Food Addicts

First Two Chapters

in Recovery Anonymous

Are you underweight?
Overweight?
Obsessed with food,
weight, or dieting?

You are not alone.
Today, there is a solution.

FOOD ADDICTS *in recovery anonymous*

Food Addicts
in Recovery Anonymous

FIRST TWO CHAPTERS

Food Addicts in Recovery Anonymous, Inc.
Woburn, Massachusetts
foodaddicts.org

FOOD ADDICTS IN RECOVERY ANONYMOUS: First Two Chapters

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Perhaps You're a Food Addict?
&
About FA

Excerpts from *Food Addicts in Recovery Anonymous*

This booklet, comprised of the first two chapters of FA's book, *Food Addicts in Recovery Anonymous*, describes the disease of food addiction and the solution offered by FA.

We wrote *Food Addicts in Recovery Anonymous* for people struggling with food addiction as well as for anyone concerned about the weight or eating habits of a family member, friend, or colleague. The first chapter describes the illness of food addiction. The second chapter introduces the recovery offered by Food Addicts in Recovery Anonymous (FA), a program based on the Twelve Steps pioneered by Alcoholics Anonymous. Both chapters include a medical perspective.

We hope that this booklet will help anyone who wants to learn more about food addiction, including professionals such as doctors, dentists, nurses, psychotherapists, social workers, physical therapists, and personal trainers who work with those suffering from food addiction.

Like all addictions, food addiction affects every aspect of a sufferer's life. We wish to be of help in any way we can. For details and more information about FA, see our website: **foodaddicts.org**.

Chapter 1

Perhaps You're a Food Addict?

You 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.
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> 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.[1] 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.
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> 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.

Chapter 2

About FA

You may still resist the notion of food addiction. Perhaps you think that a person addicted to food would have to stop eating in order to refrain from addiction. We agree that that's impossible. Yet, though we are as bound to food as alcoholics are bound to alcohol, there is a solution for us.

By trial and error, we in FA have discovered that we can't safely eat foods containing flour or sugar. We have also realized that without help, we are unable to sanely control the quantities of the foods we eat. Our bodies and minds are different from those of other people. When we have just one mouthful of the wrong foods or attempt to live without clear boundaries regarding food quantities, we lose our freedom. Either we can't stop ourselves from eating more or we're possessed by an unremitting obsession with food and weight.

The obvious solution is to refrain from the behaviors and choices that make us lose control. Alcoholics

can stop drinking. Drug addicts can stop using drugs. People with our problem can abstain from eating flour, sugar, and unlimited quantities of food. We can plan our meals ahead of time, using measurements to limit the amounts we eat.

We see the beginnings of a solution in this way of thinking, which is the basis of abstinence in FA—the equivalent of sobriety in AA. FA defines abstinence as simple, weighed and measured meals, with nothing eaten between mealtimes. In abstinence, we avoid foods made with or dusted in sugar or flour of any kind. We exclude sweeteners like maple syrup, honey, and corn syrup, which affect us as powerfully as sugar. Alcohol is also not included in our food plans because of its high sugar content and the danger it poses to anyone who is already an addict.

Abstinence probably looks as impossible to you as it did to us. We were horrified by the suggestion that we give up desserts, pastas, and breads, yet when we joined FA, we discovered that the FA program made abstinence comfortably possible. FA provides all that we need to obtain and sustain our recovery without struggling with obsession or food cravings. It offers a total solution to a problem that is physical, mental, and spiritual.

Dr. Lowe, the surgeon quoted previously, has seen how well FA works for his patients who wholeheartedly try it.[2] We think you will find his description of our program useful:

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2. Dr. Lowe has no financial or professional affiliation with FA.

I was first exposed to FA about three or four years ago. I met some members and took a few brochures from them, but I didn't know much about the organization. I remembered it a few years later, after a conversation I had with one of my patients. She'd successfully kept her weight off, didn't snack, didn't eat a lot of carbohydrates, exercised, and ate small portions. "What is the secret, so I can tell other people?" I asked. "You know, Dr. Lowe," she said, "you operated on my stomach, but until something clicked in my heart and mind, nothing was going to change."

I knew she was right. Hearing her, and looking for more ways to help my patients alter their thinking about food and their relationship to it, I called one of the members of FA and asked if I could sit in on a meeting. She was very welcoming, and when I went, I was stunned by what I heard. I stayed for a good while after the meeting ended, because I couldn't pull myself away. I saw the changes FA was making in people's lives, and I thought, *This is exactly what my patients need.*

Most bariatric surgeons hold support groups at least monthly, but a meeting once a month or even once a week is not enough to help a person deal with the day-to-day yearnings and cravings to eat certain foods. I loved FA. Each of the members had a sponsor, someone he or she could talk with daily. The people there were the warmest you could ever meet, and the results were amazing. I saw people who had lost 60 pounds and 100 pounds. I even met a woman who had lost 200 pounds.

FA seemed to me to be a perfect solution. It offered wonderful support, frequent meetings, and a human being who could talk with a struggling person every single day until he or she got strong. We in the medical community can't give enough of the intense interaction that's needed by a person trying to overcome addiction. You can't put a child on a bike and expect him or her to ride right away. Addicts need someone to talk with several times a day.

The clincher for me is the spiritual nature of the program. We are all humans. We all have frailties. We don't have the strength and the power to do many of the things in life that we think we can do. When you are in a situation of addiction and you start believing that you can pull yourself up by your bootstraps and solve the problem yourself, you are destined for failure. Clearly, the addiction has the upper hand. That's what makes it an addiction—it's something that you cannot control.

In addiction, you are facing a spiritual battle, a psychological and physical battle. You have to have a partner right with you. You cannot do it by yourself. You need other people and you need a Higher Power. Until and unless you acknowledge that fact and allow a Higher Power to come into your life, you are doomed. Twelve-step programs like Food Addicts in Recovery Anonymous and Alcoholics Anonymous, which are based on spiritual recovery, have long track records of success. Why fight what works so well?

Regardless of their situations, I refer all of my patients to FA. I sit down with them and have a conversation.

This takes time. A lot of doctors don't have that time, and they are not comfortable bringing up spirituality with their patients. They don't want to talk about a Higher Power. It's easier to tell someone, "Cut your calories to under 1,500 and exercise five times a week," but time in conversation is time well spent. If I just handed my patients an FA brochure and said, "Try this out," none of them would go to a meeting. People need to understand FA and how it can help them.

When I meet someone for the first time, I start with questions about their eating. I ask, "Do you ever eat out of stress? Do you eat when you are nervous? Do you eat when you are happy? Do you eat to celebrate or reward yourself? If you've had a good day or have done something especially well, do you tell yourself, 'Hey! I deserve a treat.' Do you sneak food? Do you ever feel like you want to eat something and know you shouldn't, but you eat it anyway because you just can't help yourself?" I use the twenty questions that are in the FA brochures.

I don't bring up the term *food addict.* Usually, as the patients answer my questions, they realize they have a problem and convict themselves. Then it's easier for me to introduce them to Food Addicts in Recovery Anonymous. I tell them, "There's a great program, and it's free." Patients' ears perk up when I say "free," because they're so used to having to pay money to lose weight. Everywhere they've been, they've had to pay money—to get B-12 shots or see a therapist or buy vitamins or talk with a nutritionist. As soon as I say, "free," I see them start to relax. They get calmer and

more receptive to what I want to say. "It's free, so what have you got to lose?" I say.

Then I tell people I've been to a meeting myself. This really helps them. I say, "I've sat in on a meeting. The people there are the warmest, friendliest, most welcoming people you'll ever want to meet. Their program really helps people to lose weight, and it's called Food Addicts in Recovery Anonymous. It's a twelve-step program, kind of like Alcoholics Anonymous."

I explain, "Right now, you have a relationship with food that is taking you down a road you don't want to take. These people can help you change how you think about food. The really beautiful thing is that you can get a sponsor there. That's someone whom you can talk with every single day, who's walked in your shoes and knows what you're going through—as opposed to some skinny doctor who says, 'Oh, just eat less and have more apples.'" Patients usually relate to that, too, because I'm pretty skinny myself. They can see they're going to have someone who knows what it feels like to want a piece of chocolate, as opposed to talking with a non-addict like me, who can take it or leave it.

After I explain FA, I take out a brochure. I show them all the meeting locations in our city, and I mention the meeting times. Then I say, "There has to be a location near you, no matter where you live or work. Look at all these places!" They usually admit there's a meeting that they can reach near their house or office. "Just go and check out that meeting," I say, "and when I see you back here next month, tell me how you liked it." If there weren't meetings here, I'd suggest that it

would be worth even a long drive to another city, just to check the program out.[3]

That's how I introduce people to FA. For the most part, patients go, and it's just exactly as I told them. They love it. When they're frustrated with having reached a plateau, they can break through and begin to lose weight again. They have renewed hope, and they're reinvigorated. Then they're able to keep from regaining the weight they lose.

I did have one patient, though, who didn't like FA. I was surprised, because she was the first person I'd ever referred who had that reaction. When I asked her why, she said, "I don't want to do what they're telling me to do." To me, that's a sure sign that she is an addict. She doesn't want to give up the food she loves so much. She's a person engaging in destructive behaviors who resents FA's ideas about what she should eat. She doesn't want to take suggestions from someone who's telling her how to be successful.

When you enter FA or have weight loss surgery, you're opening your life to a second chance. But if you take that second chance and continue to live just the way you did in the first go-round, you're going to get exactly the same results. You have to live differently and think differently to get different results. You have to make up your mind. You have to be a different person.

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3. FA meetings are now held in Australia, Canada, Germany, New Zealand, and the United States. Members in countries or areas without the program can still successfully obtain and sustain abstinence. Please consult the FA website, **foodaddicts.org**, and contact us for more information if there are no meetings near you.

I mentioned that studies show that people who are morbidly obese have only a 1–2 percent chance of losing weight and keeping it off. That is a sad statistic, and it's why people are going for surgery. I believe we could really change that percentage if more people went to FA.

The problem is that FA requires work. It requires going to meetings and doing the Twelve Steps. It requires commitment and a change in priorities. In our American culture, when we have a problem, we want to go out and find something on the market that we can buy to fix that problem. In FA, though, you have to invest time, you have to make an effort, and you have to wait and be patient for the weight to come off.

I know that FA addresses many other food problems besides obesity. I'm just talking about obesity because that's what I treat. From my perspective, the ultimate solution for obesity is prevention. Until we can get prevention, I think that FA is the shining light. I wish more people knew of it. I'm doing my part by talking with my patients and putting information on our website. I also make sure to mention my referral to FA in the letter I send to my patients' primary care doctors. I hope that some of them will start making direct referrals, as well.

As I've said, I've been to FA, and the people I met there are truthful people. The patients I've referred come back to me, and they are truthful people too. I can validate what they say because I weigh them every time we meet. FA works, no question about it.

Every story in this book is a story of success. I believe that they are all true. You can trust what these FA members say about themselves. Absolutely.

Appendix 1

The Twelve Steps

1. We admitted we were powerless over food—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him.*
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory, and when we were wrong, promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to food addicts, and to practice these principles in all our affairs.

Appendix 2

The Twelve Traditions

1. Our common welfare should come first; personal recovery depends on FA unity.
2. For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for FA membership is a desire to stop eating addictively.
4. Each group should be autonomous except in matters affecting other groups or FA as a whole.
5. Each group has but one primary purpose—to carry its message to the food addict who still suffers.
6. An FA group ought never endorse, finance, or lend the FA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.

7. Every FA group ought to be fully self-supporting, declining outside contributions.

8. Food Addicts in Recovery Anonymous should remain forever nonprofessional, but our service centers may employ special workers.

9. FA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

10. Food Addicts in Recovery Anonymous has no opinion on outside issues; hence the FA name ought never be drawn into public controversy.

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.

12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

What is FA?

Food Addicts in Recovery Anonymous (FA) is a program based on the Twelve Steps of Alcoholics Anonymous (AA). There are no dues, fees, or weigh-ins at FA meetings. FA is a fellowship of individuals who, through shared experience and mutual support, are recovering from the disease of food addiction.

FA was formally organized in 1998, although it began as part of another twelve-step program in the early 1980s. Some FA members have been continuously abstinent since that time. Abstinence in FA is equivalent to AA's "sobriety" and is clearly defined: weighed and measured meals with nothing in between, no flour, no sugar, and the avoidance of any individual binge foods.

Who joins FA?

FA members are people of all ages from every part of the world. FA includes people who were morbidly obese, substantially underweight, or even at a normal weight. Regardless of their size, they were tormented by cravings, dieting, bulimia, and/or an obsession with exercise.

Does the program really work?

Many FA members tried other solutions to address their problems with food, including years of diets or exercise. FA offers a long-term answer. Abstinent members find freedom from addiction and maintain healthy weights. The number of people with years of unbroken abstinence continues to grow.

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