

Food, Weight, and Addiction

By Judy Dempewolff, Ph.D.

Many people in our culture, especially women, have issues regarding food. As a practicing clinical psychologist for over 30 years, I have helped a number of individuals find peace with their eating. Some of this work springs from my own personal experience of being anorexic in my teens, and then bulimic and a compulsive overeater in my twenties and early thirties. How did I make friends with food, and how do I help others find peace? What is some of the current understanding of the causes of disordered eating?

In reviewing current research on eating behavior, several themes emerge. Often issues concerning regulation of eating arise after an individual has been on a diet for a period of time. In other words, when you have been on a structured eating plan, imposed from the outside with “good” food and “bad” food, and then you go off that plan, you do not have a sense of your body, your desires, and your hunger. Once the structure is gone there is no internal mechanism to say “I am really hungry, I would like a cheese sandwich, and if I get full before I finish it I can put it aside”. Many of my clients, whether they are anorexic or overweight, have no actual experience of hunger – true stomach hunger. The anorexic has denied her hunger for so long that it isn’t relevant to her, and the person who compulsively overeats never allows herself to reach true stomach hunger. In fact, sometimes she is very afraid to feel hungry.

So the first step in beginning to find peace with food is to come back to your self - back to your body, your needs. A book published in the 1960s was called the Psychologist’s Eat Anything Diet.¹ It was not really a diet at all, but a call to return to listening – to your hunger or fullness, as well as to your emotions. It discussed foods that hum and foods that beckon. The beckoning foods are those that call to you when you open the refrigerator, or when you pass by a bakery. Once you have moved along you forget about them. The humming foods stay with you – maybe even for a day or two – until you have them. Sometimes you may deny yourself those foods and eat around them, ingesting twice as much with half the satisfaction. If you listen to your own needs and desires, the humming foods will satisfy you to the point of not needing very much.

When I first read about this and put it into practice I ended up having ice cream for supper for a week. Not just any ice cream, but homemade ice cream from a local dairy. It had been a binge food, but once I allowed myself to eat it I was able to thoroughly enjoy it and stop when I was full, knowing that I could HAVE IT AGAIN ANY TIME I WANTED IT. This point is critical, since the deprivation model says “I better eat as much as I can right now, because tomorrow I will not be able to have any”. Once it is allowed, and no longer forbidden, it begins to lose its charge.

A second theme that relates to both food and other addictions such as drugs and alcohol is something called Alexithymia.² This refers to a difficulty in identifying and naming feelings. I think of addictions as great shields from feelings, but some people even have trouble noticing and naming feelings. For some it even extends to feeling the body, where emotions originate. Many of my clients find emotions threatening and unruly. Food is a great agent for blocking feelings and shutting them down. Biochemically, carbohydrates create a sedative effect on the brain, in a similar way to drugs and alcohol. If an individual has had trauma or unpleasant emotional memories, they may even be less willing to experience emotions for fear they will get “out of hand”. Research talks about “emotional eating”, but I would define it as eating to avoid emotions, to block them. Thinking about what you have eaten and what you haven’t eaten is a way of avoiding the bigger, more difficult and messy parts of your life. Addictions have a similar function.

Therapy necessarily involves helping the individual identify emotions – sadness, anger, fear – and expressing these feelings either by writing them³ or saying them. Often a client has not cried in years, and finds herself using most of my tissue box in therapy. And she also realizes that at some point, she stops crying – it doesn’t go on forever. I often talk about the “urge to eat” as a signal that there is an emotional need. If a client can begin to “put a wedge” between the urge and the action of eating by identifying that need, she may begin to feel that she has a choice. She may still choose to eat, which is fine. But sometimes she may realize she needs to get some air and take a walk, or tell her husband she is irritated about something, or write about her sadness. And then, sometimes, the urge to eat disappears.

Awareness of the body goes along with emotions – we all have a place where anger lives. For some it is the

