

INTRODUCTION

This book is for people with eating problems and weight problems. It's for those who have experienced obsessive and compulsive attempts to control their weight and their eating. It's for people who have failed at achieving weight control and eating stability through fad diets, behavior modification methods, nutritional guidance, and insight-oriented therapy.

It's not wishy-washy; it's not esoteric. It introduces a solution that is simple yet radically new to the chronic dieting/ weight controlling subculture. It outlines, at present, scientifically unproven ideas and concepts. Even though there is research being done at this time that might confirm and support the concepts I present here, the facts are that I have personally experienced the benefits of using them in my own life since '74 and over the years I have observed the benefits others have experienced when applying them to their own lives.

I present and explain the concept of eating disorders as an addictive disease. Applying the addictive disease concept to eating disorders offers clarity about the recovery process. Using this philosophy creates hope for permanent recovery from all expressions of eating disorders — obesity, starving, grazing, purging, and restricting.

This is a book about *how's* — not whys — *how* to arrest an eating disorder a day at a time, *how* to stop the damaging dynamics, *how* to live free of the compulsions and obsessions, *how* to identify and let go of the dieting mentality, *how* we've used our eating, our weight/ shape and our obsessional thinking to deal with life, and *how* to live free of the need for our illness.

It doesn't focus on the "what am I eating over" or "why I ate" questions. It explains through an analogy with alcoholism, that when an addictive disease is present, pursuing the "whys" erroneously implies that if a

good enough explanation is presented *then* the destructive actions are acceptable and/ or justifiable.

Attempting to use willpower and self-awareness to bring an addictive disease under control results in repeated failures. For people with eating disorders, these repeated failures push us toward adopting controlling methods that are physically and mentally damaging, methods such as compulsive exercising, starving with and without diet pills, vomiting, laxative and/ or diuretic abuse, and sometimes even cosmetic surgery.

The solution concepts speak to a **recovery mentality**; accepting the need for a “bottom line,” accessing a new relationship with honesty and moderation, identifying reality about body image and maintenance weight, preparing for the prevention of relapse, and understanding how we’ve used our eating and weight issues for protection and manipulation. They are outlined in a handbook style with definitions and exercises.

The “12-Step answer” that is available in Alcoholics Anonymous and Overeaters Anonymous literature and meetings is suggested as ongoing, follow-up support.

These new perceptions and new solutions are presented through short, easy to read chapters. The short, simple chapters are sprinkled with personal anecdotes and include personal recovery stories, my own as the first story of Part II. The personal recovery stories emphasize and reflect the benefits of applying these basic concepts.

My goals for the book are:

- To explain why relief from the exhausting and consuming cycle of on and off weight and food controlling has eluded so many;
- To present a recovery path;
- To bring hope and clarity about possibility of permanent recovery for the suffering problem eater.

I believe this book can make a difference. It could be the last dieting book that the millions of chronic dieters buy as a “fix-it” book. The beliefs, concepts, attitudes, and behaviors outlined, if sincerely embraced, can create positive change and guide the problem eater to the status of living a happy and usefully whole life — a life free from a

compulsive, obsessive relationship with food, eating, and body image.

PART I

Chapter 1

UNDERSTANDING EATING DISORDERS

Understanding that an addictive disease has been the driving energy behind our eating/ weight problems can bring a sense of astonishment. Additionally, understanding the dynamics of that disease can bring us an accepting, calm view of ourselves for the first time in years. That acceptance and understanding can result in relief, *if* we also hear there is a way to arrest it — a way to recover.

The information available about alcoholism as an addictive disease and the possibility of recovery — not just “*getting better*” — led the way for my concepts about eating disorders and eating disorder recovery. In sharing that new perspective with you, a different view of the struggle with dieting and weight control will unfold. I will explain the concept of eating disorders as an addictive disease. Concrete tools will be presented to assist your path of recovery. I will introduce you to the concept of an “*inner family*.” Your younger, historical selves who have an attachment to the eating disorder will be invited to let go of the belief that they *need the disease*.

Behind the concept that eating disorders are an illness, not a willpower issue, are three basic beliefs; **one**, that *you have a disease, but you're not the disease*, **two**, that *the eating disorder is not simply a dysfunctional coping mechanism*, and **three**, *awareness and knowledge about your eating disorder implies responsibility for recovery from the disease*. In presenting these central concepts, I hope to create a framework filled with tools, ideas, suggestions, and beliefs that will offer you relief from the damaging cycle of dieting, controlling and failure — that offer you stable, permanent recovery from the eating disorder.

Many of the concepts, insights, and ideas came directly from my personal attempts to apply my understanding of alcoholism to my own eating problem. Many came from Overeaters Anonymous literature (an organization similar to Alcoholics Anonymous). Many came from watching and helping others discover their own answers while we all trudged down recovery's road.

I believe that eating disorders can be arrested, although not cured, and that there is hope for stable recovery and permanent change. I want to help you design a "*recovery mentality*" with which to approach food, weight, eating issues — with which to approach life.

Addictive Disease/ Eating Disorder Characteristics

In clarifying the position that eating disorders are in the addictive disease category, I use alcoholism as an analogy because it's the most commonly understood addictive disease.

Alcoholism is characterized by:

- Compulsion
- Loss of Control
- "Repeated Use" (attempts to control) In Spite of Adverse Consequences Eating Disorders

Compulsion/ obsession — an irrational driving need to eat and/ or an irrational driving need to control body weight and shape manifested in a persistent, disturbing preoccupation with eating/ food/ weight/ body image.

Progressive ***loss of control*** — chronic obesity, chronic dieting, addictive purging and/ or starving

Repeated use (or *attempts to control*) in spite of adverse consequences — attempts to control eating, body weight and shape through dieting, attempts to over-control through restricting, severe restricting and starving, with or without diet pill use/ abuse and attempts to eliminate the consequences of out-of-control eating through various forms of purging (vomiting, excessive exercising, laxative abuse, diuretic abuse and/ or a combination of these), without regard or even recognition of the consequences of such actions on our minds and bodies. These repeated attempts, without regard for the physical, emotional and

spiritual consequences reflect a large dose of *denial*.

Addictive Disease/ Eating Disorder Mind-Sets

There are also three major mind-sets to addictive diseases, *denial*, *obsession*, and *control*. These mental postures map absolutely on the major characteristics of eating disorders.

Denial is the first mental characteristic of an eating disorder. If you have this illness, the first thing you will tell yourself is that you *don't* have this illness. You only have a temporary problem. Just as soon as you get to your ideal weight or get rid of the stress in your life *then* it will be easy to eat the "*right*" way, *then* it will no longer be a problem. Or you tell yourself, you didn't grow up with a weight problem, so the "*right*" nutritional guidance will solve this temporary situation.

We desperately want to be like others — not *weak-willed* or immature. Because our society typically views obesity and out-of-control eating as a moral, or worse yet, an emotional weakness, we feel driven to deny the fact that we belong in this category. In our struggle to deny having this baffling "*defect*," we deny having the disease. When we deny having the eating disorder, by default, we eliminate the possibility of recovery. We stay hopelessly caught in the struggle.

But if we get rigorously honest, we can usually admit that we ate when we were stressed *and* when we were bored, we ate when sad and lonely *as well as* during happy celebrating. We ate compulsively in the best of times and the worst of times and sometimes for no rational, understandable reason at all. This describes an **addiction**, feeling driven to do it *even* when every ounce of rational thought doesn't want to. Addictive diseases are cunning, baffling and powerful.

The second mental posture is **obsession** — obsession with eating, with food, with body image, with nutrition, with health, with exercise, *and* obsession with **control**. The dictionary describes obsession as a persistent, preoccupation with an idea and/ or a feeling. Although we have probably benefited in the past from using our obsessional thinking to avoid painful situations and feelings, in reality, our obsessions have interfered with our productivity, our creativity, our sanity, and our relationships with others. It has interfered with our ability to live a peaceful life.

Unlike alcoholism which typically has only one primary obsession, the obsession to drink, eating disorders generally manifest themselves in three primary obsessions:

The obsession with eating.

The obsession with food.

The obsession with body weight and shape.

Although the primary obsessions might feel equal in their devastation, the eating compulsion/ obsession will need to be addressed first. It will need to be addressed and arrested first because the *compulsion* — the acting out behavior — has to be stopped to clearly and sanely address the remaining obsessions and accompanying recovery issues.

The third major mindset is **control** — planning and wanting to control our weight and our eating. The periods when we experience *loss of control* increases our wanting and planning to get *control*. Recall trying to gain control of your eating/ weight problem through dieting, dieting institutions/ centers, nutritional guidance, health spas, starving, purging and trips to doctors and therapists, only to inevitably re-experience loss of control. Our failures are eventually followed by more wanting and planning to acquire “permanent” control. These attempts to control often result in our weight “*Yo-Yo-ing*” up and down, and eventually, over time, it can result in the feeling of total loss of control, meaning we no longer feel we have the ability or energy to try the newest weight control plan.

As time (and the disease) progresses, even our mini-attempts to just get from lunch to dinner fail. We often feel such despair that we settle for only wanting control — we’ve given up the planning. Interestingly, the hopelessness and despair can become our greatest ally. It can be a “*bottom*” that sets the stage for a new kind of honesty, open-mindedness, and willingness — for recovery.

Arresting an Addictive Disease/ Eating Disorder

To arrest an addictive disease — *our eating disorder* — we will need a “bottom line.” For an alcoholic, that bottom line is no drinking alcohol. It’s called **sobriety**. For a drug addict, that bottom line is no use of mind-altering drugs. It’s called **clean**. Eating disorder sufferers desperately need that rock solid, clear as a bell, foundation of a bottom line too. That

primary compulsion/ obsession to overeat and/ or restrict our food over anything, everything and/ or nothing, **must not be acted on**. It's called **abstinence**, meaning abstaining from compulsive, impulsive, random eating in between meals and no overeating/ undereating at the meals.

The book *Overeaters Anonymous* says, "We practice abstinence by staying away from all eating between planned meals..." OA labels the disease "compulsive overeating." Implying that the illness has two major components, *compulsiveness* and *overeating* (volume consumption).

I tend to agree with the OA philosophy, the core of the illness is compulsive overeating. We may attempt to control the overeating through dieting/ restricting or attempt to eliminate the consequences of overeating through some form of purging, **but** the core is compulsive overeating. Both the compulsiveness and the overeating need to be addressed in our definition of abstinence. Through OA's use of the word "planned," they attempt to address the dangerous compulsive, impulsive energy. And the word "meal" implies a moderate serving of food — not a junior banquet and not a starvation/ diet serving.

In the first few months of my own abstinence, the behavioral expression of meal planning was pretty detailed. When I planned what the meals were going to be for the 24-hour period in front of me, the obsessions seemed to be quieted. But further into my abstinence, the planning took a less detailed expression — I plan on eating breakfast, I plan on eating lunch, and I plan on eating dinner, I plan on eating moderately. And on rare occasions, I have a day where the plan is to eat brunch and dinner. Although, without exception, both the meals are always in the moderate range.

Finally understanding that "*random*" **is** the factor that triggers the compulsive eating frenzy brings clarity to our bottom line. When we **give up the option** to randomly eat in between moderate meals, **or** randomly add on extra food at our meals, **or** randomly skip meals, the driving compulsive energy miraculously begins to vanish. The thoughts to eat in between meals or to start randomly reducing or adding on extra food to a moderate meal might drift through our mind from time to time but they no longer carry the obsessive quality. We're no longer taking them seriously when we're committed to our bottom line of avoiding compulsive, impulsive, random eating.

The obsessive mindset is about options — the “will I or won’t I, should I or shouldn’t I?” dilemma. The obsessive thinking will begin to dissipate once we let go of the option of **whether or not** to take our “medicine” of abstinence. Once we are committed to ***no random eating in between moderate meals, no matter what***, we begin to experience some freedom — freedom from the compulsion and obsession.

Just as the alcoholic experiences a clarity of mind and emotions from continuous sobriety, we experience the clarity of mind and emotions that comes from continuous abstinence, thus making it finally possible to address the other primary obsessions, as well as the other related recovery issues.

The *food obsession* and the *body image obsession* are multifaceted and are best taken piecemeal, one insight, one awareness, one change at a time (*and in this book, one chapter at a time*). But in recovery, arresting the compulsions **first** is crucial.

The three ***secondary*** obsessions typically connected with eating disorders are:

The obsession with nutrition.

The obsession with health.

The obsession with exercise.

These usually got set into motion through our “attempts to control” — attempts to control the driving need to eat and/ or the attempts to control the consequences of out-of-control eating.

Purging — deliberate elimination of calories or food — usually starts out as an attempt to avoid the consequences of overeating or bingeing. It can also become a compulsion/ obsession, sometimes of primary status, sometimes secondary. Often times we use it as an attempt to control body shape and size; sometimes we live the delusion that it can relieve stress. Again, purging can include vomiting, excessive exercising, laxative abuse, diuretic abuse, and/ or a combination of these. Intentionally getting rid of calories is a simple definition of purging. If purging has also become an addiction — a **“process addiction”** — we’ll need to ***get and keep a bottom line for it too***.

These descriptions put an umbrella over all expressions of eating disorders — chronic yo-yo dieting, chronic restricting/ starving, chronic

obesity, chronic purging and/ or any mix of the different expressions. All expressions typically stem from the compulsion — the driving, irrational need to eat.

In 1974 I began interacting with and observing people with eating disorders. It appears apparent to me that most expressions of eating disorders consist of a combination of ingredients, a **biological predisposition** to develop the eating disorder, **unconsciously perceived benefits** of the disease and **process addictions**.

To date, there is some very good information available about process addictions. Compulsive gambling, compulsive spending, and compulsive shopping would be categorized as process addictions; they do not involve ingesting or injecting a substance into the body. The payoff (or high) comes from the **process of performing a series of ritualized behaviors**.

Substance addictions, such as cocaine and heroin, typically have a large component of process addiction in them. The physiological changes that take place during the ritualistic behaviors that *precede* ingestion or injection of the drug create a similar “*rush*” **prior** to the drug-induced rush. For the alcoholic, the process addiction rush might be triggered by entering a liquor store to purchase a bottle or by simply getting dressed for a night out on the town.

Dieting, bingeing, grazing and purging all have the possibility of ritualized actions — they all have the potential for creating process addictions. If going into an all-you-can-eat restaurant triggers that feeding frenzy energy, don't go in them when you're newly abstaining. If eating “dieting foods,” such as cottage cheese, triggers your dieting mentality, pick other foods for the first few months. If *eating your favorite binge food* creates that rush, avoid them for a while. If *depriving yourself of your favorite binge food* creates more obsessional energy, plan a moderate serving in one of tomorrow's meals. If using dieting paraphernalia, such as measuring and weighing tools (for food or body), kicks in the control energy and obsession, don't use them. The disease will never want us to be honest, but if we do get rigorously honest, we will become aware of our own personal process addictions. We will become aware of what feeds our disease and what feeds our recovery.

If these process addiction/ eating disorder enmeshments are not clearly understood nor properly prepared for, they will put the newly

recovering person at risk for relapse. Discovering them and avoiding them can make early recovery saner and more stable.

In the following chapters, I hope to offer you some clarity about the disease and the beginning stages of recovery. In addition, this book should supply you with tools to permanently rid yourself of the obsessions, to expose the common pitfalls that breed relapse and to help you uncover the ways you've "*used*" your eating disorder for protection, manipulation, communication — to survive in the world. It will invite you to believe there is a way to live sanely and safely ***without*** an active eating disorder.

