

The Last Word on the First Bite

By Mim Collins, MFT, Psy.D.

An eating disorder is a symptom and a form of addiction.

For the last decade, treatment of “eating disorders” has been fashionable. I do not mean to minimize the danger that threatens those afflicted, but, like clothing styles, mental health issues can become commodities for the marketplace and fodder for marketers.

It’s important to note that while the spotlight of the network-connected world has focused on new diseases, co-dependency, short-term treatment, and managed health care company requirements, persons with compulsive overeating disorders still suffer; recidivism from weight loss is still 90% and, most importantly, complications from this disorder can still be fatal.

As a compulsive overeater in recovery and a psychotherapist treating the disease, I have read about a virtual encyclopedia of weight loss programs over the years. Many are heralded as miraculous “quick fixes.” Then, just as quickly, they fade from the public eye. They didn’t work and they didn’t cure the disorder. We wonder why. Why haven’t we found an effective treatment for compulsive overeating?

▣ The first bite

An eating disorder is a manifestation of, and an acting-out on many levels of pain, distrust, and the avoidance of issues that may be more threatening than being overweight. Susie Orbach noted in her 1978 book, *Fat is a Feminist Issue*, that overeating and being fat are two separate issues. This crucial distinction was a starting point to developing a comprehensive view of issues to be addressed when working with compulsive overeaters. These issues include:

- Overeating as a form of substance abuse
- Being overweight as a means of survival in the family system
- The dangers of being thin
- An understanding of the differences among natural, emotional, and addictive hunger
- The addictive nature of overeating, understanding binge behavior, and what is meant by “the first bite.”

Most compulsive overeaters cannot differentiate between natural hunger and the desire to lower anxiety levels by eating. Anxiety often foreshadows the emergence of feelings that have been repressed because they were too painful to be tolerated. When these feelings do emerge, they are suppressed with food and described as hunger.

Rarely is the stomach empty long enough to transmit a hunger message to the brain. When “real hunger” occurs, it takes little food to satisfy it. That can be disappointing for the person who seeks more emotional sustenance from food than it is meant to provide. When disturbing feelings are mistaken for hunger, food is used to smother the disturbance, which, in turn, produces guilt, and then depression. And so the binge cycle begins once more.

▣ Recurring binge cycle

Once begun, the hunger binge often initiates addictive eating. Each attempt to stop the binge threatens to overwhelm the person with the intolerable feeling(s) that prompted the binge. Addiction has many definitions. Some profess it is recognizing destructive behavior, but engaging in it, nonetheless. Others say it is simply out of control behavior. I’ve observed that addiction has a personality all its own.

To contain the impulse to binge, a compulsive overeater must avoid “the first bite” just as an alcoholic must refuse the first drink. “One drink is too many; one million is not enough.” Recognizing the “the first bite” mechanism for what it is - a trigger to overeating - is one of the first steps to becoming attuned to natural hunger and eating until naturally satisfied.

Being overweight must also be viewed in a functional context. An overweight person may be declaring to the outside world what he or she may not be able to communicate directly, such as “Stay away. I am afraid to have you come any closer to me,” or “I don’t know how to declare my boundaries.”

Each of these issues is just a piece of the complex puzzle that comprises overeating. To solve the puzzle, we need to recognize all of the pieces. We know diets don’t work. What is more difficult to understand about eating disorders is what the behavior covers, how to reach the underlying issues and how to effectively address those issues.

About the Author

Mim Collins, Psy.D. is a licensed Marriage and Family Therapist with nearly 30 years of experience. Ms. Collins began her career using the principles set forth by Lonnie Barbach, in her seminal book, *For Yourself*, in treating women struggling with sexual dysfunction. Ms. Collins has taught classes on overeating and is currently teaching weight management classes at Kaiser Permanente. She received her doctorate from the Los Angeles Institute and Society for Psychoanalytic Studies in 2001. Learn more about Mim Collins at <http://www.camft.org/Therapists/MiriamCollins>