



### **You Don't Lose Weight on a Diet of Emotional Deprivation**

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We have finite energy to use each day. If we spend it planning meals, cooking, and eating (and perhaps recovering from episodes of overindulgence), we may have little energy left for other things like satisfying unmet emotional needs. Overdependence on nurturing from food is a stop gap measure and will not satisfy our emotional hunger in health promoting and growth promoting ways—this is the anatomy of disordered eating, in which the satisfactions of our emotional life that require patience, frustration, tolerance, self discipline, and anxiety management are forsaken for the easy fix of food. By taking the easy way out, we train our minds to confuse emotional hunger for physical hunger, leading to the atrophy of our "executive muscles." Too much of the easy way out can lead to the loss of willingness and ability to learn new and more adaptive behaviors. Using food as a palliative remedy can lead to a negative spiral of emotional dysregulation which in turn fuels chronic unhappiness, leading to more disordered eating. Eating may become the equivalent of alcoholic drinking to cure a hangover.

Psychotherapy can be a powerful antidote to abusive eating. A competent therapist can read between the patient's verbal lines to disentangle physical hunger from myriad forms of emotional hunger. When we learn to insert mindfulness in the spaces between stimuli and our responses we recognize that our "hunger" for food is in truth hunger for emotional needs such as admiration, validation, comfort, and encouragement. Through psychotherapy, patients can learn to accept, normalize and develop strategies for meeting needs previously shrouded in darkness that fueled unending hunger for food. A caring therapist satisfies emotional hunger and affirms the patient as a deserving recipient. These transactions reduce the need to satisfy these emotional hungers through food, outside the office. For example, I worked with a young man I'll call Jim, who obsessed about food and controlling his "neediness" for food. He presented with social anxieties, fearful of losing control of desperate urges to merge with and be cared for by others. Jim's fears of being rejected as too needy and too immature to meet a woman's needs left him painfully self-conscious in a shameful way. These desires were also mingled with fears that he would lose himself in a hypothetical relationship and be exploited and hurt. To control his anxiety over a hypothetical fantasized relationship, this lonely young man attended mixers after work on an empty stomach.

He rationalized not eating to save money and then instead of engaging with dating interests, often withdrew into a preoccupation with the irritability, impatience, and fatigue borne of hunger. Fantasies of returning to his empty apartment where he could relax and cook his favorite meal won out over starting a conversation with anyone. Predictably, Jim would leave these functions all alone after 30 minutes or so. He literally fed any pangs of regret with the meal he imagined. Psychotherapy changed his life by changing his relationship to eating. Jim used to live to eat, and now he eats to live well. The difference can be as simple and as maddeningly difficult as becoming aware of how your emotional hunger impacts your physical hunger.