INSIDE THIS EDITION

10 Signs Your Child Has an Eating Disorder — and How You Can Help
By De Carolyne Coker Ross

This is Your Brain in Love: The Sweet Science of Attraction, Sex and Romantic Attachment
By Jeffrey C. Friedman, MHS, LISAC

KIDS, PARENTS AND DIVORCE
by Elisabeth Davies

You Gonna Get That?
by Dr. Marlo Archer

PLUS:
When Life Doesn’t Play Fair
by Thomas Crum

June 11 - 17 Men’s Health Week

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f your child develops an eating disorder, who will be the first to know? It could be a classmate who wonders why their friend spends most of their lunch break in the restroom, or an observant teacher who notices a student’s sudden lack of focus. Will these concerned individuals intervene on your child’s behalf?

It is the hope of most parents that they will be the first to recognize the signs of an eating disorder in their child. After all, parents know their children better than anyone else and are often in the best position to know when something is amiss. But eating disorders are insidious diseases marked by denial and secrecy. A child who has been affected by an eating disorder may go to extreme lengths to hide their behavior.

Signs of an Eating Disorder

Some signs are easier to detect than others. Parents should be on the lookout for the following:

Changes in Weight — Small variations in weight can be normal, but dramatic changes in a short period of time can signal a problem. Weight fluctuations don’t happen in a vacuum. Even more important than the weight is looking at the whole child to understand what is happening in their life. Perhaps there’s a bully at school or a traumatic experience the child hasn’t shared with you yet. Often, challenges arise when a child is going through a significant transition, such as their parent’s divorce or graduating from middle school to high school.

Unusual Eating Habits — Young people may attempt to disguise an eating disorder by making excuses for their unusual behaviors. When mealtime comes around, a child struggling with an eating disorder may repeatedly make excuses to avoid a family meal or play with their food by moving it around on the plate or cutting it into small pieces to make it look like they are eating. A child with bulimia might leave the table immediately after eating and spend unusually long periods of time in the bathroom, often running the sink or shower to mute any noise.

Changes in Mood — It is normal for teenagers to fly off the handle from time to time. But if the child gets emotional every time you speak to them about any little issue, there may be a problem. Signs to watch out for include irritability, spending a lot of time alone in their room, and appearing sullen, not just every once in a while but on a daily basis. You know what is typical for your child and can spot the first hint of a significant and persistent shift in mood.

Changes in Behavior — Changes in friendships are another signal that something may be amiss in your child’s life. If the usual friends stop calling or coming to visit, or if your child has no friends, it’s time to find out why.

Another problematic change in behavior is a growing obsession with exercise. While fitness is important for overall health, it is possible to overdo it. Children who exercise many hours per day, especially when the workout is in addition to involvement in sports at school, put themselves at risk for physical injuries as well as eating disorders. Working on the body, the middle of the night or refusing to take a day off even when they are sick are other signs that the behavior has become too extreme.

Early Development — Children who reach puberty before their peers are likely to feel “different” and uncomfortable in their changing bodies. A child’s peers may use the weight gain and physical changes characteristic of puberty as fodder for bullying, teasing and ridicule, which can trigger extreme methods of dieting that can lead to an eating disorder.

Involvement in Weight-Focused Sports — Certain sports do not encourage a balanced approach to health and fitness. In gymnastics, dance and swim, for example, coaches and teammates may be particularly harsh about a child’s weight. A child may become so self-conscious about their weight or appearance that they resort to disordered eating or dieting to please coaches.

Family Conflict — Stressors in the family system can contribute to an eating disorder. When the family faces additions, financial turmoil, illness, death or other struggles, children are less likely to feel safe and secure. An eating disorder may become a way to feel in control of some aspect of their life.

Low Self-Esteem — Having a poor self-image dramatically increases the likelihood that a child will develop an eating disorder. Although this is a difficult symptom for a parent to assess, a few behaviors to be alert to are constantly putting down themselves or others, eating disorders continued page 9
Brain in Love from page 1

Romance typically starts with attraction, a pleasant feeling carrying the twin promises of passionate adventure and the happy hope of finding an ideal mate. In the attraction stage of romance, lovers often focus on the emotional, rather than sexual, expression of their attraction. Biological anthropologists have now uncovered evidence that indicates romantic attraction evolved as a necessary foundation for attachment, and that our survival as a species depends on our being biologically wired for both. While simple lust drives us to seek a variety of sexual partners, attraction persuades us to narrow this drive to the pursuit of a specific mate. The selection of a single partner must happen before a couple stands any chance of forming attachments strong enough to keep them together during the time their children are dependent on their parental care.

But sexual or otherwise, attraction is a feeling that arises in pleasure and reward pathways in the amygdala — a double-threaded structure in the neocortex that assigns emotional resonance to people, things and occurrences in our environment. In infancy, it was our amygdala that had us cooing contentedly when we recognized our mother’s face.

The amygdala is a part of the brain that has no ability to reason and can’t access language or spatial awareness. It is a brain structure that functions solely on an emotional level. The amygdala decides what we like and what we don’t — what we are drawn to and what we fear. In regard to attraction, it is the amygdala that decides who is “Hot” and who is not.

And, not surprisingly, the amygdala is involved in sexual appetites of lovers — luring their amygdala in just the right way can induce ovulation in women and produce an erection in men. Sexual desire often accompanies attraction because the same cortical regions activated in sexual arousal can also be triggered by an attractive face, form or personality. It is a well-known maxim in advertising that sex sells. But whether this is true or not, it is a biological fact that beauty sells sex.

Once our amygdala has pronounced a person desirable, that assessment is sent on to the frontal cortex part of the brain that organizes behavior toward specific goals. Where feelings of attraction can be translated into the behavior of pursuit. And love’s sales pitch can also have the dual effect of influencing our environment while distorting our reality. As is known in other species, loving attraction in humans may trigger the release of pheromones — hormones capable of acting outside the body and which can govern social interactions. And just viewing the face of our beloved can disallow a part of our brain that is involved in critical assessment. The amygdala may increase our tendency to overestimate our lovers’ virtues while, at the same time, overlooking their deficiencies. Sexual desire may be more significant in other species, while love may be blinded, its vision is often far from perfect.

But we all know romantic attraction can be stressful too. Everyone who has ever been in love knows that falling in love involves the element of risk. What if our tender feelings are not reciprocated? What if our loving advances are rejected? Neuroscientists now believe that stress-related to the emotional vulnerability characteristic of the attraction stage may lay a biological foundation needed for the subsequent step of forming strong romantic relationships with our partner. Muscularly, this response, the amygdala responds to the stress of initiating a romantic relationship by mobilizing neurotransmitters capable of calming anxiety and minimizing stress-related avoidance.

Sex: The Neurobiology of Passion

The red rose of passion.
And the rose white breaths of love;
O, the red rose is a falcon,
And the white rose is a dove.
—From The White Rose
by John Boyle O'Reilly

The desire for sex is a powerful, instinctive drive coded in the deepest part of the human brain. Our sex drive is more than just simply a force, it is, too, a force critical for the survival of our species. The desire for sex occurs in the right hemisphere of our brain — the one primarily involved in lust and sexual pleasure. This finding at first surprised researchers who knew that the left hemisphere is the brain region usually activated by pleasurable activities. The right side of the brain also has been found to be especially active in patients who suffer from hypersexuality and sexual addiction.

And sex can be as addictive as the most powerful of drugs because, just like a drug, sex mobilizes a laundry list of feel-good neurotransmitters, including dopamine, adrenaline, endorphins, and vasopressin — chemicals known to promote feelings of arousal, pleasure, connectedness, calm and well-being. Vasopressin and oxytocin, the so-called “love hormones,” also released during sex, help to create feelings of attachment and trust in sexual partners. Even a loving caress can make for emotional bonding. Recently identified sensory-emotive neural pathways have been shown to actually transform the pleasant sensation of a tender touch into feelings of attachment and affiliation.

And at sexual climax, orgasm lets loose a riot of dopamine, endorphins, serotonin and oxytocin throughout the brain, triggering lovers into a happy state of ecstatic abandon. During the bliss of orgasm, the boundaries of sexual partners’ bodies seem to dissolve and lovers can experience a sense of melding together. And orgasm can also trip a brain circuit called the mesolimbic dopamine pathway — a powerful network well known to all who work in the field of addiction. The mesolimbic dopamine pathway is a brain circuit key to the compulsive reinforcement of drug use. Thus, this is a neural pathway now implicated in several biological theories of addiction.

In that spell of happy, exhausted restoré as an organ resolves, erototenic activity (promoting satiety) increases to supplant the orgasm’s initial dopaminergic energy (facilitating pleasure). Vasopressin and oxytocin also released during orgasm reinforce feelings of

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- Chemical Dependency
- Compulsive Gambling
- Depression
- Sex Addiction
- PTSD
- ADD/ADHD
- Grief and Loss
- Eating Disorders
- Anger and Rage

Brain in Love continued page 13

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It Ain’t All About Me Anymore
By Barbara Nicholson-Brown

I don’t like using the word ain’t. My parents broke me of that habit when I was about 7 years old, yet it seems to work for what I want to say here.

Writing this column a few weeks before my 22nd anniversary of sobriety, I’m reviewing the changes — rather miracles that have happened during the last 21 years. One biggie is “It just ain’t about me anymore!”

Like many addicts and alcoholics, even at my lowest point and on the way to hitting bottom, it was all about me. What’s going to happen to me? What can you do for me? Who’s buying the next round? (Not me!) What does everyone think of me? And on and on, all about me.

Guess when things turned? When I dialed the phone on June 16th 1990 and cried out to a friend, Help Me! That was all she needed to hear. It was the beginning, the first infant step toward recovery — gratefully I’m still on the road of this amazing journey.

In sobriety my thinking has changed to being of service, helping another by sharing my story, not the “battle zone” as much as the hope and joy and freedom I now have. In the big book of Alcoholics Anonymous the Promises reads, “We will do our best to help others in the same distress in which we found ourselves.” I felt this same way when I was in active addiction.

Today I’m blessed with a career in helping others find their own miracles through this newspaper and the Art of Recovery Expo. Most everyone in my life is involved in the field of recovery, from friends who work at the finest treatment centers in the country, to therapists and interventionists who dedicate their lives to fighting this disease by helping others discover the solutions we are graced with.

I’m honored to work with so many wonderful women from all walks of life who trust me enough to share their secrets, shame and desire for a life on this path. I’ve learned when I get to “into myself and my head” to take my seat at a 12 step meeting — reach out and help someone else. It works it always does. Today I know how to listen, to give, to care and to love — no conditions. It’s a miracle. It ain’t about me; it’s all about us on this journey together.

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Women in love tend to have higher levels of testosterone while the testosterone levels of men in love appear to decline.

characteristic repetitive behaviors. But love can be the source of immense hurt too. As pleasurable as it can be, love can fail. — like coming down with a sudden and severe case of obsessive-compulsive disorder. We do things we normally wouldn’t, we ruminate about our lover, replaying past conversations over and over, wondering where he or she is. No matter how hard we try, we just can’t get our lover out of our mind. The sweetest of romances can become obsolete by the bitterness of obsession and jealous. In fact, the amounts of oxytocin and vasopressin mobilized during orgasm actuated by the neurochemical formula most conducive for feelings of romantic attachment. Medications that help to regulate serotonin (drugs like Prozac® and Paxil®) have been shown to impede some people’s ability to have romantic feelings. And while the long-term attachment that can grow out of romance may also be helped by the leveling effect being in love can exert on the hormonal differences between men and women. Women in love tend to have higher levels of testosterone while the testosterone levels of men in love appear to decline.

So, in brief, and according to the most recent science, the neurochemical potential of love seems composed of equal parts chemistry, physiology, and evolution — and is more a province of the limbic brain than of the heart. And while the field of brain science has done well in explaining the neurophysiological processes that give love its power to exhilarate and motivate us, it has done little to rob love of its sweet mystery. But this is a mystery neuroscience will continue to try to solve. In coming years, new generations of electrophysiological recording devices — instruments which will allow scientists to collect data from many parts of the brain simultaneously — will likely yield new and more detailed data and perhaps a more nuanced understanding of the neurological bases of attraction, sex, and romantic attachment. But whatever information future research turns up, it will be a profound story of love, of life’s possibilities, and of the passions that come with them.

The exhilaration of love is made even more remarkable because its passion is sweetened and mollified by oxytocin and vasopressin, calming neurotransmitters also activated by romantic attachment. And as their love matures, partners’ romance-inducing dopaminergic activity is gradually displaced by the obligation of trust and attachment promoting oxytocin.

The discovery that oxytocin is so tied up with attachment has led some researchers to suggest that at autism spectrum disorder — developmental disorders marked by difficulties in forming meaningful attachments — may be related to an imbalance of oxytocin. Infusing autistic patients with oxytocin often results in a marked reduction of the disorder’s unknown boundaries, a sea of uncertainty and varied waters, a sea filled with waters that can buoy us up or draw us under, a sea that is by turns placid and stormy — a mystic sea in which scientists can only tread wary but one in which artists and poets happily swim. But maybe that’s too cold. Scientists fall in love too.

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Parents have more influence over their child than friends, music, TV, the Internet and celebrities.

Three weeks after his daughter was born, a local artist painted her a picture of a beautiful blue bird. He named it Gavre and gave it to her bedroom. When his wife was told that it was time to attend to his daughter, he said, "No, I will stay with her."

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