

# Integrative Emotional Wellness for Patient Care

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# Empathy



**Empathy** is the ability to emotionally understand what other people feel, see things from their point of view, and imagine yourself in their place. Essentially, it is putting yourself in someone else's position and feeling what they are feeling.

VeryWell Mind

# Emotional Wellness & Patient Care

Aging & Cognitive Changes

Infertility

Addiction & Eating Disorders

Oncology Support

Grief & Trauma

Integrative Care

# Aging & Cognitive Changes



# Psychosocial Theories of Aging

Activity Theory

Continuity Theory

Disengagement Theory

# Continuity Theory

Individuals maintain the same activities, relationships, personalities, and behaviors as they age that they did when younger.

Supported and often associated with publications and empirical studies by George Maddox (1968) and Robert Atchley (1971, 1989, 1999)

This theory is criticized for the definition of normal aging

# Disengagement Theory

Disengagement theory would suggest that those who were already gradually withdrawing from society would have less difficulty during bereavement than those who have not yet begun the process of withdrawal, as the bereavement experience would not seem as abrupt to them.

From: Encyclopedia of Gerontology (Second Edition), 2007

# Activity Theory

Activity Theory is based on the idea / findings that older adults have greater satisfaction and happiness with social interactions and active lifestyles.

Proposed by Robert J Havighurst in 1961 (physicist, aging expert, professor)

Developed as a response to the Disengagement Theory

This is supported by research conducted to examine benefits of senior activity centers and other programs for healthy aging.

# Benefits of Social Participation

- Older adults who participated on a daily or weekly basis in social activity had a 40% reduced risk of developing dementia compared those who were not socially engaged (Wang, Karp, Winblad, & Fratiglioni, 2002)
- The rate of cognitive decline was reduced by an average of 70% in older adults who were frequently socially active compared to those who were infrequently socially active over an average of 5 years. (James, Wilson, Barnes, & Bennet, 2011)
- For every 1 point decrease on a social activity scale, there was a 33% more rapid rate of decline in motor function (e.g., grip strength, muscle strength) within an average of five years (Buchman et al., 2009)

# Benefits of Social Participation

- Among older adults with depression, those who were highly socially active were over 2.5 times more likely to have improvements in their depressive symptoms 2 years later than those with low social activity (Isaac et al., 2009)
- The risk of developing a disability in activities of daily living decreased by 43% over an average of 5 years for each additional social activity engaged in; the risk of mobility disability decreased by 31% (James et al., 2011)
- An intervention that combined structured social activity with light- intensity exercise (e.g., card games, croquet) significantly improved older adults' memory function and sleep (Naylor et al., 2000)

Source- [https://www.gov.mb.ca/seniors/publications/docs/senior\\_centre\\_report.pdf](https://www.gov.mb.ca/seniors/publications/docs/senior_centre_report.pdf)

# Neurological Changes

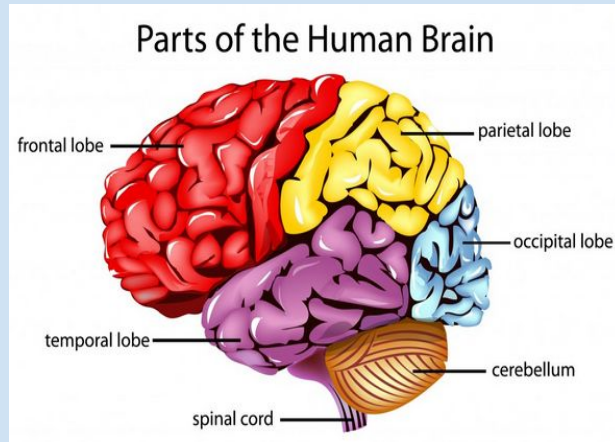


Image credit: Google images

# Changes in the Brain

Decreases in Size and Volume

Primarily in Hippocampal and Prefrontal Area

Increased Activity in both frontoparietal areas

Occipital Lobe has been observed to stay the same size

# Cognition &

# Change

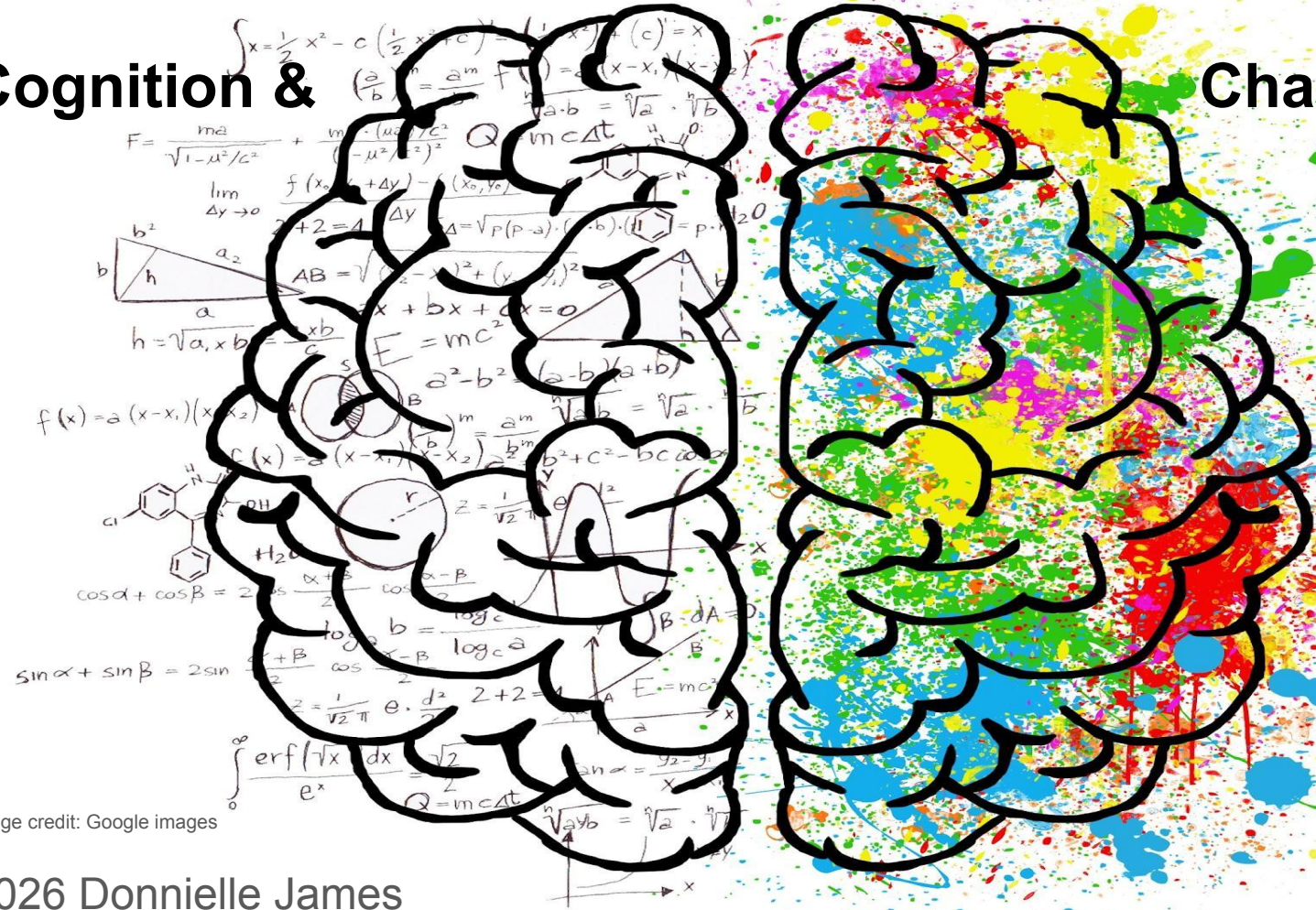


Image credit: Google images

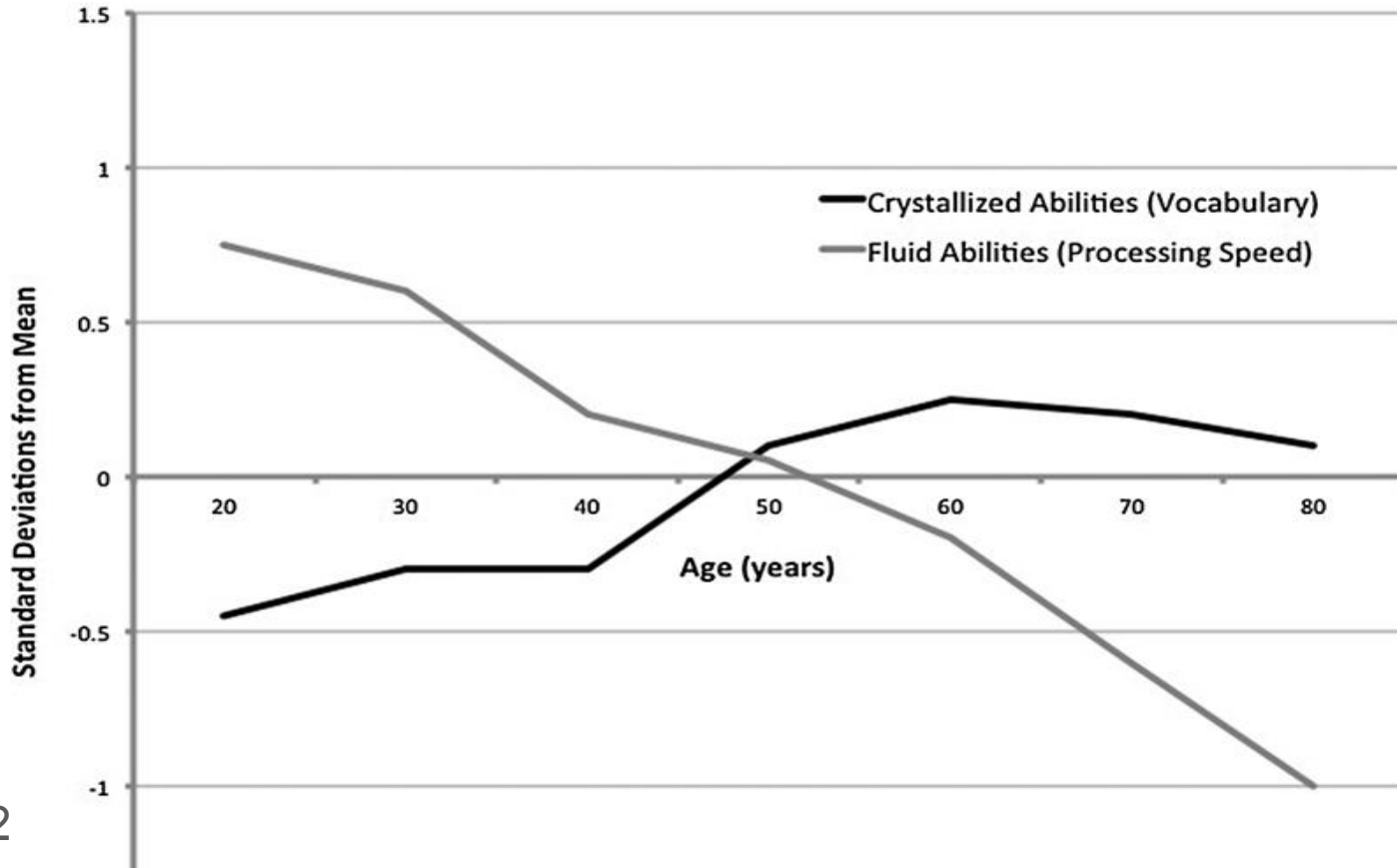
# Cognition

...the states and processes involved in knowing, which in their completeness include perception and judgment. Cognition includes all conscious and unconscious processes by which knowledge is accumulated, such as perceiving, recognizing, conceiving, and reasoning. Put differently, cognition is a state or experience of knowing that can be distinguished from an experience of feeling or willing.  
(Britannica.com)

# The Impact of Age on Cognition

...The most important changes in cognition with normal aging are declines in performance on cognitive tasks that require one to quickly process or transform information to make a decision, including measures of speed of processing, working memory, and executive cognitive function. Cumulative knowledge and experiential skills are well maintained into advanced age. Structural and function changes in the brain correlate with these age-related cognitive changes, including alterations in neuronal structure without neuronal death, loss of synapses, and dysfunction of neuronal networks. Age-related diseases accelerate the rate of neuronal dysfunction, neuronal loss, and cognitive decline, with many persons developing cognitive impairments severe enough to impair their everyday functional abilities. There is emerging evidence that healthy lifestyles may decrease the rate of cognitive decline seen with aging and help delay the onset of cognitive symptoms in the setting of age-associated diseases....(Murman 2015)

# The Impact of Age on Cognition



# (Graph Source)

## Figure 1

Change in “crystalized” cognitive abilities, represented here as vocabulary, and “fluid” cognitive abilities, represented here as processing speed, with age in normal subjects. Graph is based upon data presented by T.A. Salthouse and colleagues.<sup>4</sup> Zero line represents the mean or average performance on these measures, while values above zero represent better than average performance and below the line worse than average performance.

# Common Causes of Cognitive Impairments

Head Trauma

Cerebral Ischemia

Alcohol Abuse (and other substances)

Excess Hormones from Stress

Degenerative Dementia

Parkinson's Disease

Alzheimer's Disease

# Mild Cognitive Impairment (MCI)

Mild cognitive impairment (MCI) is the stage between the expected cognitive decline of normal aging and the more serious decline of dementia. It's characterized by problems with memory, language, thinking or judgment.(mayo.org)

- Increased forgetfulness of things, appointments, social plans and events
- Difficulty following movies, tv, books or losing thoughts in conversation .
- Overwhelmed by making decisions, understanding instructions or planning.
- Becoming lost or confused in familiar locations and environments
- Increases in poor judgement and impulsive behavior
- Changes are noticed by friends and family

# Acupuncture - MCI

Over 22 completed studies, a smaller percentage included details on point selection, Emphasis on neuroimaging

“Our systematic review summarizes neuroimaging data used to investigate the cerebral response to acupuncture in patients with MCI. The brain areas covered in acupuncture for MCI are mainly located in the DMN, CEN, and SN, especially in the cingulate cortex, hippocampus, and prefrontal cortex. However, the included studies are in the preliminary exploration stage. Thus, multicenter, large sample, and strictly designed RCTs employing multimodal neuroimaging approaches are needed to confirm current neuroimaging findings.

Yin Z, Zhou J, Xia M, Chen Z, Li Y, Zhang X, Li X, Yan H, Wang L, Sun M, Zhao L, Liang F, Wang Z. Acupuncture on mild cognitive impairment: A systematic review of neuroimaging studies. *Front Aging Neurosci.* 2023 Feb 15;15:1007436. doi: 10.3389/fnagi.2023.1007436. PMID: 36875696; PMCID: PMC9975578.

# Alzheimer's Disease (AD)

AD is the most common cause of dementia in aging adults.

It typically has three distinct stages (preclinical, MCI due to AD and dementia)

The causes probably include a combination of age-related changes in the brain, along with genetic, environmental, and lifestyle factors. The importance of any one of these factors in increasing or decreasing the risk of Alzheimer's disease may differ from person to person. ([nia.nih.gov](http://nia.nih.gov))

# Acupuncture & AD (2023)

Du 20 DU 14 - Learning and Memory

Du 20 UB23 - studies on effects on hippocampus (with estim

Du 20 Yin Tang - estim helped improve learning and memory with Donepezil

Acupuncture combined with Gastrodin

Wu L, Dong Y, Zhu C, Chen Y. Effect and mechanism of acupuncture on Alzheimer's disease: A review. *Front Aging Neurosci.* 2023 Mar 3;15:1035376. doi: 10.3389/fnagi.2023.1035376. PMID: 36936498; PMCID: PMC10020224.

# Psychosocial Assessment

# What is Psychosocial Assessment?

Evaluation of Physical and Mental Health

How an Individual functions in community

How an Individual sees self in relation to community

Social Support System

Family Support System

Unique & Individual Needs

# Evaluation: Physical & Mental Health

\*Includes Health History, 10 Asking, Vitals

\*Also includes general Diet/Lifestyle/Substance Use

Mental Health Status may include Mental Health Status Exam

# Social Support System

How Does the Patient Interact within Their Community:

Employment Status, Hobbies, Friends

Support Groups - Individual and Group Therapy

Spiritual Communities

Financial Resources and/or Needs for Assistance

# Family Support System

Marital / Family Dynamics

# Mental Status Exam (MSE)

# Four Primary Components of a Mental Status Exam

A: Appearance

B: Behavior

C: Cognition

T: Thought Processes

# Questions to Ask : MSE - Appearance

Is the patient neatly Dressed?

Is the patient clean?

Do they appear to be overly focused on appearance?

Do they appear to be disheveled?

Do they appear to be using appropriate hygiene?

# Questions to Ask : MSE - Behavior

Is their behavior appropriate to the situation?

Are they cooperative?

Are they guarded?

Do they make eye contact?

Is their tone of voice even? Quiet?

# Questions to Ask: MSE - Cognition

Are they engaged in conversation and discussion?

Do they appear to understand information being presented?

Are they alert and oriented to surroundings?

# Questions to Ask: MSE - Thought Processes

Are they engaged in topic of conversation?

How do they appear to be processing information?

Do they have signs of paranoia or delusions?

# Other Common Concerns with Aging

Depression & Anxiety

Balance Issues & Sensory Impairment

Sense of Isolation / Loneliness

Grief & Bereavement

Loss of Purpose

Higher Chances of Chronic Disease & Age Related Health Issues

# References & Further Reading

***Continuity and Stability in Development*** , Bornstein, M, Putnick, D, and Esposito, G

Child Development Perspective, 2017 June 11(2) 113-119

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5830131/>

***The 8 Stages of Human Development*** <https://www.verywellmind.com/psychosocial-stages-2795743>

***Disengagement Theory*** <https://www.sciencedirect.com/topics/psychology/disengagement-theory>

**Source- The Nine Postulates** <https://courses.lumenlearning.com/boundless-sociology/chapter/the-functionalist-perspective-on-aging/>

***Social Participation and its Benefits*** [https://www.gov.mb.ca/seniors/publications/docs/senior\\_centre\\_report.pdf](https://www.gov.mb.ca/seniors/publications/docs/senior_centre_report.pdf)

***The Impact of Age on Cognition*** . Murman, D. L. SEMin Hear, August 2015 (36) p 111-121)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4906299/>

**Brain Facts.org** <https://www.brainfacts.org/thinking-sensing-and-behaving/aging/2018/what-is-normal-cognitive-aging-100418>

# References & Further Reading

Alzheimer's Disease: [identifyalz.com](http://identifyalz.com), [mayo.com](http://mayo.com) [medlineplus.gov](http://medlineplus.gov) [nia.nih.gov](http://nia.nih.gov)

Balance and Aging <https://pubmed.ncbi.nlm.nih.gov/10499055/>

# Infertility

# Psychological Impact of Infertility

The medicalization of infertility has unwittingly led to a disregard for the emotional responses that couples experience, which include distress, loss of control, stigmatization, and a disruption in the developmental trajectory of adulthood. Evidence is emerging of an association between stress of fertility treatment and patient drop-out and pregnancy rates. Fortunately, psychological interventions, especially those emphasizing stress management and coping-skills training, have been shown to have beneficial effects for infertility patients.

Cousineau TM, Domar AD. Psychological impact of infertility. *Best Pract Res Clin Obstet Gynaecol.* 2007 Apr;21(2):293-308. doi: 10.1016/j.bpobgyn.2006.12.003. Epub 2007 Jan 22. PMID: 17241818.

# Proposed Influence of Development on Infertility

Studies addressing developmental stages look at the areas that could be affected by infertility.

In the area of infertility, research supports that men and women are affected differently in terms of coping skills and behaviors.

The following study illustrates the effects of infertility on behavior and changes in the developmental stages in adulthood vs being fixed in childhood.

# Effects of Infertility on Women

Research has shown that women will report depression and anxiety while struggling to conceive.

Anxiety, Depression, Feelings of Inadequacy and Out of Control are often reported. Grief, Medical Trauma are also commonly seen.

Women with a perceived sense of control in other areas, may have a harder time emotionally.

Underlying Lifestyle issues, and mental health concerns may be illuminated or be another aspect of treatment.

(addiction, eating disorders, or having a history of one are a few examples/

## Aspects of Psychosocial Development in Infertile Versus Fertile Men

Infertility is one of the most difficult life experiences that a couple might encounter. Infertility as a bio-psycho-social phenomenon, could influence all aspects of life. While paying special attention to the psychological aspects of infertility in couples; many studies have investigated the non-clinical aspects of infertility, however, they rarely have evaluated the psychosocial development of infertile versus fertile men. We aimed to study the effects of infertility on psychosocial development in men.

Akhondi, M. M., Binaafar, S., Ardakani, Z. B., Kamali, K., Kosari, H., & Ghorbani, B. (2013). Aspects of psychosocial development in infertile versus fertile men. *Journal of reproduction & infertility*, 14(2), 90–93.

# Aspects of Psychosocial Development in Infertile Versus Fertile Men

...the study based on “Erikson's theory of psychosocial development”. We focused on the relationship between psychosocial development and some self-conceived indices. For this purpose, we divided the participants volunteers into two groups of cases (80 infertile men) and controls (40 fertile men) and asked them to complete a 112 (questions questionnaire based on “self description”). The statistical analysis was performed by SPSS (version 13) using independent t-test, Pearson correlation coefficient and analysis of covariance. A p-value <0.05 was considered significant

Akhondi, M. M., Binaafar, S., Ardakani, Z. B., Kamali, K., Kosari, H., & Ghorbani, B. (2013). Aspects of psychosocial development in infertile versus fertile men. *Journal of reproduction & infertility*, 14(2), 90–93.

# Aspects of Psychosocial Development in Infertile Versus Fertile Men

Data analysis showed significant inter and intra group differences. Infertile and fertile groups showed significant differences in trust, autonomy, generativity and integrity stages ( $p < 0.05$ ). Infertile intergroup analysis represents us to higher scores in positive than negative stages.

Akhondi, M. M., Binaafar, S., Ardakani, Z. B., Kamali, K., Kosari, H., & Ghorbani, B. (2013). Aspects of psychosocial development in infertile versus fertile men. *Journal of reproduction & infertility*, 14(2), 90–93.

# Aspects of Psychosocial Development in Infertile Versus Fertile Men

Trust and autonomy are formed in early stages of life; however significant differences in scores between two fertile and infertile groups of men in this study posed a challenge to this. Psychological experiments show that all of our thoughts might be influenced by our new circumstance and experiences, and therefore, it is expected that infertility, as a more stressful experience in life, would have these consequences (5).

Akhondi, M. M., Binaafar, S., Ardakani, Z. B., Kamali, K., Kosari, H., & Ghorbani, B. (2013). Aspects of psychosocial development in infertile versus fertile men. *Journal of reproduction & infertility*, 14(2), 90–93.

# Aspects of Psychosocial Development in Infertile Versus Fertile Men

Infertility as a phenomenon had its own effects on the psychosocial development of infertile men. However, good coping skills are powerful tools to manage these myriad of feelings surrounding infertile men.

Akhondi, M. M., Binaafar, S., Ardakani, Z. B., Kamali, K., Kosari, H., & Ghorbani, B. (2013). Aspects of psychosocial development in infertile versus fertile men. *Journal of reproduction & infertility*, 14(2), 90–93.

# Evolutionary Psychology

Evolutionary Psychology is an area of study that combines a variety of disciplines to study development, behavior and social structures. Other disciplines include: sociobiology, anthropology, political science, sociology and evolutionary biology.

This area of research pertaining to fertility is often based around reproductive fitness, mate selection, demographics and societal norms and constructs.

# Developmental Influences on Fertility Decisions by Women: An Evolutionary Perspective

Developmental environments are crucial for shaping our life course. Elements of the early social and biological environments have been consistently associated with reproduction in humans. To date, a strong focus has been on the relationship between early stress, earlier menarche and first child birth in women. These associations, found predominately in high-income countries, have been usefully interpreted within life-history theory frameworks. Fertility, on the other hand—a missing link between an individual's early environment, reproductive strategy and fitness—has received little attention. Here, we synthesize this literature by examining the associations between early adversity, age at menarche and fertility and fecundity in women. We examine the evidence that potential mechanisms such as birth weight, childhood body composition, risky health behaviours and developmental influences on attractiveness link the early environment and fecundity and fertility. The evidence that menarche is associated with fertility and fecundity is good. Currently, owing to the small number of correlational studies and mixed methodologies, the evidence that early adversity predicts fecundity and fertility is not conclusive. This area of research is in its infancy; studies examining early adversity and adult fertility decisions that can also examine likely biological, social and psychological pathways present opportunities for future fertility research.

Coall, D. A., Tickner, M., McAllister, L. S., & Sheppard, P. (2016). Developmental influences on fertility decisions by women: an evolutionary perspective. *Philosophical transactions of the Royal Society of London. Series B, Biological sciences*, 371(1692), 20150146. <https://doi.org/10.1098/rstb.2015.0146>

# Infertility Distress Syndrome

Can affect men and women

More commonly affects women

Often underreported or shared with others

Increased feelings of anger, depression, anxiety

# Infertility Distress Scale

21 questions provided to assess level of stress women are experiencing

This study has been administered and used in research studies looking at emotions commonly experienced during and from treatment.

# Managing Stress & Anxiety

This is an area where there is a lot that can be done with acupuncture, herbs, lifestyle modifications and patient education in TCM.

Mindfulness CBT, CBT, EMDR, Biofeedback, Reiki, Progressive muscle relaxation and many other modalities can be beneficial.

This can be a time for patients to make lasting positive changes

# When the Treatment Plan Changes

There are many reasons that things could change while patients are coming in for fertility and other reproductive related concerns and issues.

It is important when this happens to be able to hold space and to be prepared to provide referrals for other resources and types of providers.

# Reasons Patients Discontinue Fertility Care

The most selected reasons for discontinuation were: postponement of treatment (39.18%, postponement of treatment or unknown 19.17%), physical and psychological burden (19.07%, psychological burden 14%, physical burden 6.32%), relational and personal problems (16.67%, personal reasons 9.27%, relational problems 8.83%), treatment rejection (13.23%) and organizational (11.68%) and clinic (7.71%) problems. Some reasons were common across stages (e.g. psychological burden). Others were stage-specific (e.g. treatment rejection during workup). None of the predictors reported were consistently associated with discontinuation.

Gameiro, S et al. "Why do patients discontinue fertility treatment? A systematic review of reasons and predictors of discontinuation in fertility treatment." *Human reproduction update* vol. 18,6 (2012): 652-69. doi:10.1093/humupd/dms031

# Surrogacy

Surrogacy can also bring up different care needs for emotional support.

The mental health and wellbeing of the surrogates is an area of current research

Research has shown parents who worked with a surrogate or adopted can also experience postpartum depression.



# Supporting Oncology Patients

# Reproductive Oncology & Patient Care

1/1000 women are diagnosed with cancer during pregnancy

Fertility sparing is typically considered if safe for women under 40)

Testicular Cancer can also affect Male Fertility

Statistically most women diagnosed with gynecological cancers are over 60

Many cancer support organizations for young patients are for patients under 40

NCI affiliated hospitals often have integrative treatment programs including counseling and support groups and resources.

# Side Effects of a Cancer Diagnosis & Treatment

Financial Toxicity

Changes in Relationships

Changes in Work / School

Lingering Side Effects from Treatments

Mental Health Concerns

Disability

Infertility

Chronic Pain

Chronic Fatigue

Cognitive Changes

Isolation

Secondary Diagnosis

Neuropathy

Weight Changes

Osteoporosis / Osteopenia

Lymphedema

# Reproductive Oncology & Patient Care

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# Common Mental Health Concerns for Survivors

**Body Dysmorphia /**

**Changes in Self - Image**

**Depression**

**Anxiety**

**PTSD**

**Grief**

**Survivor's Guilt**

**Hoarding**

**ADHD**

# Ways to Refer and Support

Oncology Trained Therapists for Patients, Caregivers, Family Members

Peer Support Groups for Patients and Caregivers

Survivor oriented communities

Programs that provide financial assistance/ grants

Programs that provide retreats, exercise, activities and community

Programs for awareness of a specific type / subtype or population

A close-up photograph of a person's hand and forearm. The hand is positioned at the top, with fingers slightly curled and blue nail polish visible on the nails. The forearm extends downwards and to the right, and is wrapped with several thick, yellow, braided ropes. The ropes are tied in a knot at the bottom. The background is a blurred, light-colored wall. On the left side of the image, the word "Addiction" is written in a stylized, brown, serif font.

# Addiction

“Some of us, because of our genetics, our developmental trajectories, or social circumstances, are more vulnerable to [addiction] than others.”

Drug Addiction

- Dr. Nora Volkow  
NIDA Director



National Institute

of Drug Abuse

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DrugAbuse.gov

# Physiological Addiction

When the body develops a physical dependence

This will create “withdrawal” symptoms and perpetuate the physical craving.

This is one of the more challenging aspects of detoxification and withdrawal and may require medical supervision in severe levels of dependence.

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# Psychological Addiction

“The term *psychological dependence* is generally meant to describe the emotional and mental processes that are associated with the development of, and recovery from, a substance use disorder or process addiction. However, there can be no total separation of emotion and cognition from physiology.”

Quote Source - American Addiction Centers.org

# Psychological Addiction

“The term *psychological dependence* is generally meant to describe the emotional and mental processes that are associated with the development of, and recovery from, a substance use disorder or process addiction. However, there can be no total separation of emotion and cognition from physiology.”

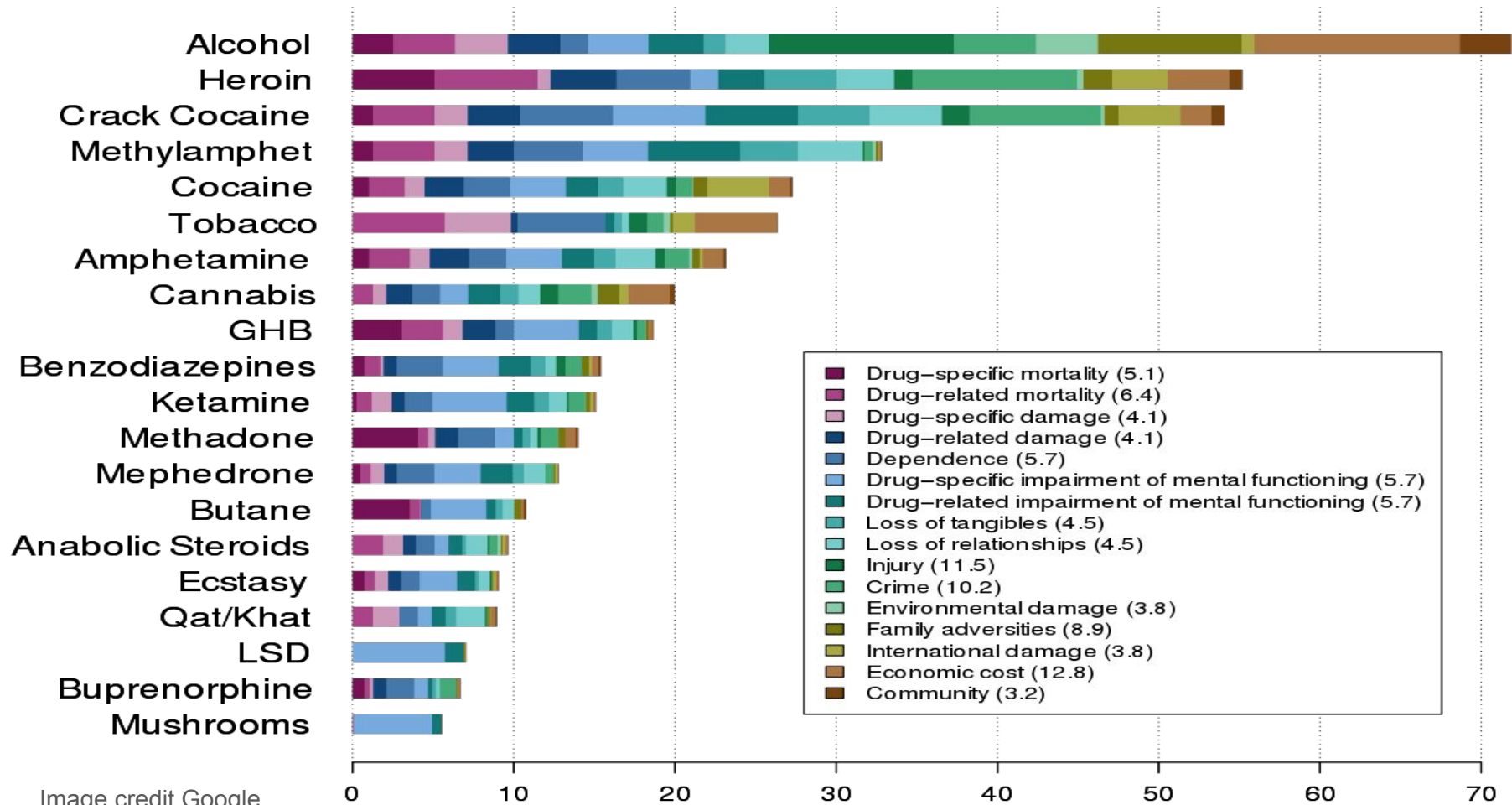
Quote Source - American Addiction Centers.org

**In these cases, an addiction may develop after a substance is being used as a way to deal with, avoid or numb emotional pain or other symptoms.**

# Most Common Addictions around the World

- 1) Tobacco
- 2) Alcohol
- 3) Marijuana
- 4) Painkillers
- 5) Cocaine
- 6) Heroin
- 7) Gambling
- 8) Sex
- 9) Internet

Other common addictions include shopping, video games, exercise & food



“It Does Not Matter How Slowly You Go  
As Long As You Don’t Stop”

*Confucius*



Image credit Google

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**“I’m Not Telling You It’s Going to be Easy,  
I’m Telling You It’s Going to be Worth It”**

*Anonymous*

Image credit Google

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# Gambling Addiction

Gambling Disorder affects about 1-3% Adults in the U.S

The number one state for both addiction and gambling friendliness is Nevada. It is ranked as #11 for gambling problems and treatment.

The number one state for gambling problem treatment is Mississippi. It ranks #4 for gambling addiction and #9 for gambling friendliness.

California is ranked #18 for gambling addiction, #21 for gambling friendliness and #24 for gambling problems and treatment.

<https://wallethub.com/edu/states-most-addicted-to-gambling/20846/>

# Sex (and Love) Addictions

This is an area that is difficult to accurately define. Behaviors fall into 4 main categories.

Addictive Behavior

Impulse Control

Hypersexuality

Compulsive Disorder.

# Sex Addiction

70% experience physical withdrawal symptoms during treatment

Higher Prevalence of suicide attempts than others (19% compared to 4.6%)

<https://www.addictionhq.org/sex-addiction/sex-addiction-statistics/>

Research has shown similar to stimulants, there is a release of dopamine.

# Compulsive Spending

Defined as “spending beyond what is necessary”. There are often financial repercussions. This behavior may occur during a manic episode for a patient with bipolar disorder,

# Workaholism

Also referred to as work addiction or excessive overwork.

It is also connected with a variety of underlying issues and motivations (fear/survival issues, codependency, feeling of not enough, insecurity, anxiety, perfectionism, difficulty being present etc )

# Food Addiction

According to at least one study, at least 5% of population may have a food addiction.

Food Addiction is more prevalent in women (about 7% women 3%men)

Women age 45-64 show an 8.4% rate, women 62-88 2.7% rate)

It occurs in people who undereat as well as overeat.

(2% under/normal weight, about 8% of people overweight or obese)

<https://www.psychguides.com/eating-disorder/>

# Eating Disorder Related Addictions

Eating Disorders refer to a group of disorders and conditions where there is an abnormal relationship and/or behaviors with food. The most common are Anorexia Nervosa and Bulimia Nervosa.

Compulsive Exercise Disorder, , Exercise Bulimia, Orthorexia,, Purging Disorder are all behavioral patterns that can fall into this category.

There are usually both physical and psychological symptoms being reported.

# Eating Disorders recognized DSM V & ICD

Anorexia Nervosa (AN)

Bulimia Nervosa (BN)

Binging Eating Disorder (BED)

Avoidant / Restrictive Food Intake Disorder (ARFID)

\*Other Specified Feeding or Eating Disorder (OSFED)

Unspecified Feeding or Eating Disorder

# OSFED

To be diagnosed as having OSFED a person must present with a feeding or eating behaviors that cause clinically significant distress and impairment in areas of functioning, but do not meet the full criteria for any of the other feeding and eating disorders. (source Freed)

- \*Atypical Anorexia Nervosa (patient is within/above normal weight ranges)
- \* Binge Eating Disorder (lower frequency and or / less than three months)
- \*Bulimia Nervosa (lower frequency and / or less than three months)
- \* Purging Disorder - recent purging to lose weight/affect appearance absence of binge eating
- \*Night Eating Syndrome

# Additional Eating / Body Related Disorders

Muscle Dysmorphia (affects more men than women)

Body Dysmorphia

Compulsive Overeating ( COE)

Prader Willi Syndrome

Diabulimia

Orthorexia Nervosa

Selective Eating Disorder

Drunkorexia

Pregorexia

Compulsive Exercising

# References

Dual Diagnosis (National Alliance on Mental Illness)

<https://www.nami.org/learn-more/mental-health-conditions/related-conditions/dual-diagnosis>

Latest Research on PTSD and Addiction (Hazelden 2012)

[http://www.bhevolution.org/public/perspectices\\_201203.page](http://www.bhevolution.org/public/perspectices_201203.page)

PTSD and Eatings Disorders

<https://www.nationaleatingdisorders.org/blog/ptsd-and-eating-disorders-clinical-understanding-symptoms-representing-victim-and-abuser>

# References & More Information

Food is my Heroin (ADHD and Eating Disorders)

<https://www.additudemag.com/adhd-linked-to-eating-disorders/>

Common Dual Diagnosis Conditions

<https://www.inspiremalibu.com/blog/dual-diagnosis/what-are-the-most-common-dual-diagnosis-disorder>

Freed <https://www.freedeatingdisorders.org/about/>

IADEP.org

<https://breathelifehealingcenters.com/12-types-eating-disorders-explained/>



# Grief

A response to a loss that is multifaceted and multidimensional

These can be Physical, Emotional, Spiritual, Cultural, Social, Cognitive, Behavioral and Philosophical

# Five Stages of Grief

The Seven Stages of Grief are based on the Five Stages of Grief by Elizabeth Kubler-Ross in 1969. The first and seventh stages have been added to the model

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The Original Five Stages of Grief are:

Denial, Anger, Bargaining, Depression and Acceptance

Moving through these stages IS NOT a linear process

# Seven Stages of Grief

Shock and Denial

Pain and Guilt

Anger and Bargaining

Depression, Reflection and Loneliness

The Upward Turn

Reconstruction and Working Through

Acceptance / Hope

# Shock and Denial

In this initial phase a patient may report a disconnection (aka like observing someone else) and know there is a loss, but also deny or detach from the feelings. A variety of emotions and physical symptoms may be present including: palpitations, difficulty sleeping , out of body sensations, feeling “numb” , decreased appetite, nausea.

# Pain and Guilt

Pain may be experienced as emotional and/or physical

Guilt may include thinking of things that could have been done differently

This process can be very difficult to move through and it is important to remember it is part of a natural process as moving through when becomes overwhelming

# Anger and Bargaining

Bargaining can have people wishing for different outcomes

Anger can be directed at a variety of sources (internal and external)

# Depression, Reflection and Loneliness

During this time, a withdrawal and time alone in reflection is common, as are feelings of depression and some aspects of bargaining. It is a phase where a balance of time for reflection and growth and social support / therapy can help with moving through the feelings that come up and are being moved through.

# The Upward Turn

This phase can be gradual , feeling a little better each day, or can be suddenly felt and acknowledged.

# Reconstruction and Working Through

A key aspect of this phase is a patient may report feeling some control again and less overwhelmed, stressed and able to address ways of rebuilding / moving forward while also acknowledging the loss.

# Acceptance / Hope

Moving forward and finding “the new normal”

# Medical Trauma & PTSD

Medical trauma is **emotional and physical responses to pain, injury, serious illness, medical procedures and frightening treatment experiences**. There are lots of different experiences related to illness, injury or medical treatment that can be difficult, uncomfortable or frightening.

The International Society for Traumatic Stress Studies

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# Definition of Trauma

Oxford Dictionary:

Noun “A deeply disturbing or distressing experience”

In medicine “ a physical injury”

# Risk Factors for PTSD

Family and Personal History of Mental Health Issues

Experiencing Multiple Traumatic Events

Childhood Trauma

Multiple Stressors

Repeat Exposure to traumatic events

Genetics

# PTSD Symptoms

Nightmares

Palpitations

Anxiety

Fatigue

Insomnia

Lethargy

Intense Fear

Difficulty Concentrating

Emotional Outbursts

Panic Attacks

Irritability

Pale Complexion

# PTSD-Post Traumatic Stress Disorder

Symptoms: Recurring distress after an extreme traumatic event. Include Nightmares, Recurring feelings of distress, detachment, and hypervigilance. Anxiety, Irritability, DEpression also common

Commonly Abused Substances: Alcohol, Sleeping Pills, Benzodiazepines, Nicotine

Other Common Addictions: Sex Addiction, Eating Disorders

(Occurs in 70% of partners of Sex Addicts IITAP 2016 - International Institute of Trauma and Addiction Professional)

# Definition of PTSD

Post-traumatic stress disorder (PTSD) is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event.

(NIH.gov)

# Definitions of Trauma, PTSD, Stress and DSM

Prior to the DSM 5 PTSD was considered an anxiety disorder

In the DSM 5 “Trauma and Stressor Related Disorders” was created

This lead to controversial and debated changes in diagnostic criteria

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5371751/>

# DSM 5 & PTSD

Defines as exposure to real or threatened :

Sexual Violation

Death

Serious Injury

# Acute Trauma

A Response to a Single Event

# Chronic Trauma

Repeated / Prolonged Exposure to an Event /  
Behavior

# Complex Trauma

Exposure to Multiple and Varied Events (often  
invasive and / or interpersonal)



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# Holistic Psychotherapy

# Holistic Therapy

Combines Traditional Approaches such as CBT, Desensitization with integrative treatment approaches.

This may include : EFT (Tapping) , Breathwork, Reiki, and more....

The goal is to address mind, body and spirit for harmony and balance



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# Yoga Benefits

Yoga has been found to increase levels of GABA

University of Utah (2008) case study reflects the benefits of yoga on easing physical and emotional pain (Fibromyalgia patients)

A case study at the Hoover Treatment Center in Little Rock, AK found that yoga helps support mindfulness and integration of 12 step programs.

Current research into effects of Hot Yoga on reducing depression.

A Detoxification Center in Bangalore, India has completed a variety of additional case studies on the benefits of Sudarshan Kriya Yoga. Findings include:

“reduce cravings associated with addiction by reducing sympathetic nervous system (SNS) activity and activating parasympathetic nervous system (PNS) activity”

“Cyclical breathing which moves from slow to rapid inhalation/exhalation may offer relief from alcohol dependency”

“75% reduction in depression and lower levels of cortisol”



# Meditation

Mindfulness-based Interventions are being studied for many addictive behaviors.

These integrate with other methods of treatment .

“Studies indicate that MBIs reduce substance misuse and craving by modulating cognitive, affective, and psychophysiological processes integral to self-regulation and reward processing” (Garland and Howard)

Meditation (in a non defined form) is part of the 11th step in 12 step programs.

# Mindfulness Practice & Breathwork Techniques

Body Scan

Progressive Relaxation

Meditation

Mindful Movement (Walking, Yoga, Qi Practice)

Mindful Eating

Box Breathing

Diaphragmatic Breathing

# Mindfulness Based Psychotherapy

**At present, there is no universally accepted definition for “mindfulness.” The term has proven difficult to define due to differing beliefs of what exactly mindfulness is, differing opinions on how to achieve mindfulness, varied views about the purpose of mindfulness, and the challenge of describing the concept using medical and psychological terminology.**

**[goodtherapy.org](http://goodtherapy.org)**

# Common Mindfulness based Interventions

Mindfulness Based Cognitive Behavioral Therapy (MBCT)

Dialectical Behavior Therapy (DBT)

Acceptance and Commitment Therapy (ACT)

# MBCT

Combines Cognitive Behavioral

Therapy and Mindfulness Based Practices

(Based on Mindfulness-Based Stress Reduction program by Jon Kabat-Zinn)

Focuses on becoming more present

Example : Repatterning experience with triggers

Originally developed to work with depression. Also widely used for generalized anxiety, addictions, general emotional distress and Bipolar Disorder.

# DBT

Most notably used for working with Borderline Personality Disorder

Developed by Marsha Linehan)

Key aspects : Observing , Describing. Participating in Moment,

Doing action non judgmentally, one at a time, and way works for individual

# ACT

Developed by Steven Hayes (1980's) based on his personal experience with panic attacks

This approach is based on accepting the past , commit to moving forward

This is used to reduce avoidance, denial and struggling with inner emotions

# Mindful Therapeutic Activities

Body Scan

Progressive Muscle Relaxation

Mindful Eating

Meditation

Breathwork

# Other Therapeutic Activities

Writing/ Journaling

Movement Practice including Qigong, Tai Qi, Yoga, Dance Therapy, Walking

Art Therapy Music Therapy Dance Therapy

Play Therapy

Positive Psychology

Neurofeedback

\*Peer Support Groups

Psychedelic Assisted Therapy