JOURNAL OF AWARENESS
HOLISTENCE publications

Journal of Awareness
Volume / Cilt: 9, Special Issue/Özel Sayı 2, 2024, pp.109-120
E-ISSN: 2149-6544
https://journals.gen.tr/joa
https://doi.org/10.26809/joa.2587

Received / Geliş: 24.09.2024
Accepted / Kabul: 11.12.2024

RESEARCH ARTICLE/ARAŞTIRMA MAKALESİ

The impact of sexual abuse on addiction: A case study on food addiction

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Abstract

Addiction, which is one of the major problems of society and is spreading severely day by day, is considered a complex process where an individual develops an uncontrollable desire for a substance or behavior, continues this desire, and has difficulty ending it despite both physical and psychological harm. Food addiction is a type of addiction where individuals consume food not only to meet their physiological needs but also uncontrollably for emotional and psychological satisfaction. Individuals with food addiction tend to eat to cope with emotional states such as stress, anxiety, and depression, leading to unhealthy eating habits and weight problems. In such addictions, the treatment process requires addressing not only the improvement of physical symptoms but also the emotional and psychological factors that trigger the addiction.

Although food addiction usually arises from depression or other psychological disorders, in some cases, individuals may feel the need to eat to feel better after experiencing abuse. This situation can become uncontrollable, leading to food addiction, which negatively affects both the mental and physical health of individuals.

This study is a case study of a 41-year-old woman named S.A., who developed food addiction as a result of sexual abuse by her parent at the age of 13. The gradual progression of the abuse and the subsequent development of food addiction are examined in detail, along with the effects of EMDR and CBT (Cognitive Behavioral Therapy) on overcoming the food addiction.

Keywords: Addiction, Food Addiction, Abuse, Sexual Abuse, Violence

Citation/Atıf: CANSIZ, A. & KOÇHAN, M.E. (2024). The impact of sexual abuse on addiction: A case study on food addiction. *Journal of Awareness*. 9(Special Issue/Özel Sayı 2): 109-120, https://doi.org/10.26809/joa.2587

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1. NTRODUCTION

Addiction is a complex phenomenon that describes situations where an individual continues to use a substance or engage in behavior despite its psychological, physical, or social consequences. In the case of addiction, the person continues to use the substance despite wanting to quit and finds it difficult to stop the behavior. The desire for addiction often exceeds the individual's control (American Psychiatric Association, 2013; Volkow et al., 2016).

According to the Turkish Language Association (TDK), the term "dependent" means "subject to the will, power, or help of something else, without freedom or autonomy." It also describes the condition of being overly attached to a person or object, either materially or emotionally. The concept of "addiction" refers to this state of dependency, meaning subjugation to an object or situation. In this context, addiction is seen as a condition that restricts the individual's freedom and negatively affects their quality of life (TDK, 2021).

Addiction is a physical or psychological condition that arises from the continuous use or engagement with a substance or activity. It involves an uncontrollable desire for a specific object, person, or entity, as well as being subject to an external will (West, 2001).

When examining the causes of addiction, it is usually difficult to pinpoint a single determining factor. On the contrary, the development of addiction is thought to involve a combination of genetic, environmental, psychological, and socio-cultural factors (Heilig et al., 2016). Addictions can generally be categorized into three main types: physical addiction, psychological addiction, and behavioral addiction.

According to the DSM-V criteria by the American Psychiatric Association, individuals with addiction exhibit seven distinct behaviors or habits:

1. Addicted individuals consume more of the substance to maintain its effect (tolerance).

2. These individuals experience withdrawal symptoms when they do not use the substance.

3. Addicted individuals tend to consume more of the substance than they initially intended.

4. Addicted individuals constantly want to consume the substance and fail when they try to reduce or quit.

5. Addicted individuals spend more time obtaining the substance.

6. Addicted individuals experience a decrease in social, work, and recreational activities due to substance use.

7. Despite permanent physical or psychological problems caused or worsened by the substance, these individuals continue using it.

2. CONCEPTUAL FRAMEWORK

2.1. Physical Addiction

Physical addiction is characterized by biochemical changes in the body resulting from the regular use of a substance. When the individual stops using the substance for a certain period, withdrawal symptoms occur. These symptoms include physical discomforts such as tremors, sweating, nausea, and muscle pain (Koob & Le Moal, 2005). The basis of physical addiction lies in the adaptation of neurotransmitters in the brain's reward and motivation system, particularly the dopamine and opioid systems, to prolonged substance use (Volkow et al., 2004). When the substance is discontinued, imbalances in these systems lead to withdrawal symptoms that trigger the individual's desire to use the substance again.

2.2. Psychological and Behavioral Addiction

Psychological addiction is characterized by an intense desire for a substance or behavior and the discomfort experienced as a result of this desire. Trauma plays a significant role in the development of this addiction. Trauma is defined as events that cause extreme stress in an individual's life, which are difficult to cope with, and such experiences are among the factors that trigger psychological addiction (Brewerton, 2007; Felitti et al., 1998). Traumatic events can lead to psychological problems such

as anxiety, depression, and low self-esteem. These conditions may drive individuals toward addictive substances or behaviors because they provide temporary relief and escape (Hyman et al., 2006).

Trauma, particularly in childhood, significantly increases the risk of developing an addiction later in life. It has been observed that trauma weakens an individual's coping mechanisms, leading to substance use or addictive behaviors (Van der Kolk, 2006). From a forensic science perspective, understanding how trauma affects an individual's psychological state and how it triggers addictive behavior is an important area of research. Conditions such as post-traumatic stress disorder (PTSD) can disrupt an individual's coping mechanisms, leading to unhealthy coping strategies. For instance, individuals who have been sexually abused may turn to substance use or overeating to alleviate emotional pain (Brewin et al., 2010; Van der Kolk, 2014).

In conclusion, the relationship between psychological addiction and trauma is a complex interaction. Trauma negatively impacts an individual's psychological state, triggering addictive behaviors, and substances or behaviors become a temporary source of relief for the individual. Understanding the interaction between trauma and psychological addiction is crucial for developing addiction treatment processes.

2.3. Sexual Abuse

Sexual abuse refers to the use of a child who has not completed their psychosocial development by an adult, through force, threats, or deceit, to satisfy their sexual desires and needs (Polat, 2024). While sexual abuse typically involves sexual activities between a child and an adult, sexual activities between two children are also addressed. Sexual abuse usually occurs against children, adolescents, or individuals in vulnerable situations, but people of all age groups can be subjected to such abuse (Finkelhor, 1994). If the abuse is carried out by a person with a familial bond (first or second degree) or someone responsible for caring for the child or adolescent, this is referred to as incest (Polat, 2021). The effects of sexual abuse are highly destructive (Cansız, 2023). Victims may face long-term psychological problems such as low self-esteem, depression, anxiety, and social adjustment issues (Rind & Tromovitch, 1997). This not only negatively affects the quality of life for individuals but also has wide-ranging societal impacts.

Sexual abuse involves various sexual acts toward children, which can be categorized into two main groups: non-contact and contact sexual abuse (Polat, 2021).

2.3.1. Non-Contact Sexual Abuse Types

- **Exhibitionism:** The abuser shows their private parts (breasts, penis, vagina, anus, etc.) to the victim or masturbates in front of the victim.

- **Voyeurism:** The perpetrator observes the victim while undressing, either openly or secretly.

- **Sexual Talk:** The abuser makes comments about the child's sexual characteristics. It also includes conversations about sexual activities the abuser wants to perform.

2.3.2. Contact Sexual Abuse Types Non-Penetrative Abuse Types

- **Sexual Touching:** Touching the private parts of the body (breasts, vagina, penis, buttocks, and anus).

- **Frotteurism:** A form of sexual touching where the abuser achieves sexual gratification by rubbing their private parts against the victim's body or clothing.

- **Oral-Genital Sex:** The perpetrator licks, kisses, or bites the victim's genital organs or forces the child into oral contact with them.

- **Interfemoral Sex:** A type of sexual activity where the abuser places their penis between the victim's legs.

2.3.3. Penetrative Sexual Abuse Types

- **Digital Penetration:** The insertion of fingers into the vagina, anus, or both.

• **Penetration with Objects:** The abuser inserts an instrument into the victim's vagina, anus, or in some cases, mouth.

• **Genital Intercourse:** Penetration of the vagina by the abuser's penis.

• **Anal Intercourse:** Penetration of the anus by the abuser's penis.

Child abuse can manifest in various forms, ranging from an adult using a child for sexual gratification to exploiting children for profit (Polat, 2021).

2.4. Food Addiction

The concept of food addiction was first defined by Theron Randolph in 1956, who suggested that the regular consumption of certain foods could create effects similar to addiction. In this type of addiction, the individual develops an uncontrollable craving for food, often as a result of psychological factors such as emotional emptiness, stress, or trauma (Randolph, 1956). Food addiction, like other types of addiction, is characterized by the individual's inability to control their behavior, which often leads to health problems (Hebebrand et al., 2014). People with food addiction tend to eat not only to satisfy physiological needs but also for emotional and psychological reasons. Key features of this condition include loss of control, emotional eating, cyclical behaviors, and low self-esteem (Gearhardt, Corbin, & Brownell, 2011). Individuals who experience a loss of control find it difficult to manage their desire to eat, which makes it hard to maintain healthy eating habits. Emotional eating arises when food is used to cope with negative emotions such as stress, anxiety, or sadness. Additionally, food addiction may lead individuals into a continuous cycle of craving and consuming certain foods, often triggering a preference for unhealthy foods (Galduróz, Noto, & de Andrade, 2021).

2.5. Eating Disorders

Eating disorders were first defined along with diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (APA). In the DSM-IV version, eating disorders were classified into three main categories: anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified. Binge eating disorder was included in the eating disorders not otherwise specified category. The current DSM-5 version divides eating disorders into eight main categories. These categories are anorexia nervosa, bulimia nervosa, binge eating disorder, pica, rumination disorder, avoidant/restrictive food intake disorder, other specified feeding and eating disorders, and unspecified feeding and eating disorders. When examining the key characteristics of eating disorders, it becomes clear that these conditions cause significant changes in eating habits, weight control, body image, and cognitive and behavioral patterns. Moreover, these disorders are typically characterized by an overemphasis on weight and body shape. In the etiology of eating disorders, gender and age factors constitute significant risk factors, particularly for anorexia nervosa and bulimia nervosa. Research shows that eating behavior triggered by negative emotions most frequently occurs when individuals feel sad. Additionally, it has been noted that this behavior is more common in women than in men (Soylu et al., 2021).

2.5.1. Anorexia Nervosa

First introduced into the medical literature in 1874, anorexia nervosa is an eating disorder characterized by an intense desire to be thin and a fear of gaining weight. Individuals with anorexia nervosa engage in severe dietary restriction and often have a strong fear of gaining weight, along with distorted body image. This disorder is characterized by an excessive effort to control body weight and shape. Symptoms of anorexia nervosa include low body weight, significant restriction of food intake, and excessive exercise to prevent weight gain. This condition severely affects both physical and psychological health and can lead to life-threatening complications in the long term (American Psychiatric Association, 2013; Keel, 2007).

2.5.2. Bulimia Nervosa

Bulimia nervosa is an eating disorder where the individual engages in problematic behaviors to control body weight. This disorder involves uncontrollable binge eating episodes followed by compensatory behaviors such as self-induced vomiting, use of laxatives and diuretics, enemas, or excessive exercise to prevent weight gain. The cyclical effects of bulimia nervosa have serious negative impacts on both physical and psychological health (APA, 2013; Fairburn & Harrison, 2003).

2.5.3. Pica

Pica is an eating disorder characterized by the consumption of non-nutritive and non-food substances. This condition develops as a deviation in appetite and taste perception, often manifesting through the consumption of inedible materials. The diagnosis of pica requires the consumption of non-nutritive substances for at least one month (American Psychiatric Association, 2013). Although pica commonly begins in childhood, it can also occur in other age groups. Its etiology has not been definitively determined; however, factors such as parental neglect, stress responses, cultural influences, hunger, and micronutrient deficiencies are believed to contribute to this disorder (Faraji & Fırat, 2022). Individuals diagnosed with pica often consume materials such as mud, dirt, chalk, starch, clay, as well as ice, soap, cigarettes, hair, baking soda, paper, and similar objects. These behaviors form characteristic eating patterns and can lead to significant health issues.

2.5.4. Rumination Disorder

Rumination disorder is an eating disorder characterized by the habitual or involuntary regurgitation of consumed food and drink, without vomiting, back into the mouth. This behavior repeats frequently for at least one month, with symptoms including the reappearance of ingested food in the mouth (American Psychiatric Association, 2013). During rumination, the food may be re-chewed, re-swallowed, or spit out. The occurrence of rumination disorder is rare and is typically diagnosed in infancy or childhood. This condition is often associated with negative and stressful life experiences, as well as problems in the mother-infant relationship, inadequacies, neglect, or a lack of stimulation. These factors may lead to the development of rumination behavior as a coping mechanism during childhood (Faraji & Fırat, 2022).

2.5.5. Binge Eating Disorder (BED)

The primary characteristic of Binge Eating Disorder (BED) is the individual consuming much more food than most people would eat in a similar time period (e.g., within two hours) and being unable to control this eating behavior. BED is associated with repeated episodes of consuming excessive amounts of food. Unlike other eating disorders, individuals with BED typically do not engage in compensatory behaviors such as vomiting, using laxatives or medications, or excessive exercise following binge eating episodes (Hudson et al., 2007; American Psychiatric Association, 2013).

2.5.6. Avoidant/Restrictive Food Intake Disorder

Avoidant/restrictive food intake disorder is an eating disorder characterized by avoidance or restriction of food intake for reasons other than food scarcity, psychological, medical, or cultural eating attitudes (Erol, 2018). Individuals with this disorder consistently avoid food without concerns about weight gain. This leads to significant weight loss, malnutrition, the need for nutritional supplements via oral intake, and severe impairment in psychosocial functioning (Ayaz, 2021). Symptoms include extreme disinterest in food, selective eating, and feelings of choking or vomiting. The literature indicates that this disorder can lead to developmental delays, social difficulties, family problems, and intellectual disabilities (Stand et al., 2019).

2.5.7. Other Specified Feeding and Eating Disorders (OSFED)

Other Specified Feeding and Eating Disorders (OSFED) are types of eating disorders that exhibit prominent symptoms, are serious and life-threatening, but do not fully meet the diagnostic criteria for other eating disorders. Compared to anorexia and bulimia nervosa, OSFED is the most commonly diagnosed eating

disorder (Nationaleatingdisorders.org, 2022). OSFED is often an ill-defined type and shares features similar to bulimia, anorexia, or binge eating disorders. In this disorder, medical and psychological symptoms are similarly severe and intense as in other types of eating disorders (Alp, 2018).

2.5.8. Unspecified Feeding and Eating Disorders

Unspecified feeding and eating disorders refer to conditions where sufficient information for a clinical diagnosis is unavailable, causing significant distress, yet not fully meeting the criteria for any specific diagnosis (Yanık, 2017). These disorders may result in impairments in social and functional domains. Unspecified feeding and eating disorders cause severe impairments in psychosocial functioning; however, due to insufficient information, they do not meet the specific diagnostic criteria outlined in DSM-5 (Şengül & Hocaoğlu, 2019). Clinicians tend to avoid diagnosing these types of disorders, especially in emergency service settings, where criteria and causes of eating disorders cannot be fully determined (Yılmaz, 2017).

2.6. Causes of Food Addiction

Various factors are believed to play a role in the development of food addiction. The causes of eating disorders include biological, psychological, environmental, developmental, and socio-cultural factors (Hay & Touyz, 2021).

• **Biological Factors:** Food addiction is associated with genetic predispositions and neurobiological changes. Disruptions in the functioning of the brain's reward system can lead to an increased allure of foods, resulting in the development of addiction. Research indicates that individuals prone to food addiction may be genetically predisposed to this condition (Gearhardt et al., 2011).

• **Psychological Factors:** Emotional states and mental health issues are important factors that influence eating behaviors. In particular, conditions like depression, anxiety, and low self-esteem can drive individuals to turn to food to satisfy emotional hunger. The presence of psychological problems increases the risk of developing food addiction (Davis et al., 2009).

• **Environmental Factors:** The environment in which individuals live significantly affects their eating behaviors. Family structure, social environment, and cultural norms are key elements that shape eating habits. Negative environmental influences can contribute to the development of food addiction (Hay & Touyz, 2021).

• **Developmental Factors:** Childhood and adolescence are critical periods that shape individuals' eating habits. Negative experiences or environmental influences during these times can contribute to the development of eating disorders later in life. Eating habits acquired early in life can persist throughout an individual's lifetime (Herman & Polivy, 2008).

• **Socio-Cultural Factors:** Societal norms regarding eating behaviors and the media's influence on body image are important elements that affect individuals' eating habits. Social interactions and cultural pressures can shape food preferences, and these factors can increase the risk of developing food addiction (Stice, 2002).

2.7. The Relationship Between Trauma, Sexual Abuse, and Food Addiction

According to Article 1 of the United Nations Convention on the Rights of the Child, adopted by the UN General Assembly on November 20, 1989, a child is defined as "every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier" (UNICEF, 2004). Trauma refers to the psychological or physical damage caused by an event that the individual has experienced or witnessed, which generates extreme stress or fear. While physical trauma can leave visible marks on the body, such as bruises, psychological trauma impacts the individual's mental state, leaving lasting scars. In all cases, the likelihood of psychological trauma is present, especially when it comes to sexual crimes, where the effects become more apparent (Polat, 2024). According to the World Health Organization (WHO), child abuse is defined as "any action or inaction by an adult, society, or nation that

knowingly or unknowingly negatively affects the health, physical development, or psychosocial development of a child" (WHO, 2002). Child abuse occurs in four types: physical abuse, sexual abuse, emotional abuse, and neglect (Polat, 2021).

Childhood traumas play a critical role in the development of food addiction. Traumas experienced during childhood, particularly sexual abuse, significantly increase the risk of developing food addiction in later years. Victims of sexual abuse often turn to eating as a way to alleviate the psychological pain they experience. In this process, food serves as a coping mechanism, and individuals attempt to suppress their emotional pain through food consumption (Felitti et al., 1998). The Adverse Childhood Experiences (ACE) study conducted by Felitti and colleagues showed a strong relationship between traumatic experiences such as childhood sexual abuse and obesity and eating disorders. In this context, food addiction may be closely related to conditions such as post-traumatic stress disorder (PTSD). Victims of sexual abuse may use food consumption as a means of escaping their traumatic experiences or temporarily suppressing the pain (Brewerton, 2007).

Severe traumas, such as sexual abuse, can disrupt an individual's psychological balance, weakening their capacity to cope with stress and leading them to unhealthy coping strategies (Van der Kolk, 2014). Food, as one of these strategies, may temporarily reduce stress but reinforces food addiction in the long term. From a forensic science perspective, food addiction observed in childhood sexual abuse victims is considered a behavioral disorder that develops post-trauma. Food addiction in these individuals is a reflection of the psychological effects of trauma and must be considered in both legal and rehabilitative processes during judicial proceedings (Brewin et al., 2010). Forensic psychologists play a critical role in assessing these types of addictions in victims and guiding them through rehabilitation processes.

A study by Davis and colleagues (2011) identified food addiction as a clinical syndrome characterized by psychiatric comorbidity and psychosocial features. The study found that individuals with food addiction are frequently associated with psychiatric disorders such as depression and anxiety disorders. These individuals also face psychosocial factors such as low self-esteem, social isolation, and negative life events. These findings demonstrate that food addiction is a multifaceted issue that requires consideration of both biological and psychosocial aspects.

Mood disorders, the persistence of negative emotional states, and difficulties in emotional regulation are strongly linked to food addiction. Particularly in individuals with low self-esteem, eating can emerge as a coping mechanism for managing negative emotions. Literature often highlights that individuals with food addiction frequently struggle with psychiatric disorders such as depression and anxiety, face difficulties managing their emotions, and this negatively impacts their eating behaviors (Davis et al., 2009; Gearhardt, 2012). In this context, it is observed that negative emotional states increase the tendency for overeating and food addiction, and food addiction is directly related to psychological challenges.

3. METHODOLOGY

In this case study, a 41-year-old woman named S.A., who developed a food addiction as a result of sexual abuse she suffered at the age of 13 and who calmed herself down by constantly eating, was interviewed after completing therapy and agreeing to participate in the study. The content of the questions aimed to determine when and how she developed her food addiction, what she experienced during this process, how she maintained addictive behaviors, how she overcame the post-addiction period, and how she felt psychologically. During the detailed interview, the participant was informed that she could stop at any point where she felt uncomfortable or did not want to talk, and that the interview could be terminated if she wished. She was informed that the course of the interview would proceed entirely according to her own wishes and that she was not obligated to answer every question. In the study, it was

stated that all personal information would be kept confidential, that her personal information would never be shared, and that the study would be conducted using an anonymous identity. Additionally, with the permission of the participant, an interview was conducted with a friend from her circle to obtain more detailed information about the subject and to observe the impact of the participant's food addiction on her surroundings.

4. FINDINGS

This study is based on the story of S.A. who developed an eating addiction as a result of childhood abuse. S.A. lost her father when she was 11 years old and grew up with her stepfather after her mother remarried two years later. Since childhood, S.A. has been an active and sociable child who communicates well with her surroundings and is usually a successful and determined student at school. Although her communication with her stepfather is not very strong, she respects his opinions and disciplinary rules within the family. In addition, although S.A.'s communication with his stepfather was not very strong, the stepfather often made contact jokes to S.A., but this always made S.A. uncomfortable.

Over time, the dose of the stepfather's jokes to S.A. started to increase and the extent of contact extended to S.A.'s sexual areas. It was stated that the contact increased especially around the chest in the beginning and then towards the buttocks and waist of the case. Her stepfather sometimes jokes by touching S.A.'s breasts or hugging her waist tightly, but this physical contact has reached a level that invades S.A.'s personal space and makes her uncomfortable. S.A. could not share this situation with anyone and after a while she began to realize that these contacts were not just simple jokes. Over time, her stepfather's behavior went further and reached the level of sexual harassment, including touching the vaginal area.

S.A. did not know what to do in the face of this harassment and hesitated to share her experiences with her mother because she did not want to disrupt her mother's new marriage and happiness. Instead, she started to experience the trauma within herself and suppressed her feelings. This suppression process also affected S.A.'s behavior and emotional reactions. Especially during her high school years, she started to feel worthless, guilty and lonely and turned to food to fill this emotional void.

S.A.'s eating addiction emerged when she started to gain weight rapidly at the age of 16 and noticed significant changes in her eating habits. She ate a lot of food when she was alone, especially carbohydrate and sugar-heavy foods. Eating became a kind of escape mechanism for her and the situation became more and more unmanageable. S.A. tried to suppress her emotional pain by eating and felt a temporary relief every time she overeat. However, this relief was short-lived because she felt even more guilty afterwards and her addiction to food increased.

As S.A. started to gain weight, she also withdrew from social life. Although she was once active and sociable, she now avoided seeing her friends and withdrew at school. The traumas she experienced within herself strained her both psychologically and physically. She started to show signs of depression along with her eating addiction, which negatively affected many areas of her life.

When S.A. reached the age of 30, she realized that her weight problems had evolved into a dangerous and serious situation and she consulted a dietitian to find a solution to this situation. Although she tried to follow the program given by the dietitian for a certain period of time, she had difficulty adapting to it most of the time and realized that she could not cope with her emotional hunger rather than physical hunger. The dietitian referred S.A. to a psychotherapist when she realized that S.A. was not only trying to lose weight but also had psychological problems underlying her eating behaviors.

During the sessions with the psychotherapist, it was realized that S.A.'s eating addiction was caused by the trauma she experienced in her childhood and thus sexual abuse. Although it was quite difficult to face the traumas she had

experienced, she gradually began to discover the emotional burden of the abuse and to understand how these pains created a void in her. The therapist tried to heal the traces of the traumatic past of the case with the EMDR method with S.A. At this point, S.A. stated that this method was very effective on her in a positive way. She also stated that the Cognitive Behavioral Therapy (CBT) method was also very effective on her in a positive sense in order to cope with difficulties such as anxiety in daily life.

As a result of the continuous continuation of the therapies and S.A.'s continuous attendance to the sessions, it was stated by the case that her self-awareness increased over time. The case stated that she felt better in terms of expressing herself better and recognizing her emotions with the support of the therapist in the following process. In addition, S.A. stated that she participated in collective psychology studies whenever she had the opportunity to contribute to the abuse she experienced and other problems that developed with it.

5. DISCUSSION

This study reveals how traumatic experiences in childhood, especially sexual abuse, can be determinant in the development of eating addiction. The findings are in line with other studies in the literature and support that traumatic experiences significantly increase the risk of developing addiction. It has been determined that childhood sexual abuse causes deep wounds in the psychological world of the individual and these wounds may result in harmful behaviors such as addiction over time. Researchers such as Brewerton (2007) and Van der Kolk (2014) have stated that trauma has a strong impact on addiction. The findings of this study help us to understand the complex relationship between trauma and addiction in more detail.

The fact that S.A. developed an eating addiction after the trauma she experienced reveals how trauma affects an individual's coping mechanisms. It has been observed that trauma disrupts the individual's self-perception and emotional processes, leading to unhealthy coping strategies such as eating behavior. This is especially common in addiction types where emotional and psychological pain is tried to be suppressed with a temporary source of relief such as eating. Felitti and colleagues' (1998) ACE (Adverse Childhood Experiences) study revealed that childhood traumas, especially experiences such as sexual abuse, are strongly associated with behavioral disorders such as eating addiction that develop later in life.

Moreover, another noteworthy element in S.A.'s case is the role of the social environment in the development of eating addiction. After the sexual abuse, S.A. could not tell her mother and other family members about this situation, had difficulty in coping with the emotional burden she experienced and could not find enough support from her social environment. Lack of communication within the family weakened the individual's capacity to cope with such traumas and paved the way for the development of addiction. Lack of support within the family stands out as a critical factor in the development of psychological disorders such as eating addiction. This finding is consistent with previous research (Canetti, Bachar & Berry, 2002).

From a psychological perspective, the development of eating addiction is often associated with emotional eating, low self-esteem and escape mechanisms. These elements were clearly observed in S.A.'s case. S.A. tried to alleviate her emotional pain by eating, and in this process, eating addiction became an escape mechanism. Although the suppression of emotional pain through eating behavior caused the individual to feel temporary relief, it reinforced the cycle of addiction in the long run. Gearhardt et al. (2012) also emphasized that eating addiction is especially common in individuals with emotional traumas.

S.A.'s search for psychological support and treatment process after the trauma she experienced emphasizes the importance of addressing trauma in addiction treatment. Facing the traumas in childhood and understanding the effects of these traumas on addiction played a key role in the treatment process. The use of treatment methods such as EMDR (Eye

Movement Desensitization and Reprocessing) and Cognitive Behavioral Therapy (CBT) was critical for S.A. to process her emotional pain and break the cycle of eating addiction. This finding is consistent with the literature supporting the effectiveness of psychotherapies used in the treatment of addiction based on traumatic experiences (Van der Kolk, 2014).

6. CONCLUSION

This study details the critical role that traumatic experiences such as childhood sexual abuse play in the development of psychological addictions such as eating addiction. S.A.'s case clearly demonstrates how childhood traumas can increase the risk of developing addictions later in life. The deep scars left by sexual abuse on the individual's psychological world caused her to experience great difficulties both emotionally and socially, leading her to develop unhealthy coping strategies such as addiction. These findings are consistent with the literature on the effects of traumatic experiences on addiction (Felitti et al., 1998; Brewerton, 2007).

One of the most important results of this study is the importance of addressing the traumatic past in addiction treatment processes. As seen in S.A.'s case, traumas experienced during childhood can cause permanent emotional wounds in individuals, which may result in harmful behaviors such as addiction. The emotional emptiness and repressed emotions caused by trauma feed the cycle of addiction and negatively affect the quality of life of the individual. In this context, the effectiveness of psychological support and therapy methods in the treatment of individuals at risk of developing addiction after trauma is once again emphasized. Psychotherapy methods such as EMDR and Cognitive Behavioral Therapy enable the individual to process traumatic experiences and break this cycle in the process of coping with addiction.

In conclusion, addressing the traumatic past and enabling the individual to face these traumas in the treatment process of psychological addictions such as eating addiction is of great importance for both psychological and physical recovery. In addiction treatment, not only biological factors but also psychosocial factors should be taken into consideration. This study contributes to a better understanding of the effects of trauma on addiction and to improve the treatment methods to be used in this process. In this context, future studies should examine the relationship between trauma and addiction in more depth and investigate new treatment approaches that can be used in this process.

The findings of the study are not limited to eating addiction, but also have important implications for other psychological addictions. Emphasizing the importance of a supportive social environment and appropriate psychological interventions in individuals at risk of developing addiction after trauma, this study contributes to draw attention to eating addiction and raise awareness.

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