with low self-esteem, which she acknowledges has been a significant part of her life since childhood. Despite lacking confidence in various areas, such as academics, sports, and social interactions, she found that low self-esteem didn't significantly hinder her accomplishments. Instead, it served as a motivator, driving her to prove her capabilities to herself. The issue of self-esteem only became a focal point during therapy, where it was suggested as a potential cause for her eating disorder.

The connection between self-esteem and eating disorders is explored further. The author explains that while low self-esteem is common among individuals with eating disorders, it is not necessarily a direct cause. Women with low self-esteem often resort to dieting, which can spiral into eating disorders under certain circumstances. The author's personal experience echoes this notion; although she began dieting in high school perhaps to boost her self-esteem subconsciously, once it triggered binge eating, the underlying causes of her initial dieting became irrelevant in addressing her eating disorder.

Upon overcoming binge eating, the author noted an improvement in her

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self-esteem and gained confidence in her ability to control her actions. However, she acknowledges that low self-esteem remains an ongoing struggle in her life, influencing her social confidence and goal-setting abilities. She has learned that feelings of inadequacy are universal, noting that many people experience low self-worth at times, regardless of their history with eating disorders.

The chapter concludes by discussing the author's approach to self-esteem as a part of her personality, shaped by genetics and upbringing. Despite the belief in the possibility of change, she accepts that certain traits may remain ingrained and views them as part of her nature. She draws parallels to parenting, emphasizing the importance of teaching children to manage their actions despite their emotions, a philosophy she applies to herself. Her ultimate realization is that while she may not fully transform her self-esteem, she has the power to control her behavior, a key distinction in her recovery from bulimia.



Chapter 34 Summary: 34 "Coping"

Chapter 34, titled "Coping," delves into the universal struggle of finding ways to manage life's challenges and emotions. It highlights that coping mechanisms vary widely, from religion and therapy to exercise and art, emphasizing that any method is valid if it doesn't cause harm.

The chapter reflects on the author's personal journey through therapy for bulimia, where the focus was on developing healthy coping strategies. Initially, therapy aimed to replace binge eating with healthier alternatives, under the assumption that binge eating served as a coping mechanism. However, the author found that recovery from bulimia did not necessarily hinge on perfecting coping skills; rather, stopping the behavior itself was a separate journey from learning to handle life's ups and downs.

The author explains that while binge eating distracted them from other life aspects, it wasn't a deliberate choice to cope with emotional distress. The brain's plasticity plays a role in this, as habits like binge eating can reinforce neural pathways, detracting focus from important life areas. Once the habit ceased, the author faced the reality of life without the distraction of bulimia—acknowledging missed opportunities in education and relationships without the eating disorder overshadowing everything.

The text dismantles the myth that binge eating was inherently tied to coping

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with life, proposing instead that the act was self-perpetuating due to the urges it created. By questioning the role of binge eating in coping, the author realized that the urges themselves, not the life issues, were the real problem. The chapter suggests that binge eaters might fear losing the temporary pleasures derived from the behavior, like the taste of food or a temporary escape from reality. However, these pleasures lost their appeal once the urges vanished.

By reinforcing that the enduring satisfaction of overcoming bulimia exceeds fleeting pleasures, the author advocates a broader understanding that coping with life is a universal challenge, regardless of an individual's experiences with disordered eating. Ultimately, the chapter underscores that binge eating does not genuinely serve long-term coping but rather perpetuates a cycle of dealing with urges rather than life's authentic problems.

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Chapter 35 Summary: 35 Triggers

In Chapter 35, the author delves into the concept of "triggers" as understood in traditional eating disorder therapy, elucidating how events, actions, feelings, or thoughts could lead to a binge. In therapy, the primary goal was to identify these patterns and find ways to cope. However, the author highlights a critical flaw in this approach, suggesting that triggers were never truly the cause of binge eating. Instead, they were merely catalysts for the urge, which was the actual problem.

Initially, the author recounts how her binge-eating habits developed, noting that her triggers were self-created through repeated indulgence in particular situations. Early on, simple factors like hunger or access to tempting foods were enough to induce binges. Over time, however, her brain began to associate a wider array of stimuli—such as social interactions, stress, or loneliness—with binge eating, creating a series of conditioned responses that the author likens to a child's tantrum in pursuit of a desired toy. In both cases, the repeated behavior is strengthened by the fulfillment of a desire, forming a stimulus-response pattern in the brain.

The author discusses the ineffectiveness of traditional therapy methods, which focused on managing or avoiding these so-called triggers. Although well-intentioned, such strategies addressed only surface-level issues without tackling the underlying urges. This approach not only set unrealistic



expectations but also served as a procrastination tool, allowing the author to delay confronting the true issue: her autonomic craving to binge.

The chapter concludes with the author's revelation that triggers held no real power once one recognizes and disengages from the automatic urges. By refusing to act on these urges and depriving her brain of the anticipated reward (the binge), the author successfully dismantles her former patterns—a process known as "extinction" in behavioral psychology. She draws parallels with Pavlov's experiments, where dogs conditioned to expect food after a bell eventually ceased their salivation response when the food ceased to appear. This understanding empowers the author to face trigger situations head-on without fear, knowing that the highest faculties of the conscious mind, rather than automatic brain responses, govern her actions.

The chapter thus shifts from seeing triggers as insurmountable obstacles to viewing them as opportunities for growth and empowerment, showcasing the reinforcement of cognitive control over detrimental behavioral patterns.

Section	Summary
Understanding Triggers	The author explains triggers as perceived causes of binges in traditional therapy, though she argues they are catalysts, not the cause.
Personal Experience	Hansen shares how her binges developed through self-created triggers, evolving from basic stimuli like hunger to complex associations.

Section	Summary
Critique of Traditional Therapy	The author critiques standard methods focused on triggers, stating they skirt the true issue: the urge to binge.
Breaking the Pattern	By refusing to gratify these urges, Hansen dismantles her conditioned responses, akin to Pavlov's experiments.
Empowerment and Growth	Hansen finds that addressing urges empowers her to confront triggers as growth opportunities, strengthening cognitive control.

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Chapter 36: 36 Purging

In Chapter 36, the author explores the concept of purging within the context of eating disorders, focusing primarily on its connection with binge eating and the subsequent behavioral cycle. Purging, in this account, is defined as a compensatory act aimed at mitigating the effects of binge eating. The author recounts their personal experience, noting that once they ceased binge eating, the impulse to purge also diminished. Purging, whether through excessive exercise, food restriction, or the more commonly recognized methods of vomiting or laxative abuse, is not necessarily indicative of a psychological impairment but emerges as a desperate attempt to regain control after a binge.

Initially, purging presents itself as a voluntary decision, albeit a misguided one driven by desperation and a perceived need to compensate for binge behavior. Over time, however, it becomes automatic and habitual, ingrained in the brain's lower centers due to repetition. This automatic nature is exemplified by the author's description of purging as linked to a stimulus-response pattern: the act of binge eating triggers the urge to purge.

The chapter discusses various scenarios that might evoke the urge to purge even without an accompanying binge. These include situations where simple overeating or consuming former binge foods evoke similar feelings of compulsion due to their association with previous binge episodes. The



author details their approach to overcoming these urges by recognizing them as remnants of past habits and choosing not to act upon them.

The narrative delves into the concept of purging absent of binge eating, discussing its classification as a distinct phenomenon. Individuals who

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Chapter 37 Summary: 37 Coexisting Problems

Chapter 37 delves into the intricate relationship between bulimia and coexisting psychological issues, known as "comorbidities." Research highlights a strong correlation between bulimia and mental health conditions like depression, anxiety, substance abuse, and personality disorders, with about 75% of individuals diagnosed with bulimia experiencing these additional challenges. However, it remains complex to determine whether these issues are precursors to or consequences of bulimia.

The narrative reflects the author's personal struggle with depression and anxiety, which were acknowledged as core elements of their lived experience with bulimia. Despite extensive therapy aimed at addressing these coexisting issues with the hope of alleviating binge eating urges, the author found that the resolution of these mental health problems did not automatically lead to the cessation of bulimia. Instead, the insight is shared that bulimia is its own distinct issue, warranting a separate path to treatment and recovery.

The chapter explores three perspectives on how coexisting problems interact with bulimia. First, conditions such as depression and anxiety might predispose individuals to engage in harmful dieting practices, which could spiral into eating disorders. For instance, a depressed individual might believe that thinness is the key to happiness, while someone with high



anxiety could become overly obsessive about dieting.

Second, these psychiatric issues can sometimes result from the bulimic behaviors themselves. Binge eating introduces significant emotional distress, compounding existing anxiety and depressive symptoms, and thus creating a vicious cycle of stress and sadness. Once the binge-purge cycle was broken for the author, much of this emotional turmoil dissipated, highlighting how central bulimia was to their mental health decline.

Third, coexisting problems might act as barriers to recovery. The author recounts a period of intensified depression during college when binge eating peaked, and they became apathetic towards recovery, leading to a sense of hopelessness and the inability to envision a future without bulimia. This apathy was so profound that it led to neglecting personal relationships and losing purpose.

Ultimately, the author concludes that, in most cases, addressing bulimia directly is essential before tackling coexisting issues, except perhaps when severe depression is involved. Solving bulimia provides clarity on which problems are distinct and which were just amplified by the disorder. The recovery journey can then become clearer and more manageable without the burdensome weight of bulimia clouding judgment and emotional health. This chapter underscores the complexity and individual nature of recovery, advocating for a strategic approach in tackling eating disorders alongside



coexisting psychological challenges.

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Chapter 38 Summary: 38 Medication

Chapter 38 delves into the use of medication in treating bulimia and Binge Eating Disorder (BED), emphasizing the role of antidepressants and the serotonin theory in understanding these conditions. The chapter begins by highlighting that while medications are commonly used to treat coexisting conditions like anxiety and depression, some drugs are also specifically prescribed for bulimia and BED, with Prozac (fluoxetine) being the only FDA-approved antidepressant for bulimia.

Selective serotonin reuptake inhibitors (SSRIs), like Prozac, aim to increase serotonin levels in the brain, which is linked to mood and appetite regulation. Low serotonin levels are associated with depression and increased appetite, leading to the theory that binge eating might be a subconscious attempt to self-medicate and raise serotonin levels. However, whether these imbalances precede or are caused by the eating disorder remains unclear.

The author discusses their personal experience with antidepressants, recounting that despite the initial belief in their efficacy based on the serotonin theory, these medications did not cure the underlying urges to binge. This introduces the first problem: False Expectations for a Cure. Although antidepressants provided short-term relief from symptoms, they did not address the habitual patterns of binge eating or the neural pathways



formed by these behaviors.

Two main issues arise from the serotonin theory. Firstly, holding onto the belief that happiness and elevated mood could eliminate binge eating set a dangerous precedent. It fostered a mindset where low moods justified bingeing as a coping mechanism. Secondly, attributing binge eating to low serotonin levels allowed for the dismissal of personal responsibility, creating a misguided narrative that the disorder was beyond personal control and merely a response to a physical defect.

The chapter also touches on other drugs explored for treating eating disorders, such as opioid blockers and anti-epileptic medications like Topamax. While these may reduce binge eating temporarily, they come with adverse effects and are not universally effective.

Ultimately, the author argues that expecting a simple chemical tweak or medication to resolve the complexities of eating disorders is unrealistic. Eating involves various brain regions, neurochemicals, and hormones, suggesting that a behavioral change is essential for recovery. The chapter concludes by offering a perspective that brain chemical imbalances may predispose individuals to disorders like bulimia but should not be considered insurmountable hurdles. Instead, redirecting energy toward behavioral modifications and lifestyle changes can lead to overcoming the automatic brain functions driving the disorder. The author emphasizes that



understanding one's brain chemistry isn't about excusing behaviors but recognizing vulnerabilities to develop strategies for healthier coping mechanisms.

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Chapter 39 Summary: 39 Prevention

Chapter 39: Prevention

In this chapter, the author reflects on her personal experience with bulimia and emphasizes a critical revelation: the most effective preventive measure would have been avoiding dieting altogether. The chapter explores the dangerous allure of dieting in a culture that glorifies thinness, often without recognizing the potential hazards it poses, especially for young people. The author argues that society's approach to dieting lacks the kind of dire warnings commonly associated with other risky behaviors such as drug use or smoking, although all these behaviors pose significant risks to health and well-being.

Eating disorders, often viewed as diseases, are frequently compared to conditions such as diabetes or lupus, with organizations raising awareness about their dangers. However, the author stresses that awareness alone does not prevent eating disorders. Instead, these disorders often follow from the initial decision to diet, similar to how drug addiction starts from the first hit. Understanding that the choice to diet is not inevitable, but is influenced by societal, familial, and personal factors, is crucial to prevention.

The chapter highlights the complexity in preventing dieting, noting that the

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term "dieting" is not as clear-cut as behaviors like smoking. While healthy eating habits are important, they can inadvertently trigger the body's survival instincts if approached incorrectly. This complexity means that simple slogans like "don't diet" may not effectively convey the nuanced understanding needed to promote healthy change without fear of triggering an eating disorder.

Three key areas for improvement in prevention are identified:

- 1. Less Emphasis on Weight in the Family:** Families often focus on weight in terms of appearance rather than health. This can send harmful signals to young people about their self-worth and body image. Families need to discuss food and weight with a focus on health and well-being rather than looks.
- 2. Preparation for Weight Changes During Puberty:** Understanding that weight gain during puberty is natural and healthy could help adolescents embrace these changes rather than fear them. Recognizing this period as a normal part of growth and development can prevent unnecessary and harmful dieting attempts.
- 3. Knowledge of Ineffectiveness of Restrictive Dieting:** The author reflects on her own experience where the family's reassurances about her weight did not quell her concerns. Instead, information about the dangers



and ineffectiveness of restrictive dieting could have offered clearer guidance and support.

The chapter concludes by critiquing the advice often given to families dealing with eating disorders, which tends to frame them as diseases that the individual can't control. The recommendation to avoid confronting harmful behaviors outright is contrasted with how society handles other dangerous habits, like smoking or substance abuse, where direct confrontation and accountability are encouraged. A more proactive approach by family members, educators, and coaches could play a critical role in prevention and early intervention.

Overall, the chapter underscores the need for a societal shift in how dieting is perceived and discussed, emphasizing health over appearance and active prevention over mere awareness.

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Chapter 40: 40 Bridges to Traditional Therapy

Chapter 40: Bridges to Traditional Therapy

The core message of this chapter revolves around the principle that recovery from bulimia or binge eating disorder (BED) hinges on ceasing binge eating. Although it might appear straightforward, stopping binge eating is fundamental for making favorable changes to the brain, which is a notion echoed even in traditional therapeutic approaches. Traditional therapy might facilitate recovery for some by allowing these crucial brain modifications to occur post-cessation. However, the book aims to provide an alternative for those whom traditional therapy does not adequately serve.

The chapter explores how the "brain over binge" approach can complement traditional therapies, starting with psychodynamic therapy, which typically involves resolving underlying emotional issues. The author clarifies that their approach does not advocate solving emotional problems prior to stopping the behavior, as they argue that stopping binge eating should be the priority. Psychodynamic therapy, however, could assist as a form of "readiness" therapy to help individuals muster the resolve needed for recovery.

When aligned with cognitive behavioral therapy (CBT), a well-recognized

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approach focusing on substituting healthy habits for the behavior, the "brain over binge" perspective suggests viewing the urge to binge as insignificant neurological debris. This detachment can empower individuals to engage more effectively with alternative activities and reduce the power of their urges. Additionally, CBT techniques for managing cognitive distortions about body image and diet can work synergistically with the author's approach if the focus remains on stopping binge behavior without relying on solving other life issues.

Similarly, the chapter bridges into addiction therapy, often applied when individuals feel "addicted" to certain foods. Here, the "brain over binge" approach contends that while urges may be conditioned responses to trigger foods, they represent a perceived, not true, loss of control. By recognizing urges as fleeting brain signals, individuals can regain control, optionally reintroducing these foods in manageable portions without succumbing to binge eating.

A parallel is drawn with Overeaters Anonymous (OA), which uses an addiction model involving spiritual steps. The author redefines these steps to emphasize self-reliance instead of external forces—a shift highlighting personal empowerment in using one's highest cognitive faculties to resist urges.

In conclusion, the chapter suggests that by distinguishing binge eating from



other life problems, dismissing the urges as meaningless brain artifacts, and harnessing the highest brain capabilities, individuals can revolutionize their recovery experience. The proposed perspective alteration could render various therapeutic techniques more accessible and potent, pushing for immediate cessation of binge eating as the most direct route to full recovery.

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Chapter 41 Summary: 41 Conclusion

In Chapter 41, the conclusion explores the author's journey of overcoming binge eating and bulimia. The author reflects on how binge eating initially met basic survival needs but ultimately served to reinforce a harmful habit driven by the brain. If they had been informed earlier that bulimia was a straightforward brain issue, they believe recovery could have been much simpler. Thus, their mission now is to inform others that recovery is attainable without traditional therapy.

The author emphasizes that bulimics and binge eaters are not flawed; rather, they are temporarily victims of their otherwise healthy brains. They argue that therapy can sometimes be confusing or ineffective and propose an alternative method—understanding binge eating as a brain-based issue rather than an emotional one. By recognizing this, individuals can break the cycle more swiftly and economically.

The key message is that to recover from bulimia or any habit, one must cease the behavior. The author asserts that this realization made their own recovery possible. They argue that change doesn't require massive personal transformation or costly treatment. They believe that if they could overcome binge eating, anyone can, as nothing extraordinary is required beyond changing one's neural patterns.

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This issue of destructive behaviors isn't confined to those with eating disorders; it is a broader human challenge. Humans have the unique ability to observe and choose which thoughts and impulses to act on, and this capacity demands responsibility. By deliberately choosing actions aligned with personal goals, individuals can positively reshape their brain's programming.

The author hopes their story has empowered others to detach from harmful urges and recognize the power of choice in shaping one's future. While they can't predict the outcomes of individual journeys beyond binge eating, they assert that freedom from such behaviors opens up a realm of personal possibilities.

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