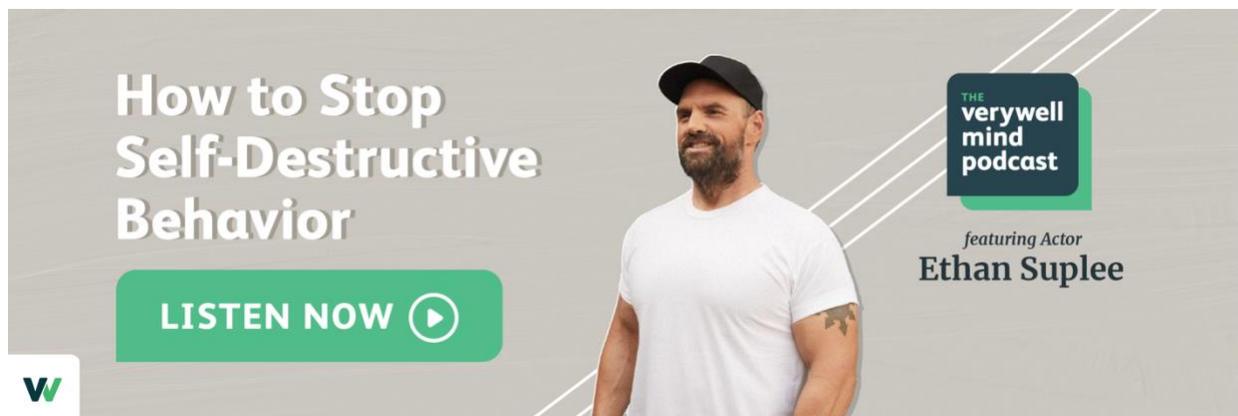




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199 — How to Stop Self-Destructive Behavior with Actor Ethan Suplee

Amy Morin:

Welcome to *The Verywell Mind Podcast*! I'm Amy Morin, the editor-in-chief of Verywell Mind. I'm also a psychotherapist and a bestselling author of four books on mental strength. Every Monday, I introduce you to a mentally strong person whose story and mental strength tips can inspire you to think, feel and do your best in life. The fun part is we record the show from a sailboat in the Florida Keys! Don't forget to subscribe to the show on your favorite platform so you can get mental strength tips delivered to you every single week.

Now, let's dive into today's episode!

Do you have a habit that you know isn't good for you, but you keep doing it anyway? Do you ever doubt your ability to make change? Are there times when you think you just aren't normal? If you answered yes to any of those questions, today's episode is for you.

Today, I'm talking about self-destructive behavior, which comes in many different forms — overeating, getting into unhealthy relationships, compulsive shopping, risky sexual behavior, overusing drugs and alcohol, or anything else that you might do that causes emotional and physical pain on yourself.

It's often a cycle. You reach for something that helps you feel good for a minute, even though it causes you to feel bad in the long term. My guess today is Ethan Suplee. He starred in TV shows like *Boy Meets World* and *My Name is Earl* and he has been in movies like *American History X*, *Blow*, *The Wolf of Wall Street*, and *Remember the Titans*. He was significantly overweight during many of those roles. He also struggled

with an addiction to drugs and alcohol. In fact, his health suffered to the point where doctors told him that he only had about a month to live.

But as you'll hear today, Ethan decided to make some changes. At the time, he didn't make those changes because he had hope that he could live. Instead, he just didn't want to die in the shape he was in because he didn't want to embarrass his family. But clearly, Ethan didn't die. He got into recovery and took charge of his health. But he makes it clear that he still struggles with a lot of the same issues in his head that he experienced when he wasn't healthy, like self-hatred.

Some of the things he talks about today are how he managed to regain control over his life, how he stops himself from returning to his self-destructive behavior, and how he deals with the negative self-talk that he still experiences. Make sure to stick around until the end of the episode for The Therapist's Take. It's the part of the show where I'll break down Ethan's mental strength-building strategies and share how you can apply them to your own life. So here's Ethan Suplee on how to stop self-destructive behavior.

Amy Morin:

Ethan Suplee, welcome to *The Verywell Mind Podcast!*

Ethan Suplee:

Amy, thanks for having me.

Amy Morin:

So I know you best from *Boy Meets World* and *My Name is Earl*. My producer says you're in some of his favorite movies of all time, and I'm not really a movie buff, but when I saw a picture of you of later on in life, I wouldn't have known it was you because you obviously went through this huge transformation from what you look like before. How much weight did you lose?

Ethan Suplee:

Yeah. Let's see. I was 550 at my heaviest. I'm now 270. So it's well over 250 pounds, nearing on 300 pounds. But that's an interesting thing because within that, I went from, at one point I was 550 and I went down to 210 and then I gained all the way back up to 400 and then I lost back to 250 and then I gained up to 350. So I don't know, hundreds of pounds I've lost. But right now, from my heaviest to now, the most recent big weight loss push was in 2016. I had torn my bicep in the gym and I was going to the gym regularly and lifting weights. I went to have my bicep repaired.

Then when I was doing all the pre-op stuff, they were like, "Oh, we can't do this. Normally, we would do this as an outpatient thing in a surgery center. But because of your weight, we have to book you into a big hospital." That was odd because I wasn't

really even concentrating on my weight anymore. My wife said to them, "What's the weight limit here?" I think it was 350. If you're above 350, you go into the hospital. I don't know. I think these things change.

But at that time she was like, and she had never, ever given me a hard time about my weight before, but she was like, "I don't like this. If there's added risk to having your bicep fixed by your weight so much so that you have to go into a hospital, it worries me and it upsets me and I would like you to just get on the other side of that with a safe enough cushion so that if you have to have any more physical repairs, you don't have to stay in a hospital." I thought, "Yeah, I'm into that." I continued to lift weights and lose weight. I've now basically maintained my weight loss for five years, which is the longest I've ever gone. So that's where we're at.

Amy Morin:

Just as me asking that question, how much weight have you lost, and then it sounds like a simple question, right?

Ethan Suplee:

Yeah.

Amy Morin:

But there's a complicated answer because most people who lose weight find that they gain some, lose some, gain some, lose some. Because it's a complicated issue, right?

Ethan Suplee:

Yeah.

Amy Morin:

We make it look like it's a simple thing. I know you started your podcast, the American Glutton, to talk about this because we have this idea that we can diet, lose weight and people talk about it as if it's really simple, but it's much more complicated than that behind the scenes. Isn't it?

Ethan Suplee:

I think there are so many factors and so many individual factors that I don't even think can be summed up with stats and averages, but there are broadly things we can look at through averages where you go, "Okay, that's most likely going to work best for most people." But then even when you get into that, it's like, "Who lives exactly the same?" When science does these experiments or research, they kind of control everything. So everything about everybody is exactly the same in these research things and then they

go like, "Okay, for this group, this worked." Then it's like, "Yeah, okay. Because you put a bunch of controls in."

But now the person's going to go off to real life and sleep is a factor and it just doesn't end. It's like one of those when you're a kid, the choose your own ending kind of thing. You go in a chapter and it's like, "Make the decision," and that takes you into a whole other story. It's any little thing could take you on such a different direction. So yeah, I think it's really, really complicated. I do personally believe that, and again, my perspective is massive weight loss, right? I'm talking about hundreds of pounds of weight loss.

So it's all kind of filtered through that. I look at you now and I think you don't need to lose any weight, but I think people have these desires. If you were like, "I want to lose two pounds," I don't think the approaches would be the same. I just don't. I think whatever approach you're going to take could be very, very, very different than hundreds of pounds, right? Because I think hundreds of pounds really takes a restructuring of your entire life.

Because whatever led you to be hundreds of pounds overweight, that's a lifetime of work just to put that weight on, and maybe over the course of your life, I'm sorry, I'm pinning these two pounds for you, I don't think you need to lose two pounds, but for one that does need to lose a couple pounds. My wife is always talking about these four pounds and she will try to shift her life into the way I do my life. I'm not going to stop her, but I'm like, "I don't really think you need to do that for your four pounds." You know what I mean? I've gone on this rant now, but to your point, yes, it's very, very complicated.

Amy Morin:

In my case, actually I was a chubby kid. I wasn't an obese or anything and I probably lost about 50 pounds. For me, it wasn't that hard. It was ignorance. I ate Big Macs, cold Big Macs for lunch every day at school, that sort of a thing. So once I realized, "Hey, don't drink mass quantities of soda." That was the first thing I cut out and just the weight just started to melt off when I switched soda for water.

Then when I just got a little smarter about my choices, and it wasn't a huge deal and I wasn't an adult and I didn't really have to make incredible changes in my life, I just cut out junk food and I lost weight and became a much healthier person. But there's definitely a mental health component to it, to how we become, in most cases, I think be how we become overweight in the first place. In your case, what led you to become obese?

Ethan Suplee:

Okay. Well, I want to say something about the first thing you said too, because I think that the education is so huge. I think we run into a couple of issues here with education because I think for a lot of people could benefit with just that, an understanding of nutrition, how nutrients work in the body, what you could eat possibly that's got a ton of energy, but it's short lived and so it leaves you hungry. Then you're winding of putting too much energy in your body, the clinical word for energy is calories, which people really don't like nowadays, calories is a bad word.

But so real good education could solve a big part of this for sure. But then you have cases like mine where... Then there's other factor where there's a lot of kind of bad information out there, like intermittent fasting is this magical thing where you can eat 10,000 calories in four hours, but because it's in four hours, you'll lose weight, which is just not true. So that's an issue with education. So if we had just good education, just factual education going out there, I think that could be a big boon in benefit to people.

Amy Morin:

One thing about education too, we thought, so they took as a law now in a lot of states, they have to list the calorie content in fast food, say on the menu or when you go to a restaurant because they thought if people knew there was that many calories, they wouldn't eat it. Well, we know, and nine times out of 10, that's not always the case. Well, for one, a lot of people have no idea how many calories they should eat in a day. So when it says it's a thousand calories, it doesn't mean anything. Also, people are just like, "I'm going to eat that." So it doesn't matter. So it's not always, definitely not always education.

Ethan Suplee:

No, a hundred percent not always education. To your point, yeah, I think the American Board of Health or whoever it is, U.S. whatever, I don't know what the body is, but recommends 2,000 calories a day. That's going to miss the mark for a lot of people, right?

Amy Morin:

Right.

Ethan Suplee:

A five year old should not be eating necessarily 2,000 calories a day. 2,000 calories a day is way less than I eat when I'm dieting. So it doesn't really work perfectly. But you also have the people who have had a lifetime of education like myself. I was on diets from the time I was five years old and I knew the difference between health food and junk food, right? Yet, when I made the decision for myself as an adult to lose weight, it wasn't being imposed on me anymore, it was still incredibly hard. So because I would

actively work against it. I would go into a situation knowing I was doing something harmful to myself and I would do it anyway because it's kind of easy in that sense to trade the immediate comforts that you get from this harmful thing.

I think it's also complex because obesity takes a long time to kill you. It's not like you eat too much, I mean, I'm sure you could do this, but it's very not typical to eat too much in a day and die from it, right? That's not the way it works. It takes decades to kill you usually. So it's like, "What's this one day matter?" Then you just string together thousands of what's this one day matter and you've got decades and you wind up dead because you're doing this thing that's really not good for you. I think that's the mental thing.

Amy Morin:

I think so too, that it's really easy to say I'll work on it tomorrow or I'll start next week or I just won't worry about this or this one piece of cake won't kill me. It's true, one piece of cake won't kill you. But food wasn't your only addiction, right?

Ethan Suplee:

No, I've been addicted to so... I first had to get substance abuse stuff under control. I'm sober. I'm a sober person. I've been sober for a long time and I've been to rehab a number of times. That was really my first hurdle because that was going to kill me a lot faster than food. I wasn't thinking about it in those terms. It was just like, you're dying. I'm killing myself. I want to stop killing myself. So the first step was get clean and sober.

I think within a year of having done that and feeling pretty stable about it, I then woke up one day and was like, "Oh, I have this other thing that's also killing me. Let's focus on that now." Then that became a decade's long process of trying to solve, because unlike with drugs and alcohol, you don't quit eating. Part of the solution is you're continuing to dose yourself with this stuff that you have a real problem with. So in that sense, it's a little bit harder. I find abstinence to be, I don't want to say it's easy and it's certainly not easy in the beginning, so I don't want to downplay it at all, it's really, really hard to get off drug and alcohol if you have a problem with them.

But there's a line. You're either on them or you're not. For me as a person who is abstinent, if I'm not abstinent, my life is a total disaster. With food, I've kind of had to come to a place where I'm a little bit more forgiving with myself because you can go to a restaurant and ask them to prepare your food in a certain way and they might just not do it. For me, it'd be a really big deal if I ordered a diet Coke and got back a Jack and diet Coke. I would be pissed and probably yell at somebody, right?

But if I order steamed fish and then I come to find out that they put sugar on it somehow, or something, sprayed it with oil, I'm going to go like, "Okay, well I'm at a restaurant. They want their food to be delicious so that I'll come back and eat more."

That's my risk for going to a restaurant. I can't take that risk with drugs and alcohol, but I have to be able to take that risk a little bit with food if I'm ever going to be social around it, right?

Amy Morin:

That's the thing, it's always the interesting thing about food. We would never ask somebody who was struggling with heroin to figure out how to use heroin in moderation.

Ethan Suplee:

Right.

Amy Morin:

Wouldn't make sense. What's the saying about alcohol? One is too many and eight is never enough?

Ethan Suplee:

Yeah.

Amy Morin:

That moderation when somebody has an addiction, moderation is not your strong suit, and by nature. But with food, you have to figure that out because you can't just not eat. It is a complicated thing. As you say, there's social factors involved. It affects your entire life. People celebrate with food. Friends want to get together and go to a restaurant. People want to go out and eat. Families want to eat together. Navigating that and figuring out, "Okay, how do I do this in a way that I don't sabotage myself, yet at the same time, I need to figure this out in moderation?" has got to be really tough to do.

Ethan Suplee:

It's really tough to do. I look at the holidays, especially in America, where we continued to become more and more obese. I understand 500 years ago when the majority of the population of planet earth was starving, for the most part, that on a special occasion, you pull out all the stops. You make something delicious. You celebrate with food because it's rare. But when you can get 2,000 calories at a gas station for pennies, to me... I have a bunch of kids. I have a granddaughter now since the last time we talked and I have a very big family who they all love to celebrate stuff.

I go into these celebrations a little bit like, "This doesn't feel right to me to be celebrating with food. What did we sacrifice that we need to now express our love or our joy or this feeling of triumph with food? Food is every day here." Go to Los Angeles and you drive around for a minute and you will see that the majority of homeless people, none of them

are starving, first of all, but there there's obesity amongst homeless people. We are so well fed, it's wild.

I get caught up in these things where I'm like, "I don't want to celebrate with food, but I also don't want to be a party pooper and I don't want to be somebody who is so staunch that..." Nassim Taleb has this book Antifragile, which really resonates with me. He talks about fragility and antifragility and anything that's too rigid becomes fragile. I will say with sobriety, that's fragile. One is too many. I've just experienced it too many times to know. But with food, when I am still eating, I don't want to be too rigid. So I'm fighting against even that within myself.

I think that the problem I had for the longest time was I thought that weight loss was a solution. I thought that all of these, whatever you want to call it, I think it is mental illness, but it's like my feelings of dissatisfaction with myself and my angst and all of it was wrapped up in my weight and so that I was waiting for the day that I got to the ideal weight, all that stuff to go away. None of it went away at all. I think it got better and it gets better and better as I move through life and have successes with maintaining my weight. Some of it gets better, but it's still kind of there, which is really wild because I have been or I had been really looking forward to this magical moment when I was just like a normal person and that hasn't come.

Amy Morin:

What makes you say you're not a normal person now, that you don't feel like a normal person?

Ethan Suplee:

I think this idea of a normal person is a terrible thing. I don't think that anybody finds himself to be normal, right? But it really started when I was a little kid and I'd go to the beach or something and I'd see all these people having fun. I would be trapped in fear basically of being made fun of or being looked at. So I started wearing a shirt at the beach and that would make me feel a little bit more protected, but there would be times when I'd just be sitting on a beach, watching people have fun, wanting to join them. But the fear of moving, the inertia needed to just push me into beginning that process was so great that I couldn't join in. I would look at them and think, "Those are normal people."

Then within AA and sobriety, there is this idea of people who can have a cocktail and it's enough. Those are normal people, right? So there's all these separate groups of what's normal and not and how am I abnormal from that normal person. I think it's a terrible way to categorize people, because I think if you talk to anybody individually, they're like, "I have all these issues and I'm not normal at all." It's like, "Yeah, that's fair." So my prejudice is you guys are normal because you can go to a bar and it doesn't ruin your

life, or you can have a Big Mac and you're not going to then have to go back at 3:00 in the morning and order the menu.

Amy Morin:

Yeah. As a therapist, I get the other end of that. So I get everybody who comes in and says almost that exact same thing like, "If anybody knew what the torture that goes on inside my head." So then I get the perspective of, "Okay, everybody's seem to be having these very similar thoughts, yet we never really talk about it."

Ethan Suplee:

Right. I'm aware of that. I don't say that and think it's real. I think it's my bullshit that I'm... Sorry for swearing. I think it's my BS that I'm projecting on people and I'm aware of that. I still go, "Well, okay. I still drive by a bar and think of those people as normies and myself as abnormal."

Amy Morin:

I think we all do that in some way. Even on an intellectual level, we might know, okay, well, a lot of people struggle with this thing. We still have these insecurities that we all hide, or we think if anybody knew the stuff that goes on, that it's normal to still feel like that. So in your life, so you're on the screen. At some point you're rising in fame. People start recognizing you, probably thinking, "Oh, here's this super successful guy, gets to be on these TV shows, he stars in movies." But it sounds like you were going through this personal destruction and perhaps other people didn't notice or they expected you to be happy. What was that like then to be on screen, you're successful to other people, yet feeling like you're in such a dark place on the inside?

Ethan Suplee:

It was the greatest disguise ever. I grew up in Los Angeles and there were some actors at the school I went to. The first thing I noticed was that people didn't see those people as people. They saw them as things they knew of from television or movies. There was a separation, a real separation. There was no awareness of what is that guy as a human being interested in. It was, "That's this thing that I saw in the movie theater." I was fascinated by... There's a lot of coolness that was associated with actors where it's like, "That's really cool. That person's experience in their job and notoriety is cool." So there's that as a shield.

But then there's also this separation because people aren't looking at you for you anymore. I found that to be super comforting. Then there was this kind of magical thing where the characters I was playing were meant to be fat. I myself was not meant to be fat, but that character is. So in that moment, when I'm being that character, it's okay that I'm fat and it was this really wildly freeing experience where I'm not being judged in this

moment because I am who I'm supposed to be. Then they say, "Cut," and the world collapses back in on me and it's like, "Oh no, I'm I'm me again. This sucks."

Drugs were very, very helpful because it was like just this feeling of hating myself and needing these jobs to make me feel better about myself, for moments, literally moments of just acting and portraying a character that's supposed to be overweight would make me feel better. I don't know. There was a lot tied up into it. I really just didn't like myself and I was terrified of most everything except for playing a fat guy, because it was okay to be fat in those moments.

Amy Morin:

That's fascinating to think about. Do you think that the self hatred came from the fact that you ate too much, you drank and you used drugs or the other way around, because you ate too much, drank and used drugs, you started to hate yourself?

Ethan Suplee:

I remember the moment that I learned or that I had this idea that there was something wrong with me, I was very young and I really was not aware of my body at all. I just was existing. I was like five and I don't think many five year olds are thinking too deeply about their bodies. Maybe they are now. There's a lot of gender stuff where I hear that little kids are having all kinds of thoughts. So even that might be wrong. Maybe all little kids are thinking about their bodies at five. But I went kind of through a door at five and was told by my grandparents that I was overweight.

I was like, "What is this overweight? I don't know this thing. This is a bizarre idea." The more it was discussed with me, the more I came to feel that I was like, "I had a bad body." Again, with the normal people, like kids who were not overweight were normal and good and I was not because I was overweight. So I didn't really get on board with having a good body through the means that they prescribed as a juvenile at all. I was never like, "I really want to change. I'm going to do what you say." So I would eat in a sneaky manner and developed habits where I was force or binge eating out of sight of people, because that was the only time, I mean, wasn't allowed to, but that was the only time I could manage to do it. It wasn't being taken away from me if people weren't seeing me do it.

I was rewarded with food so if I was good on my diet, we could go to the drive through. It's a very hard thing. I don't sit here and judge my grandparents or my parents and think they did anything wrong. I don't know that they had a better solution. They felt concerned for me and they were in charge. I have four kids so I know it's very, very difficult. I wanted to never talk to my kids about food, to never put restrictions on their food.

Then one of my daughters had type I diabetes and suddenly we're counting carbohydrates with her at four years old and having to do math to figure out how much insulin to give her for that and restricting her at a birthday party and going, "Here's your piece of cake that I've done a calculation for and here's a shot and it's painful and I'm sorry, but we have to do this and now you can't eat anymore cake because I measured that." Because with drugs and alcohol, I've had a very, very firm policy. Drugs and alcohol were taboo in my household growing up. I never saw my parents drinking and there were no drugs, certainly no drugs in the house.

When I started doing them, I could not talk to my parents about that. Even when I wanted to get off drugs and alcohol, I couldn't go to my parents and go like, "Look, I'm having this really bad problem." So with my kids, I've made it like, "I want to talk to about everything. You'll never get in trouble." My wife drinks alcohol. She doesn't have a problem with it. So they've seen that and it's not abnormal for them and just like, "I want to be in communication with you guys. I want to know what you're interested in. I want you to have a safe place to do whatever you need to do." There would obviously be limits to that. We're not going to have junkies in my house. But thank God we haven't. But I don't want to be this rigid thing again, right?

Then I found myself with carbohydrates and my daughter with type I diabetes becoming rigid. It's like, "I don't have a better solution." I want to be a guy who's like, "No, we don't have big concerns about this." Then you see that the carbohydrates are actively poisoning her and you go like, "No, we have to deal with this in a certain way." So I think for my parents and grandparents, it's like they had that mindset. They saw an active situation that they were trying to put this fire out. Unfortunately, the way I am and the way they did it, it kind of got messy.

Amy Morin:

Which is completely understandable. I think a lot of families have done just that. I know my parents did. That's how they showed that they loved me was food and we would go celebrate everything with food. Because they didn't have a lot of food when they were growing up, so they were thrilled that now they could give me tons of food if that's what I wanted and didn't see that as a problem even when I became overweight.

In terms of your success, as you started to become more successful, did that do anything to the way that you saw yourself? We just had a Harvard professor on our show who talked about achievement, Ronald Siegel, was talking about how we tend to think achievement will make us happy and we get on this hamster wheel where we then are constantly chasing achievement, but it's so short lived that we then have to reach the next level of success. Did you find that happened with you?

Ethan Suplee:

A hundred percent. All the things that I thought would make me happy did not make me happy. I always needed more money. I was making a fortune on television. Never once was there a morning that I woke up and thought, "I've made a lot of money. This is really great." It was always this stressful thing that TV show won awards that didn't matter. I was getting offered movies. A hundred percent, none of it fulfills what I was ever looking for to fulfill. If I lose 200 pounds, I'm going to feel better. No, I didn't. None of the things that I set up.

So I think that what I've done in my life is try to look through it and look for the things and the ways that I do feel better. I find that if I set a small achievable goal that isn't so easy that there's no kind of opposition to it, there's got to be some work that's involved, and I do it and I accomplish that, I feel better. So it's not these gigantic things like a million dollars in the bank, right? That did nothing for me. It's like, "I want to eat clean today and go to the gym despite having to go to work also. Can I do that?" Yeah, I did that. That was cool. That made me feel good.

So it's just repeating those really simple things and I go like, "Hey, I'm not suicidal. That's pretty great. I'm not walking around hating myself so much. That's pretty great." It has nothing at all to do with the broader pictures. It's just the kind of minutiae of life and figuring out how to function as a human being in a way that's not damaging to myself that's made me feel the best. I don't think it's a permanent state. It's something that can go away.

I'll go on vacation and eat crappy and not go to the gym for a few days and come home and be upset and not feeling well and can't wait to get back into my routine. Then there's other times where I go and take a vacation and I work out and I eat well and I enjoy everything more. So that's kind of been the way I view happiness. It's like I'm happy when I accomplish things, even if they're menial, that makes me feel better. Money in the bank hasn't been an accomplishment that's ever felt anything to me. Notoriety has not been an accomplishment that's ever made me feel better about myself. So I'm going to worry less about those things.

Amy Morin:

Initially, did you think that's what would make you happy when you got to be famous, you got to be rich and you had all these opportunities in the acting world? Did you think that that was going to make you feel happy once you turned around the next corner and got the next big thing?

Ethan Suplee:

I thought money would do it. I didn't really ever think about fame in those terms. I saw very famous people and there's quite a bit of headaches that goes along with being very famous. So I was never like, "I want to be as famous as that guy." That was kind of a

turnoff to me. I didn't mind the levels of notoriety I got to, but I never thought that fame would make me feel better. But I did believe that money would and it didn't. I don't know, I maybe a billion dollars and you really don't ever have to worry about money again and then maybe you feel better. I don't know.

There's no part of me that believes I'll ever get a billion dollars so I don't think about it in those terms. But I think the money that is attainable to me isn't going to... To some degree, it's necessary. So I like to earn money and I don't want my house to be foreclosed upon or anything like that. Those seem awful problems. But money in the bank has never made me feel better.

Amy Morin:

Then when you were in a really dark place and we know self hatred and self destructive behaviors tend to go hand in hand, how did you get to the place where you said, "Okay, I'm going to quit drugs. I'm going to go to rehab. I'm going to try to get help"? How did you even have hope that it might work or that it was something you should do?

Ethan Suplee:

Well, I was told by a doctor I was dying. I had congestive heart failure. I was also told that I was at the point where it was really irreversible. I was put on some medication that was supposed to slow down congestive heart failure. I mean, there was one idea that this medication could alleviate it, but it wasn't. So they were like, "Okay, well this is slowing it, but you're dying." Visited these doctors multiple times and I was like, "Well, how do I live?" They were like, "Your system's failing basically. You're going to be hospitalized pretty soon and then you'll just die."

I thought, "Wouldn't it be better to die clean for my parents?" It was almost like this idea of like, "Let me give them one thing, a gift, but before I go." Then I didn't die and I had started to get healthy and the congestive heart failure went away. So that was really the impetus for getting clean the last time I did.

Amy Morin:

Wow. So most people will say, "You can't get clean and sober. You can't get into recovery for someone else. You have to do it for yourself."

Ethan Suplee:

Well, it was also for myself. It was also this idea of like, "If I'm dying, do I want to go..." It seemed pathetic to me to go out like that like, I'm dying and I can't do anything about it. I had this idea of being thought of well like, "At least he beat X." You know what I mean? He did had so much shoot, but he did accomplish that. That was kind of my thought.

Amy Morin:

Okay. So it was more of a, "I'm going to die anyway, but I might as well at least go out not using drugs or to have my parents not have to think that that's how I went out"?

Ethan Suplee:

Yeah. There was a full year, like 2000, 2001 where I was fairly convinced the whole time that I could die at any moment. It was very hard for me to sleep. I had to sleep sitting up. I couldn't breathe laying down really. There was just so much weight on my lungs. I was doing a ton of drugs and mixing in bad ways that you're not supposed to mix them. I just was so kind of connected to this idea of death that when a doctor finally said like, "You are actually dying now," it wasn't this shocking thing that I hadn't been thinking about. It was like, "I knew it. Okay, well, we have a timeline now."

I tried to get clean many times throughout that period of time. But with this timeline, it kind of set it more realistically like, "No, you have a month." Right? I was like, "Okay, well, within that month, I'm going to finally get clean." That was really what occurred.

Amy Morin:

Wow. So you were down to counting the days basically of when you thought you were going to die.

Ethan Suplee:

Yeah. Yeah. This congestive heart failure would start, the signs of it would start in my feet. My feet would swell up. Then usually, when it got to my knees, I would give up drugs and I would give up drugs and within a week, the swelling would go away and then I'd start doing drugs again. This one time, I had given up drugs and the swelling didn't go away. It was up in my groin and I went to see the doctor and she was like, "When that swelling gets to your chest, you die. So you have that much time." I was like, "Okay, well, I guess, I'm really giving up drugs now and I'm dying."

Amy Morin:

At the time, did you have any hope that if you gave up drugs, you might live?

Ethan Suplee:

There was a glimmer of it. Maybe if I really give up drugs this time, for sure there was that little glimpse of like, "Let me be a miracle," kind of thing. For sure, that was there. But I was being told that I was beyond at that point.

Amy Morin:

Most of us will never probably have that prognosis where somebody sits down and says, "You're probably going to die in 30 days." What goes through one's head when you think, "This is it"?

Ethan Suplee:

I was kind of like, "I knew it. I've been waiting for this." It was something that was not shocking to me at all. It was upsetting, but it wasn't surprising. Because I'd been messing around with this swelling for a long time and I wasn't getting that diagnosed. Then I got it diagnosed and they were like, "That's congestive heart failure. That's really, really bad." So then when I knew what it was and I still wasn't totally clean and sober. It really wasn't that surprising. But it was kind of going from something that you are thinking about a lot to being told you're correct.

Amy Morin:

What's that like to be in that state where you think, "Okay, I'm doing something that's killing me, yet I'm going to keep doing that thing"? For a while, you were caught up in that cycle. How did you get there? What goes through your head when you're in that state?

Ethan Suplee:

Yeah. Well, that's then what happened for a long time with food, and again, food isn't as immediate, but you have all the information, all the education about food that you need to have to know what you should be eating, what you shouldn't be eating in order to achieve some outcome, right? So there's this state where you're going like, "I know something to be true. I know this is..." Again, there's so many factors and there's so much mental stuff involved that I don't think it can be this broad stroke for everyone.

I hear a lot about stuff being a choice or not a choice. To some degree, I think it becomes a choice when you make the decision to stop and you constantly remake that decision, right? Which what I believe it really takes to beat some of this stuff. It's not just one decision one time and then you never think about it again. It's a decision every morning and then maybe it's a decision every, years into it, maybe it's a decision every time your wife has a drink, you have to decide, "I'm not having a drink." Then it's a decision once a year on new year's Eve or something like that.

But for a while, it's a decision, maybe it's 10 decisions a day, maybe it's 60 decisions a day that are kind of reinforcing that initial decision. But I don't think it's exactly the same for everyone. It's a lot of work and it's a lot of mental work and it's a lot of mental discipline. With drugs and alcohol, you lose that fight of decision versus decision, one time could be the end. Food, not so black and white. You lose that decision once and you go like, "Okay, I'll be better tomorrow." This didn't really change my life and that's the tricky part about food.

Amy Morin:

What was the timeline in between when you got into recovery and then made the decision that you were also going to work on your way?

Ethan Suplee:

I think it was a full year. It was a full year. It was a full year of not thinking about it at all. It was a full year of you come out of rehab, I came out feeling very scared, scared of my house. I had to have people go through it a number of times, like check in this drawer, check under this drawer. You know what I mean? Check every bathroom cabinet. Because I didn't want to show up and find something and that would be a bad news for me, right? Then I go away to work and it's like, "Oh my God, I'm here at work alone in a strange city. What's comforting? Heroin and crack is super comforting. How do I navigate that?"

So for a year I was not thinking about my weight at all. There was no thought of like, "I got this other big mountain to climb." Then I kind of felt pretty comfortable with sobriety. I don't want to make light of that because I'm two decades in now and I still want to say that I'm making those decisions all the time still, not as I don't feel as delicate necessarily as I did back then, but I don't want to lose sight of what I give up if I make the wrong decision. Then a year into it, I kind of was like, "Oh, hey, there's this other thing I got to deal with that I haven't thought about."

Amy Morin:

I imagine there's a piece of confidence that has to come with that, or some hope to know that this is going to be really hard to do. It's not like you're going to lose the weight fast. It took a while to get there. It's going to take a really long time. You have to stick to it. You have to make all of these lifestyle changes. How'd you figure out how to start? What did you decide to do? Did you consult with somebody? How'd you do it?

Ethan Suplee:

Well, that was the other problem. I kind of had it in my head even then that there would be this magical moment of weight loss when I would go like, "Oh, I'm fixed. My weight loss is fixed." I didn't see really the analogies. It's so odd. I know. I think there's cognitive dissonance with a lot of stuff. But I being a sober guy who understood what it took to be sober was not making that connection to food for a long, long time. I did the first step of going like, "Oh my God, my life is pretty unmanageable." I reached out to help to who's now my wife, who was a girl I was seeing back then.

It was this really bizarrely scary moment because I felt nervous that, one, if I didn't confront this and handle it, my relationship with her was not going to work out. My relationship with her truly at the time and today is the most valuable thing in my life.

Two, I thought, "If I tell her about this problem, she'll then know about it. She must not know about it." Right? Which is so fucked. Sorry, I keep swearing. So bizarrely weird.

Amy Morin:

That's okay.

Ethan Suplee:

Because there's nothing more objective than weighing 500 pounds. She's not blind to this and we just never talked about it. So she'd say, "Let's go on a hike today," and I'd beg off for some reason because I couldn't hike. She would never mention like, "Hey, if you lost some weight, you'd be able to do all these other things with me, like hike and go to the beach and stuff and go to museums and walk around all day." It literally hit me a ton of bricks, like, "Holy smokes, I got to handle this for myself because it's another big problem that I haven't been thinking about, but also for her and I have to talk to her about it and then she's going to know about it." Right?

This is the feeling it made me have, right? It was so weird. I thought I lose her if I don't bring it up, and if I do bring it up, I probably lose her because then she'll know about it, right? She'll know I'm morbidly obese, as though we were like pen pals. I brought it up to her and she was like... It was so weird. It was the weirdest mentally disconnected from life I've ever felt in my life. I said, "I have this really big problem and I need your help." Her thing was like, "Yeah, no. Sure, I can help you. We can figure something out."

She found this nutritionist in Los Angeles who had a liquid diet and I did this liquid diet for two months and lost 80 pounds and then went on to his eating program and continued to lose weight. With that, so I got that first step of my like, "My life is unmanageable. I'm going to turn it over to somebody who knows what they're doing and I'm going to seek help from them." She helped me. Then there was still this desire though for when I get down to X weight, I'm going to be cured, right? Then that never came. That never came and never came and never came.

I would gain weight back and I would go like, "What am I doing wrong? I lost the weight. Why am I gaining the weight back?" Right? So it was much later that she then never brought it up. She didn't care if I gained weight and she was super supportive of me losing weight. Then we have kids and cut to 15 years later, or 12 years later, something, and the doctors are saying, "If you're above 350 or 370 pounds, you got to go into the hospital." She was like, "Listen, I've never brought this up to you on my own. You have to be below that number. We're now married. We have children, we have a lot of stuff and it made me scared when the doctor said that and I don't like that feeling. So whatever that number is, you got to be under that."

I was like, "Holy smokes." Sorry, I keep wanting to swear and I don't want to with you, because I think you probably have a very nice audience who aren't all pirates with bad

language. That was the last time where I was like, "She does care. She's worries about me." This is a thing that I kind of have been looking for this solution that's like a quick fix. There's no quick fix. I'm going to treat it exactly like I treat the other big problems in my life and I'm going to work on this one day at a time.

I'm going to also be a little bit kinder to myself with regard to if I go off my diet, it's not the same as having a drink. But I've got to think about the rest of my life being basically a diet. That's really the only way it's worked for me. I've never maintained weight loss for as long as I have this time, because it really is one of these crappy words, lifestyle change, but it really is a complete different way of existing than I had been. I can't ever use food to comfort myself or really to celebrate in a way that's emotional.

Amy Morin:

How did your view of yourself change over time? As the weight came off, did you gain more confidence? Did you feel better? Were you happier?

Ethan Suplee:

Again, I think I'm happy when I set a plan for a day and I achieve that, right? I'm happy when I set any goal and I achieve that goal. I find that I am happy along the way for overcoming whatever obstacles are thrown at me. I have not achieved any sense, and listen, I'm a hell of a lot happier than I was 20 plus years ago, that for sure, but I've been sober a long time. I have kids. Something really wonderful about having kids. I have a granddaughter. She's amazing. So I have a much fuller life now, certainly, but I don't believe that just the act of losing weight made me happy.

I think that it's kind of a mixture of setting this goal that is achievable and continuing to achieve it and resetting this goal every day. I find it's that kind of accomplishment that gives me some sense of satisfaction. I still don't like to take my shirt off at the beach. I still feel self-conscious about my body, but not necessarily to the degree that I did before.

Amy Morin:

Do you still see yourself as an overweight person?

Ethan Suplee:

Yes. I still do. I mean, legally in a legal sense, if you go by what the government sets as the body mass index, I am still an overweight person. So yes, I do identify as an overweight person.

Amy Morin:

Even though you're this ripped person and we've seen gym photos of you that shows that you are in plenty of shape.

Ethan Suplee:

Yeah. Even that, I've gotten my body fat percentage down under 10%, right? Then it's like, "That's no way to live." I don't think that most people can live that way. I certainly can't live that way. It's too stressful on my body, right? Just being not morbidly obese is stressful, right? My body wants to morbidly obese. So fighting against it to get as lean and finding this kind of equilibrium of, "Okay. 12 to 15% body fat is a thing I can achieve for a long, long time." Right? But even that, you have gym dudes who are 15% body fat, you're really fat. It's like, "Oh my God, I know, I know I'm so fat." Most Americans are over 20% body fat. So there's no solving that. There's still going to be the voice in your head going like, "Fatso."

Amy Morin:

Do you find it's hard to be on somewhere in the middle of the spectrum to say, "Okay, I'm not going to be somebody who doesn't worry about their weight at all," but you also don't want to be obsessive about every calorie that you take in and exactly how many minutes you are in the gym? How do you find a healthy balance with that?

Ethan Suplee:

When I was super obsessive about the gym, I got injuries. So when I really design a program for myself, both eating and exercise, that I can see myself realistically, because there's a lot of things that you can tell yourself you can do and then you don't do them and you go like, "Well, I'm not doing it simply because I'm lazy." It's like, "Okay, well what level of laziness can you actually do?" Right? When I'm overly concerned with it, I hurt myself and that's obviously not sustainable.

It's a little bit of trial and error and then you get into a routine where it's like, "I can go to the gym for an hour a day and be mostly off of my phone working out." That's sustainable and I'm not hurting myself and I'm not damaging... There was another part of it too, where there were many instances of going to the gym where there was almost a masochistic thing, like a punishment, like I've got to make myself bleed in here to make up for my sins or whatever garbage is going on in my head. I am unworthy to live today unless I damage myself in here, right? That's real dark. That's not fun. You're not in there...

Then you come out of it and it's like, "If I got to go through that every day, what happens if I miss a day, then I'm like..." That's too much too to deal with. So it's like, "I'm going to the gym to enhance myself." Part of enhancing yourself obviously is tearing muscle fibers a little bit, but not overly do it. I don't want any sense of masochism associated with that. I don't want it to be a punishment or self flagellation or anything like that. It's

just because I feel better afterwards. That's a good thing and that's a kind thing and that's a nice thing. So it's kind of just taking it and shifting the perspective around in those ways. Because I did spend a lot of time years ago in the gym punishing myself and I found I was more down on myself then.

Amy Morin:

I'm glad you brought that up because from the outside looking in, I think a lot of people will say things like, "I wish I had the motivation of that person or the self discipline that person has because they spend four hours in the gym every day." They see it as self love, but really there's some self hatred going on because the person feels like I have to hurt myself in order to be good enough. That can be a vicious cycle too. But last question for you, for somebody who's listening maybe and they struggle with some self-destructive behaviors and some self hatred, what would you say about where to start? How do you break out of that cycle?

Ethan Suplee:

I would try to start very small and change little things before you change very, very big things. I found that just setting little policies for myself, like I'm no longer going to eat while I watch TV, that sounds like, "Okay, well you just go stand in the kitchen and eat." Yeah, maybe, whatever you're going to do. I spent time altering my route home to avoid drive throughs. Whatever you have to do that's small that's a real life shift away from the habits and behaviors that were causing you this heartache, that's the way I found it was best achieved by doing little things.

I started, my first workouts were walking to the end of my block at 550 pounds. That was okay. I was not in a head space where I felt comfortable going to the gym. It took me three years of weight loss to get myself into a gym. I think that's perfectly fine. I think that to have this idea of allowing it to take a long time and allowing it to be incremental, for me, that has produced more profound change than any kind of get rich quick scheme with a diet or exercise.

Then also to find something about yourself to admire. I sometimes will have to stare at myself for five minutes before I can locate one thing that isn't horrendous, but then I can build on that because once I find something that I'm honestly okay with, I start to see more and more and more. Then I go on this upswing of, "I'm not a total piece of garbage."

Amy Morin:

Thank you for sharing all that, Ethan. Thank you for being on the The Verywell Mind Podcast.

Ethan Suplee:

Amy, thanks for having me.

Amy Morin:

Welcome to The Therapist's Take! This is a part of the show where I'll break down Ethan's mental strength-building strategies and share how you can apply them to your own life. Here are three of my favorite tips Ethan shared for stopping self-destructive behavior.

Number one: decide how rigid you need to be about changing a habit. Ethan talked about the idea that anything too rigid becomes fragile. That's an idea that we often address in the therapy office. Most of us experience what we call all or nothing thinking at one time or another. That happens when we think something is all good or all bad, or that we're completely one way or another. It prevents us from looking at things on a continuum — like you're not either rich or poor. There are degrees of wealth or poverty. You aren't either healthy or unhealthy. You likely have some healthy habits and some not-so-healthy habits.

But when we adopt the notion that we're all-in on a new goal, we struggle to handle missteps or changes to our routine. So for some people, the all-or-nothing strategy just won't work. For other people though, that strategy works because moderation isn't an option. Ethan had to figure out how to deal with the issue from both standpoints. He had to learn how to eat in moderation while recognizing that he can't allow himself to have any drugs or alcohol. When it comes to a habit that you want to change in your life, you'll have to decide which approach is going to work best for you given your circumstance.

Number two: set little policies for yourself. Ethan talked about setting little policies for himself. I like that he referred to these things as policies rather than rules — like he made it a policy not to eat in front of the TV. This is how we often make big changes, with small manageable policies that don't feel too painful at first. I had a therapy client who made it their policy to only smoke outside. He lived in Maine, which meant it was sometimes 20 below outside. He didn't want to brave the cold all the time. So sometimes he just didn't smoke a cigarette, and it reduced the amount of cigarettes that he smoked naturally.

But you have to be aware of the tendency to try and bend your rules. I had a friend who decided she was going to stop getting fast food on her way home from work because she wanted to be healthier. But then she'd find herself getting takeout delivered to her house. Most of the time, she wasn't opting for anything healthier than she would've gotten if she'd gone through the drive through, but she tried to justify it by saying at least she wasn't stopping for fast food on the way home.

Or another person I worked with decided that she wasn't going to smoke marijuana at home anymore. Her intention was that she would only smoke when she was with her

friends. But she started smoking marijuana in the garage and justified it by saying, well at least she wasn't smoking inside. So make sure that you do set policies for yourself that will help you establish healthier habits, but be aware that your brain is going to try to find loopholes in the policies at some point.

Number three: find something about yourself that you admire. Ethan says he looks at himself in the mirror until he finds at least one thing he can admire about himself. I like that idea too. Changing your behavior is part of the equation. When you do things differently on the outside, that can shift the way that you see yourself on the inside. Looking for something positive about yourself can also help you see yourself a little differently. If you hate yourself, you'll have zero reasons to stick with the changes that you're making on the outside and you won't have any faith that you can make those changes stick.

But if you can find something about yourself that you like, you'll start shifting how you see yourself. You don't have to love everything about you, but you can likely find something that you admire — like a physical feature, a personality trait, or maybe just a value that you hold. Take a minute every day to find at least one thing you admire about yourself, and you'll likely see that it helps you believe that you're capable of making more positive changes.

So those are three of Ethan's strategies for dealing with self-destructive behavior that I highly recommend. Decide how rigid you need to be to change a habit, set little policies for yourself, and find something about yourself to admire. To hear more from Ethan, check out his podcast, it's called *American Glutton*. If you want to learn more about self-destructive tendencies, check out episode number 88. It's a Friday Fix episode about how to stop sabotaging yourself.

Make sure to tune in to our next episode. It's our 200th episode of *The Verywell Mind Podcast!* I'm sharing the top 20 mental strength lessons from the show so far. You won't want to miss it. If you know someone who could benefit from learning more about self-destructive tendencies, share this episode with them. Simply sharing a link could help someone feel better and grow stronger.

Do you want free access to my online course? It's called “10 Mental Strength Exercises That Will Help You Reach Your Greatest Potential.” To get your free pass, all you have to do is leave us a review on Apple Podcasts or Spotify. Then, send us a screenshot of your review. Our email address is podcast@verywell.com. We'll reply with your all-access pass to the course.

Thank you for hanging out with me today and for listening to *The Verywell Mind Podcast!* As always, a big thank you to my show's producer (who says that *Remember the Titans* is his favorite movie that Ethan stars in), Nick Valentin.