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When Trusting Food Is Safer than Trusting People

In 1982, I coined the term “emotional eating” to describe the varied, conflicted, fluctuating, and frustrating relationship many people have with food. Emotional eating is when you are hungry from the heart, not the stomach. Emotional eating falls on a continuum from mild to moderate to severe. There is a large spectrum of problematic eating behavior: overeating, compulsive overeating, binge eating, bulimia, self-starvation, laxative abuse, orthorexia, compulsive exercise, and chronic dieting.

Sometimes clients oscillate between bingeing and purging, bingeing and starving, or starving and purging. No matter where people fall on the spectrum—from an 80-pound anorexic to a 450-pound binge eater—their relationship with food and their bodies is fueled and driven by emotions too hard to digest: sadness, fear, depression, anxiety, grief, trauma, betrayal, anger, sexual problems, feelings of abandonment, and rejection. I view eating as a relationship that a person has with one’s self and, like all relationships, it can be either nurturing or abusive, supportive or neglectful, nourishing or punishing.

We can think of an eating disorder as a “needing” disorder. When clients express shame and guilt about their eating behaviors, I often say, “Your eating problem is your attempt to make yourself feel better. This is a healthy and creative intention and that is a good thing! But let’s see if we can expand your ways of taking care of yourself so that eating is not the only game in town to comfort yourself.” People recruit overeating, purging, starving, chronic dieting, and weight obsession as a way to “solve” their emotional problems by detouring, distracting, or denying their inner feelings. In the end, of course, they find eating disorders do not provide a lasting solution to resolve inner turmoil.

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The overeater, anorexic, and bulimic keep trying to come to terms with the emotional hungers and conflicts in their lives. Many emotional eaters were taught a deprivation model of life in which they were seen as “good children” if they could get by with less than they really needed. And emotional eaters have lost faith in the reliability of human relationships to comfort and solve their anxiety.

The compulsive overeater greedily downs her food, trying to capture a feeling of fullness and abundance, only to be left emotionally hungry and empty in the end.

The anorexic struggles to deprive herself of the need for food and tries to force herself to live in a deprived and hungry state in an attempt to control and conquer her fears of deep neediness. She craves the sensation of emptiness to prove she has conquered her neediness.

The bulimic hungrily embraces an abundance of food only to then deprive herself of keeping it inside by purging. She is unable to feel entitled to hold on to the nourishment because of guilt, shame, or anxiety and feels compelled to give the food back.

Life for all of us is confusing, exuberant, contradictory, hopeful, messy, joyful, hurtful, and disappointing. Sometimes it is hard to be a human! We all search for ways to manage life on a daily basis. For the anorexic, bulimic, and compulsive overeater, the ultimate coping mechanism for all of life’s uncertainties and frustrations revolves around attempts to control eating and weight loss.

Emotional eaters simplify their inner confusing feelings by focusing on fat/thin, good/bad, black/white, either/or. Life then becomes structured, organized, and purposeful. Emotional eaters shift their pain from their heart to their stomach and crystallize inner emotional anguish into feeling fat.

Jacqueline’s Story

Jacqueline was a pretty woman in her early 30s, with curly blond hair.

“Tell me what brings you here,” I asked, “and how I can help.”

“I had a baby two years ago,” she began, “and then my husband, Peter, was diagnosed with colon cancer. He died when our daughter, Beth, was six months old. And Beth was recently diagnosed with autism.”

“And do you have family?” I asked.

“Both my parents are dead. While I was pregnant, my mother died of breast cancer and my father of a heart attack. I’m alone in the world outside of my sister who lives in London.”

She stared straight ahead, lost in reverie. The image of her husband’s and parents’ deaths and Beth’s diagnosis was overwhelming.

“Jacqueline,” I said, “you’ve been through so much. How would you like me to help you?”

She straightened up suddenly and said with determination, “I’m here because I’m fat and I need to lose weight!”

The language of pain comes in many dialects. Emotional eating problems and the fear of being fat is one such dialect in which we recruit our bodies to express what we cannot utter in words. Our eating problems become a vehicle to communicate matters of the heart that have no other channel. The language of food and fat is a symbolic one, a way to express our inner emotional battles over feelings of emptiness and fullness, vulnerability and protection, urge and restraint, desire and despair.

When we cannot express the depth of pain we carry inside, we transform our emotional suffering into physical suffering. This obsession with food and fat is often a shorthand way of expressing much deeper layers of yearning and anguish.

Jacqueline had been assaulted by so many massive losses in her life that she could not bear to face her grief, rage, and abandonment. Her wish to lose weight was a safe, clear way to express her pain—a language so many people speak.

The inner world of every emotional eater crystallizes all conflict and problems of life into one single obsession: “I’m fat. I’m ugly. I need to lose weight.”

The goal of Jacqueline’s therapy—as with all emotional eaters—is to investigate, explore, and discover a richer, nuanced, and more expansive experience of oneself rather than just “my food and body are my only problems in life.”

Deprivation and Abundance: Feast or Famine

The themes of abundance and deprivation, feast or famine, are constantly played out in the struggles of the eating disorder patient. And not just with food.

All of us experience life on a continuum through the lens of deprivation or fullness. Julie was a wealthy “trust fund baby” who never had to work. Her financial and material life was filled with abundance, yet inwardly she felt emotionally starved. Raised by alcoholic parents and a parade of changing nannies, Julie developed anorexia in an attempt to train herself to make do with as little as possible. Trying to overcome and deny her inner hunger for love and connection, Julie turned to self-starvation to help her “triumph” over her inner sense of emptiness and neediness. Through her anorexia, she was the one creating her emptiness, which gave her, paradoxically, a feeling of control.

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Deprivation also played a role with Elisheva's relationship with food as she oscillated between overeating and undereating. "My parents went through the Holocaust," she explained. "They were literally starving to death, and their desperate fear of hunger never left them even decades later. As a child, whenever we had to take the New York City subway train, my mother would always pack a bag of food. Mama explained, 'You just never know.' I realize this instilled in me an anxiety about whether I had enough or whether it would be taken away. And that also translated to my worries about food, love, money, safety!"

My own life has also been played out with the fear of deprivation. Although I was raised in a loving family, the trauma of my mother's early life affected my relationship with food. She was separated from her mother at age five and grew up in many foster homes, constantly trying to deny her needs for mothering, security, and food. Learning to do without became her self-protection against anxiety and uncertainty. My mother equated having needs with being hurt and vulnerable. She wanted me to grow up to become self-sufficient and strong. She monitored my food, my weight, and even hid food from me. This turned me from a carefree child to a girl who worried whether I would get enough to eat.

At times I now have to laugh at myself at how the theme of worrying about "not getting enough" weaves its way into my life and not just about food. My vacation—I fear it won't be long enough. A massage—I fear it won't be long enough. A warm day—I fear the temperature will drop, and I will get cold at night. The redeeming factor is that I am aware of how my past casts a shadow on my present, and I can now observe it with some detachment and humor. We help our clients by instilling awareness about how deprivation from their past can persist in the present. We encourage them to observe how bingeing, purging, starving, and body hatred are attempts to deal with emotions about fear, not having enough, shame, guilt, and anxiety about their needs.

Attachment Theory

From the very first moment of our lives, a connection exists between eating and deep emotions. The vital emotions of trust, dependency, security, generosity, and the acceptability of our needs begin at birth in the feeding experience with our parents. Anna Freud coined the term "stomach love" to describe the baby's early bond to the parents who feed him. Love has its origins in the satisfying feeling of being well nourished. Family is where we learn to love and where we learn how to be loved. These early relationships create a pattern of how we care for ourselves and how we expect others will care for us.

When we are born, we latch onto our parents and then, in time, through our ongoing relationship with them, we begin to emotionally hatch and develop, continuing to evolve into our unique selves throughout the rest of our lives.

Early childhood experiences clearly affect and set the stage for our future emotional growth. Most laypeople believe that eating disorders just emerge out of the blue in someone's life. Nikki turns age 15 and becomes anorexic. Richard becomes bulimic at 17. Heather starts compulsive bingeing and laxative abuse when she's 23. The truth is the seeds of anorexia, bulimia, or compulsive overeating are planted long before the actual symptoms take root. Recovered bulimic Callie Bowld (2018) explains,

An eating disorder starts with a tiny seed. Packed lightly just beneath the soil . . . it just sits dormant. Then there is some culmination of stressors, changes in your life that find you stretched thin, overly stressed and worried . . . until you start to build a coping mechanism in your mind. And that mechanism may be food—either a perverse deprivation or an over-indulgence. (p. 42)

Attachment theory helps us understand how early life experiences contribute to a person's affliction with emotional eating disorders.* John Bowlby (1988), the British psychiatrist and “father” of attachment theory, believed that attachment represents a lasting psychological connectedness that affects human beings from the cradle to the grave. The love style between parent and child will color all our close relationships—from friendships to romantic relationships as adults. These patterns, learned in childhood, persist throughout our life.

Most important, secure and loving bonds in our early childhood shape even our developing relationship with our own selves. Picture the intricate process of a parent teaching us to tie our shoes. With patience and repetition, our parent demonstrates over and over again how to crisscross the laces, make loops, pull the loop through, and form a bow. And then one day, by dint of much trial and error and loving guidance, voilà! We learn how to tie our shoes. Discovering how to respond to our own emotions is a similar learning process. With patience and repetition, our parents work to understand our needs and distress, identify what may make us feel better, and then try to comfort us. By dint of this repetition—like learning to tie our shoes—we internalize the lessons of

* Authors who have pioneered attachment theory include John Bowlby (1988), Mary D. Salter Ainsworth, Mary C. Blehar, Everett Waters, and Sally N. Wall (1978), and Philip Flores (2004).

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how to identify our own needs and comfort ourselves. We absorb our parents' compassionate and empathic relating and make it our own. Over time, by internalizing their caring, we eventually learn to become independent and provide emotional nourishment to our very own self. With that secure foundation, we do not need to resort to eating disorders to fortify ourselves.

As little children, we also learn ways to calm ourselves without our parent's presence: sucking our thumb, cuddling our teddy bear, having a special security "blankie"—all help bridge the gap between needing our mothers to comfort us and doing it by ourselves. As our hatching continues, we become more separate and independent from mother. Learning to comfort and console one's self deepens one's ability for self-care without hurtful eating behaviors.

When Early Attachments Fail to Nourish

Eating disorders are considered attachment disorders. People with eating disorders have higher levels of attachment insecurity, which causes them difficulty in managing their feelings and emotions. When early attachments fail to nourish, addiction to food or substances becomes an attempt to repair the hurt self—to offer comfort and consolation and to fill up the vacuum within. Substances like food "take the edge off" and are easier to control than the uncertainty of human connection.

Those who have not experienced ongoing caring relationships will search outside themselves for an alternative form of safe haven. Food—starving, bingeing, purging, obsessive dieting—can become such a consuming passion. But searching for a refuge in the pseudo-security of emotional eating ultimately fails because comfort, intimacy, and love cannot be found through food.

A news story profiled a woman with 1,200 pairs of shoes worth \$1 million. She acknowledged she could not tame her compulsion to buy shoes, which she felt was due to "a lack of emotion and love" in her life. Evidently, she could not extract sufficient nourishment and satisfaction from human relationships, so she became hostage to accumulating shoes instead. She searched for something "out there" to substitute for what was missing "in here." She became attached to a sole mate, not a soul mate.

Attachment theory helps us better understand the lure of emotional eating. If a person has not developed sufficient internal resources to draw on in times of stress, then bingeing, purging, and starving will seem like a helpful method to alleviate distress. And because insecure attachments early in life leave people wounded and mistrustful, they are not likely to turn to others for emotional support. This explains, in part,

the prevalence of relapse in eating disorders. If the inner core self has not been strengthened through therapy, support groups, or a spiritual program, the person eventually falls back to emotional eating.

What Are the Different Attachment Styles?

The bonding between child and parent is a complex dance of emotions. The attachment style that develops ranges on a continuum from secure to insecure, with shades and nuances in between. The need for loving maternal attachment for a baby to feel vitalized was brought home to me in an unexpected way one summer on a backcountry road in Virginia. A young calf stood alone in a large green field, dejected and morose, its head down. From far on the other side of the pasture, his mother sauntered over and started to vigorously lick him up and down. The calf became animated and began to frolic and jump around, happy and enlivened by his mother's love.

Secure Attachment

Secure babies have parents who are tuned in to their children's unspoken needs and allow their children freedom to be curious and to safely explore their surroundings. When the time is right, they strive to teach their children to put feelings into words. Secure parents respond consistently and provide a foundation for their children to develop intimacy and autonomy, roots and wings.

Studies show that securely attached children learn to be empathic, beginning in childhood. As their parents have been attentive to them, so they learn to be attentive both to others and to their own selves. Ravenna, age 18 months, watches her mother stretched out on the rug with an ice pack under her. Jenny is in pain from having sprained her back. Ravenna watches when her mother finally struggles to get off the floor and stand up. The baby extends her tiny hand to her mother, offering to help her up from the floor. After Jenny scrambles to get up, Ravenna reaches down for the ice pack and hands it to her mother to comfort her. Her seeds of empathy and connection are developing.

Nourished by their intimate relationships with others, secure people have less need for emotional eating. For the most part, they can cope with difficult feelings, find ways to self-soothe, tolerate frustration, and ask for help. Adults with a secure attachment history find it easy to make an alliance with the therapist based on trust. They have already experienced that in their early relationships.

Insecure Attachments

Insecure attachments between parents and children are caused by emotional ruptures and separations. Pauline was hospitalized for an extended time with polio as a young child, frightened and separated from her family. Her keenest memory of loss from that time was that her dolls were taken away from her in the hospital. Her physical and emotional scars lasted a lifetime, contributing to depression and anorexia. Jack witnessed his mother's repeated drug overdoses throughout his childhood, resulting in his severe anxiety and bulimia.

Clinicians and researchers have identified a strong connection between these early insecure patterns of relationships and the later development of addictions. Because those with insecure attachments have so many unmet developmental needs, they feel hungry and insatiable for love and attention but, at the same time, shamed by their neediness. They believe their hunger makes them bad. Pauline and Jack experienced insecurity in their early lives, eventually abusing food as their go-to coping mechanism for depression and anxiety.

All insecurely attached children are vulnerable to eating behaviors or substance abuse because they find people too threatening or inconsistent. Relying on people all too often has led to pain and hurt. Stephanie, a binge eater, described the death of her mother when she was 10: "I have a mother-sized hole in my heart," she cried.

Researchers have investigated the variations of insecure attachments in children, and these early experiences can set the patterns for the adult's relationship to food, love, money, sex, and the ability to respond well to one's own needs:

- **Anxious-Ambivalent Attachment:** When parents respond inconsistently to their child's needs, the child will develop a mixed reaction, becoming clingy and dependent but then alternately rejecting the overtures of the parent. The child fails to develop a sense of security from the caretaker and is not easily soothed when distressed. People with this attachment style may develop bulimia in which they move toward food for comfort but then, feeling dismayed at "giving in" to their neediness, they purge and get rid of it.
- **Anxious-Avoidant Attachment:** Anxious-avoidant children do not turn to their parent when distressed. They experience the parent as rejecting and withdrawing support when they need help. These children learn that relying on others leads to disappointment and frustration. They may develop anorexia—the

ultimate declaration of independence: “I don’t need food and I don’t need anyone.”

- **Disorganized Attachment:** When parents suffer significant depression or other mental illness or the child is subjected to physical or sexual abuse, the attachment between caregiver and child suffers extreme rupture. The child endures emotional abandonment when in need of comfort and has no way to cope with anxiety. Severe eating disorders and substance abuse can be the result of this impaired attachment style.

Children who are neglected or abused perpetuate that pattern by neglecting or abusing themselves and their bodies. They treat themselves as they were treated. After all, that treatment is all they know, and it is familiar (the root of “familiar” is “family”).

Acting out with food is an attempt to compensate for unmet emotional nourishment. But, as Dr. Louis Cozolino (2014) has stated, “When you depend on a substitute for love, you can never get enough” (p. 126).

Along the Attachment Continuum

Although researchers claim that secure and insecure approaches are two distinct attachment styles, I observe that most people fall on a continuum between secure and insecure. Perhaps we all have aspects within us of security and insecurity, because parents rarely raise us with only one way of relating.

Many people describe enjoying a secure childhood, but when they hit adolescence, their parents became anxious, controlling, critical, and, at times, abusive. The emerging independence and sexuality of their child may threaten some parents. “I used to have a fun relationship with my father, until I started developing as a young teenager,” said Nina, a recovering bulimic woman. “Then he became a totally different person—monitoring me and being paranoid about who I went out with. He slapped me across the face once when he thought my sweater was too tight.” Parents who received abusive treatment during their own teenage years often repeat the same abusive pattern with their own teenagers.

Others describe having parents who were overwhelmed themselves and who paid little attention to them, ignoring their needs. But as time went by, when they grew up and moved out, these parents had more emotional resources and sometimes became more devoted and loving, especially when grandchildren came along. “My parents are the greatest grandparents in the world to my kids,” described Mitchell, a recovering

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compulsive overeater. “But growing up, my brother and I basically had to raise ourselves. Our parents worked all the time and fought all the time. There was nothing left over for us.”

Conversely, sometimes a traumatic event destabilizes even a secure family, and devoted parents get ground down by the suffering. “We were a great, fun-loving family until my sister died in a car accident,” Jason related. “Then we all closed down from the pain, everyone in their own world. We all developed eating disorders or pill problems and never came out of our shared family depression. I’m trying to find my way back to my life and to my parents through my own personal therapy.”

In other instances, when parents go through their own psychotherapy, they may grow and evolve into more loving parents and become more sensitive and attentive. They learn to better empathize with their child as their therapist empathizes with them. “Through my therapist’s compassionate listening to me, I have learned to become a better mother,” explained Loretta. “She really wanted to understand everything about why I hate my body and why I abuse laxatives rather than lecturing me not to do it, like everyone else does. From that experience, I learned to be more curious and more tolerant in wanting to understand my son, rather than just yelling at him all the time to behave.”

Although the attachment style we are originally raised with may lay the foundation for our future relationships, people are also very adaptable and can change over time. A great deal of time elapses between infancy and adulthood, so intervening experiences can play a large role in adult attachment styles. Those who grew up with ambivalent or anxious bonding can become securely attached as adults with nurturing and loving relationships. Healthy attachments provide good medicine for the body, heart, and soul.

Attachment Styles: Food and Other Relationships

The eating styles of the compulsive overeater, bulimic, and anorexic extend beyond their relationship with food and are reflected in other aspects of their lives as well. Internal questions—What do I deserve? What am I worth? What am I entitled to have? How much am I allowed to keep? How greedy am I? What will other people think?—play out in realms other than food.

When we clinicians detect these patterns, it deepens our understanding of the attachment style of the client. We realize it is not just the food issues that need healing but tensions around taking, giving, keeping, deserving, and rejection. This provides fertile understanding and ground to enter into our patients’ conflicts in a deeper, more fruitful way. It is not just about their eating.

Janet. Janet was a bulimic retired woman. Not only did she binge and purge on food, she binged and purged on clothes. Janet would go clothes shopping, take home everything she loved from the department store, try the clothes on, and return them by the weekend. Just like she “gave back” her food, so she gave back her binge of clothes. Growing up in her family, her father gambled, and the family was either rich or poor at any given moment. Her father had money and then “gave it back” by gambling. Janet unknowingly had incorporated the same dynamic.

Sandy L. Sandy L. was a secretive binge eater. She was told by her mother that when her mother was pregnant with her, Sandy leached too much calcium from her, causing her mother to lose teeth. Anxiety about taking too much became a theme in Sandy’s life. Fearful of being greedy, she tried to restrict her hunger but would have breakout binge episodes. The following interaction with me illuminated her attempt to undo her “greed.” Sandy came to session asking for a Band-Aid because she had cut her finger. After the following week’s session, I discovered she had left me a full box of Band-Aids in the bathroom to replace the single one I had given her. Worried that she had taken more than her share, she overcompensated for “leaching” from me.

Mark. Mark grew up in an impoverished family with food insecurity. He alternated between bingeing and starving, and this style paralleled his relationships with others as well. He would hire multiple business coaches and then fire them for being “lame.” He pursued many women and then dropped them for not being good enough. And he came to therapy with me, dropped out, came back, dropped out. This gave me the opportunity to point out how he was repeating his early life: When he had something nourishing, he couldn’t trust it to stay. Whether it was a coach, a girlfriend, or a therapist, he had to get rid of them before he was abandoned, just like food had abandoned him chronically in his childhood.

Gregory. Gregory, a wealthy businessman, was always hungry—hungry for attention, approval, more money, and the need to binge on endless food. He could never get enough in any realm of life. He reported having gone to a prostitute over the weekend, and when he discovered she had an orgasm during their sexual encounter, he asked her for a discount. Because he had given her pleasure, he felt he shouldn’t have to pay as much.

I felt compelled to ask, “At the beginning of today’s session, you told me a story that made me laugh heartily. Do you want to ask me for a discount too because I was enjoying myself?” Gregory was taken

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aback by my brazen question, but it opened our conversation to a deeper level about his feeling chronically deprived and how he tried to make it up to himself especially through food and money.

“Everybody’s got a hungry heart,” as the song goes, and Gregory was open to exploring how his early life had left him with unfulfilled cravings. His food problem was part of a larger attachment deficiency that caused him to experience everything as feast or famine.

How Can We Repair a Damaged Attachment?

Eating disorders are ailments of isolation, secrecy, and shame. The eating disordered person is “locked in the past, paralyzed in the present, and fearful of the future” (Boskind-White & White, 1991, p. 74). The healing work is to unlock the past, revitalize the present, and create hope for the future.

“The vulnerable individual’s attachment to chemicals [and eating disorders] serves both as an obstacle and as a substitute for interpersonal relationships” (Flores, 2004, p. 4). These behaviors are misguided attempts at self-repair for a person’s inner sense of boredom, emptiness, and loneliness.

Psychotherapy can help a person move beyond insecure attachment patterns of the past toward restoring one’s capacity for intimacy and self-care. As we will see, the relationship with the therapist can provide the nurturing and resilience building that our clients need. Isolation with pastry needs to be replaced by intimacy with people.

Attachment-oriented therapy includes empathic listening and emotional attunement to the patient’s needs as the primary way to connect and repair damaged attachment.

“When I find myself bingeing after work, you suggested I ask myself, ‘What do I want that bag of candy to do for me?’ So yesterday I asked myself how I wanted the candy to help me. And my inner self said, ‘Back off! It’s none of your business!’ Boy, I really failed at that,” exclaims Olivia with frustration.

“Why are you frustrated? You asked yourself the question we discussed. Good for you!”

“Yeah, but the door was slammed in my face.”

“Well,” I remind her, “we only wanted you to ask the question. We didn’t say there had to be an immediate answer!”

Unlike Olivia’s parents, who always wanted quick and easy results, I applauded her efforts. We don’t need the answer right now; we just want her to ask herself the question. She sees I am not frustrated with

her, and she accepts with some pleasure that she did well simply by her spirit of self-inquiry. This may seem like just a tiny step forward, but it paves the way for Olivia to begin a conversation with her inner self. This helps repair the harsh inner parental voice that mocks her when she tries something and does not immediately succeed.

Even small steps forward by our clients deserve our appreciation, like creating a new tapestry one stitch at a time.