Three Levels of Food Addiction Denial

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An open letter to food addicts (1996)

Food addicts experience denial at different levels: inability to distinguish between hunger and the false starving impulse of physical craving, confusion between sane thinking and the false rationalizations associated with compulsions regarding eating, and distortion of will and sense of self in relationship to food and life as a whole. Before we look at each of these inter-related levels of denial in depth, it's useful to see that there are three quite different definitions or types of denial: common denial, psychological denial, and addictive denial.

Common denial occurs when someone tells a conscious lie. For example, I ate the rest of the ice cream in the freezer, and then I told someone in my family that I was not the person who ate it.

Normal eaters may have done something like this once or twice in their lives. Food addicts do it all the time. I have done it much less in recovery, but I still find myself considering lying about food quite often. Occasionally, I still lie about food. I haven't binged on ice cream for a long time, so my food lies are now likely to be about whether or not I am rigorously abstinent. When I do notice that I have lied, I acknowledge my lie and correct it quickly. (Thank you, God). While normal eaters may lie about other things, they seldom experience such pervasive lying or common denial about their food.

Psychological denial occurs when the mind represses a prior experience because of some form of overload. For example, before I got into recovery, I used to tell people that I was never physically abused as a child. I thought this was true. Then one day as a part of my deep work (i.e. being with emotions and letting move through and out of me), I was feeling afraid, and, as I stayed with the experience, the memory returned of my father striking me in the face.

When I asked my father if this could ever have happened, he admitted that it was a frequent occurrence when I was young until our doctor told him that this was an inappropriate way to "discipline" a child. When I talked about these "spankings" with my

mother, she said that once she had been fearful that my father would kill me. In short, I **was** physically abused as a child.

Unresolved psychological traumas from childhood are often underlying problems in serious eating disorders. There is usually some form of physical, emotional, sexual or spiritual abuse, though it is not always repressed. When the feelings are acknowledged and felt, the eating problem often goes away; the problem eater slowly returns to being a normal eater.

In my case, I did work through the feelings and the psychological denial faded, but I continued to have a very serious problem with my food. I was confounded by this experience until I learned that I was a food addict.

Addictive denial is not normal, and it is not caused by psychological repression. Rather, it is a biochemical phenomenon that is an integral part of the addictive process. For example, before I got into recovery, I lived with frequent, strong urges to eat large volumes of food, especially foods that I had binged on previously. As this problem progressed, I developed what seemed to me to be uncontrollable urges to eat before and after I had finished a large meal, even when I was so stuffed that knew it would be very uncomfortable to eat any more. At the time, I thought that this was hunger, but now I know was not normal hunger.

Further, when I considered putting down my binge foods, I really believed that I could not live without them. When at the suggestion of other food addicts I did put all my binge foods down (and went through a period of physical detoxification), my food cravings diminished almost completely and the thought that, “I will die if I don’t eat,” also went away. I continued to have difficult feelings come up from time to time, but I now see my food addiction as separate from and primary to these trauma-based feelings.

Similarly, I see my addictive denial as interrelated with common denial and psychological denial but also distinct and primary.