

## Perhaps You're a Food Addict?

**Y**ou wonder . *What's a food addict?! How can anyone be addicted to food? We all have to eat.* Perhaps the term sounds extreme. *No, you think, even if I lose control sometimes, I'm no addict.* Yet there's something to the two words *food* and *addict* that has made you pause.

We wrote this book for you.

You may be like us. You've battled with your weight. You've tried diets from books, magazines, nutritionists, and neighbors. Grapefruit diets. Cleansing diets. All-you-can-eat low-carbohydrate diets. You've spent hundreds of dollars on commercial weight loss programs. Perhaps you've found recovery in other twelve-step programs, yet you are still unable to control your eating. You dread weddings and other social occasions because you're ashamed of how you look and are afraid you won't be able to find anything to wear. You may have already developed diabetes, or your doctor might have told you that you're a candidate for a heart attack or stroke. You can't button your suit jacket and have to buy your

clothes through specialty stores. You've quit all the sports you love because it's hard to bend over or run.

Maybe you've been more successful at the weight loss game. You look normal, or even thin. You've won this at a high cost. Perhaps your obsession with food and weight tortures you. Your mind no longer feels like it's your own. You might have lost and gained the same 10 or 20 pounds repeatedly for years. Always on a diet or trying to start one, you constantly feel deprived. Or perhaps, according to your family, friends, and even your doctor, you are alarmingly thin. You eat everything you crave, but then you make yourself run fifteen miles or find a bathroom where you can throw up.

There is an answer. We've found a way to be free from food obsession and cravings and yet achieve a healthy, slender, stable weight. Who are we? We are people who have tried all the approaches we've described and more—hypnosis, therapy, acupuncture, medications, laxatives, amphetamines, positive thought, fasting, prayer, exercise programs, and regular meetings with nutritionists, doctors, healers, and personal trainers. A few of us have had gastric bypass or lap-band surgery, as well. Nothing worked long term. Our misery became unbearable.

One of our members—we'll call her Mary—describes this experience well:

I used to sit down every night with a one-pound bag of pretzels. Each time, I would say to myself, *I'm just going to have a few*. Then I'd think, *Just two more*. *Just one more*. *Just a little more*. After I'd finished them all, I'd look at the empty bag and wonder, *Where did all the pretzels go?*

I also bought baguettes at the supermarket—the long, thin French breads. They came in three-loaf packages. I figured I'd buy extra for the kids, who'd be bringing their friends home. Of course, my children never got the baguettes, because I ate them all. After a while, I started buying two packages of baguettes—six loaves of bread.

Despite all I knew, I couldn't stop eating. I'm trained as a nurse, and I understood metabolic rates and heart disease. I stood up in front of students as an instructor in a university's nursing school and taught nutrition classes, yet, at five feet, three inches tall, I ended up weighing 218 pounds.

I wanted to go to a doctor, but what could I say? "I'm dying. I can't stop eating." I knew the doctor would just tell me to stop. That was the solution, of course, but I couldn't do it. The more I ate, the more I craved and my failure created a terrible loneliness. I was in a prison of my own making, and I didn't know how to get out.

Whether you are too fat, too thin, or of normal weight, you may identify with Mary's description of her experiences with food. Clearly, this is not the story of a woman who simply had a weight problem. Her misery was too extreme. A successful adult and medical professional, she lost the battle with herself. She was driven to eat what she knew she shouldn't eat. Even more demoralizing, her troubles with food got worse instead of better. She didn't begin her life at 218 pounds. She watched herself gain that weight, pound by pound, during all the years she struggled against it. She was defeated.

We in FA are just like Mary, whether we wanted to admit it initially or not. When we were honest with ourselves, we had to allow that our reactions to food or weight were not normal. We ate foods we swore we would not eat. We hid our eating. We lied. We stole food. We starved ourselves. We ate to celebrate. We ate to escape. We ate for no reason we could discern. Sometimes, though thin as a bone, we thought we were fat. Whatever our size, we found that one mouthful of food beyond the restrictions of our diet inevitably led us to a binge.

Isn't this kind of irrationality and dependency a hallmark of addiction? We believe so, and more and more doctors and researchers are beginning to agree. Dr. Carl Lowe, Jr., is a bariatric surgeon practicing in Charlotte, North Carolina. A fellow of the American College of Surgeons, he offers some observations we think are helpful. Whether we were physically huge, slightly overweight, or too thin, we have struggled with the same lack of control that Dr. Lowe sees in his patients. He writes,

I've been doing bariatric surgery since 2004, so I've had eight years of meeting with hundreds and hundreds of people who have struggled with their weight. In my view, undeniably, food addiction is real. I see it every day.

Food addiction is not simply a physical problem. My patients know that they should not eat the foods they eat. They know their eating is taking them down a destructive road of weight gain and the medical problems associated with it—diabetes, high blood pressure, high cholesterol—but they can't help themselves. They

have to eat as powerfully as other people have to have a cigarette.

You might be thinking my patients don't know any better, that education is the solution, but ignorance is not the problem. Most of the people I see are more educated than I am about nutrition and dieting and low-calorie foods. Our nutritionist talks with them. We tell them what we want them to eat. We give them lists of the healthy foods, but they still can't stop themselves from eating high-carbohydrate, high-fat, or calorically dense foods—flour and sugar foods, as FA would put it. People in FA are familiar with this experience.

My patients come to me because they want a solution, and they haven't ever been able to find one. They've tried exercise. They've tried commercial weight loss programs. They've had personal trainers and tried every diet known to man—diets from books, green tea diets, cabbage soup diets.

Unfortunately, looking at the scientific data, we see that there's no easy solution when people can't control how much and what they eat. The medical literature tells us that if someone weighs 100 or 150 pounds too much, that person has just a 1–2 percent chance of losing that weight and keeping it off over a sustained period of time.

In a gold standard study done in Sweden, researchers tracked about sixteen hundred people who were classified as morbidly obese.<sup>1</sup> One group of about

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1. Lars Sjöström et al., "Lifestyle, Diabetes, and Cardiovascular Risk Factors 10 Years after Bariatric Surgery," *New England Journal of Medicine* 351 (December 2004): 2683–93.

eight hundred people were to lose weight under a doctor's supervision, with a nutrition program, any medications that seemed helpful at the time, and advice regarding exercise and calories. After ten years, they were heavier than when they started. None of them had access to anything like FA during that time.

A second group of eight hundred had bariatric surgery. That group did much better, but the Swedish study and others indicate that surgery can be only one small part of a solution. It can potentially help people with medically diagnosed morbid obesity get down to obesity and then to a place where they're merely overweight, but it's highly unusual for anyone to reach what is medically considered a healthy body weight after bariatric surgery. Typically, a year and a half after the operation, people reach their lowest weight—about 50 percent of what they need to lose—and then, over the next ten years, they slowly regain some of what they've lost, until they reach a plateau.

I tell my patients all the time that they have to change their perception of food and how they relate to it or they will regain their weight. "We can plan surgery for your stomach so that you can't eat large volumes of food," I say, "but I can't do anything to make you wisely select the kinds of food you put into your stomach."

Dr. Lowe's account matches our own experiences. Not all of us were morbidly obese, but like his patients, we needed more than just a medical or nutritional solution. If we were normal, we food addicts could and would have listened to the sound advice we heard for

years. Self-control and rational good sense would have saved us, and we would have avoided the foods we knew we shouldn't eat.

Instead, as is typical of addicts, we've experienced a disconcerting problem with our minds. In a masterful description of alcoholic drinking that applies just as accurately to our eating, *Alcoholics Anonymous* alludes to a "strange mental blank spot"—a complete failure of rational thought. How many times did Mary tell herself that she could have just a few pretzels? Despite a 100 percent record of failure and the resulting terrible consequences, she repeatedly forgot and tried eating them again. Just like an alcoholic taking a first drink, she was unable to remember who she was: a person who could never stop at just one mouthful.

As food addicts, we also now know that there is another level to our illness. True, we have sometimes forgotten who we are. Other times, though, we remembered and didn't care. We've been unable to harness an inner will to take care of ourselves. People who merely have a problem with food can ultimately change course when necessary. Food addicts cannot. We are unable or unwilling to value ourselves and to protect our own health and lives.