
Disordered Eating & Shame

Eating is such an important topic it requires being addressed separately. Research suggests that eating disorders are rooted in attachment trauma; they are a frantic attempt to escape the anxieties of insecure attachment. In fact, 75% of my patients engage in disordered eating. This is a complex topic with many contributing aspects; here, we will approach it through the lens of shame.

A vulnerable baby cannot manage or soothe their own bodily states of hunger, thirst, or sleep, so our early attachment relationships are the foundation for learning how to satisfy these needs. We require a sensitive, responsible parent to accommodate and nurture our bodily needs so we feel balanced and secure. The attachment bond we share with our caregiver provides a template for connecting to our body's inner natural rhythms. Self-regulation means that when we are tired, sleepy, hungry, or stressed, we have the tools to cope and soothe ourselves. Yet when we are depressed, the primary bodily rhythms that get interrupted are sleeping and eating.

Negative self-image, shame, and lack of self and emotional regulation are foundational for eating disturbances. A negative self-image combined with diminished self-regulation leads a person with disordered eating to feel inadequate, ineffective, and internally out of control.

Attempts to modify the body through controlling food intake may represent an effort to feel in control. If you obsess over what you eat and eat healthily, you are in your pride; when you eat poorly, you feel shameful and obsess over it. So being obsessed with what you eat keeps up the pride and shame see-saw. To be thinner is to be superior, a pride-based way to compensate for shame. If you can't get your internal shame under control, the body becomes the domain in which that can happen. Often if people want to improve their self-esteem and sense of social acceptance, they seek to achieve these feelings physically by modifying their bodies. Losing weight equals mastery and self-control. Yet, ironically even when they do "appear as they like," they often have a distorted image of themselves. Even when the scale reads the "right number," they still reject their bodies. Body modifications rarely work in fulfilling self-love and acceptance needs. Activities such as

obsessing over food, starvation, bingeing, and vomiting are misguided attempts to organize emotions and other internal states.

Some people obsess about what they are continually eating. It really is a mental distraction. By being in your mind and always thinking about eating or not eating, you can distract yourself from your feelings. A person with an eating disorder may attempt to drown out their anguish of feeling unworthy and deficient. Binging on food is a substitute for interpersonal needs, which are shame-bound. When one feels empty inside, hungry to feel connected to someone, longing to be held, craving to be wanted and admired, yet one does not feel worthy, they turn to food. But food can never truly satisfy the relational inner need. Longing for connection and not feeling worthy enough to receive it become shameful. And so, one eats to anesthetize the hunger. The shame about eating represents a displacement of the more profound, internalized shame about self. Yet it turns into a perpetual shame cycle as you begin to feel bad about eating. The purge cycle of Bulimia introduces one of our primary emotions – disgust. Vomiting is the disgust reaction and an emotional attempt at cleansing one's shame. After purging, some people feel cleansed, sometimes even purified.

This is where an impaired ability for mentalization emerges. Individuals with disordered eating patterns are compromised in finding their own mind and their own somatic sensations – they have difficulty "minding one's own body." Also, if they lack embodied mentalization, they have impaired awareness of their body's sensations. They rely on the external scale instead of feeling their own lived body.

People with eating disorders usually identify with an insecure attachment style, possess a negative self-image, and have a sensitivity to social acceptance and fear of rejection. And also, let's not forget that we live in a culture that perpetuates the image that skinny people are superior – who would want to feel inferior?