

## INTRODUCTION

I wrote this book to help eating addiction sufferers understand what has been plaguing them, probably for decades, and to show them a path for finding relief from this baffling addiction.

This path can help the sufferer put their eating addiction into remission and learn to break all their *dependencies* on it. If the guidelines are followed, they will be amazed that they no longer *yearn* for the eating addiction in any of its forms. Long-term abstinence from the eating addiction allows one to experience the miracle of being free from the damaging effects of this crippling disease.

Part I begins by describing the dynamics and complexities of an active eating addiction, which is a ***behavioral addiction***. It is not a substance/food addiction, although I address that concept in the book as well. There are many subtleties to eating addictions and eating addiction recovery. Unlike substance addictions, wherein the sufferer can ban the substance completely, behavioral addictions require a very deep level of self-honesty concerning behavior and motives! That level of honesty is a necessary and critical requirement; without it, there is probably no hope. At the end of each chapter, there is a “My Comment” section and an “Others’ Comments” section that will expand my single voice of recovery into a wide choir of voices sharing their strengths, experiences, and hope.

Additionally, the last chapter in Part I consists of testimonials. There is a “Clients’ Testimonials” section, revealing their experiences having utilized my model in their own recovery. A “Therapists’ Testimonials” section, reflecting therapists’ experiences when they have helped their clients apply my model of recovery, follows it.

Parts II through IV of the book present a model of recovery from eating addictions with concepts, information, exercises, writing suggestions,

and ideas for support; all of recovery's needed changes; and help in avoiding known pitfalls.

The foundation piece of the model — abstinence from all aspects of eating addiction behaviors *no matter what* — requires an incredible willingness to approach the eating addiction as a major illness... and a ferocious commitment to take life on life's terms without falling back into the eating addiction as a coping device. ***Only then do we have a chance to begin to break our dependencies on the eating addiction,*** which is the deeper, longer-term work of recovery. Compassionate self-care can develop more easily after an addiction is in remission.

Out-of-control eating and attempting-to-control eating are **both** aspects of the eating addiction. If out-of-control eating and/or bingeing are one side of the eating addiction coin, then dieting and weight-controlling behaviors are the other side. Both are part of the addiction cycle and can have long-term physical and emotional repercussions. Furthermore, I believe recovery is a call to rebel against the dieting mentality that is so pervasive in our culture.

Recovery from an eating addiction is not a quick fix, and it's not simply about weight or getting to a goal weight. Recovery is about supporting the body in its healing and learning to become a loving ally to our own body. For most of us, that is hard to even imagine when we begin our path of recovery — but it is possible!

Some points about my approach to understanding this complex addiction:

- ☞ Although I don't believe that every disordered eating problem is an eating addiction, I have found that my solution seems to be applicable and valuable to both.
- ☞ I support the research that identifies addictions as having a biological basis — that there is a genetic vulnerability that sets the stage for an addiction to be activated.
- ☞ I rely on an understanding of chemical dependency/alcoholism because of the unprecedented success our culture has had in addressing those addictions as an *illness* in the twentieth century.
- ☞ Because eating addictions are in the **behavioral addiction category**, I might sometimes use an understanding of a different behavioral addiction, such as gambling, debting, or workaholism.

- ☞ With alcoholism recovery, the sufferer can eventually enjoy a rewarding and rich life on the recovery path without the addiction plaguing them. So can the eating addict.
- ☞ Unlike recovery from alcoholism, wherein the substance can be eliminated, food cannot be avoided in eating addiction recovery, **but aberrant, addictive eating can always be avoided.**
- ☞ Recovery requires putting all aspects of the eating addiction in remission and overhauling our attitudes about self, body, life, and living. Then we can look forward to having a rich and meaningful life.

The purpose of **The Becky L. Jackson Eating Addiction Recovery Model** is to supply you with a map for recovery from an eating addiction and to offer tools and insights as you travel down the path to freedom.

By traveling this recovery path, I believe we can eventually experience eating and life as enjoyable. Recovery allows us to become an ally to our body again, or maybe for the first time. It opens the door to internal self-respect that an active addiction has typically taken from us.

**PART I**

**THE COMPONENTS OF EATING  
ADDICTIONS**

## Chapter 1

### Anatomy of an Eating Addiction

Perhaps the most important place to start in understanding eating addictions is a unique component they share with *all* addictions — an inner voice that actually comes *from* the addiction. It is absolutely vital that we become aware of this mental manifestation of the addiction if we are to experience any of the gifts of recovery.

I'm going to say that again!

There is a unique component to all addictions — an inner voice that actually comes *from* the addiction.

Similar to what we understand a person with schizophrenia experiences when auditory hallucinations occur, addictions have an inner voice that encourages any and all aspects of the addictive behavior. The voice offers the addictive behavior as a solution to changing the sufferer's inner experiences — as an attempt to reduce stress or a self-soothing activity, sometimes as a distraction from emotional pain, and often as a source of feeling power or acquiring attention. Yet unlike schizophrenia, *it talks to us in our own voice...* No wonder we have felt crazy at times!

I cannot overemphasize how important it is to understand this dynamic and how reduced our chances are for a full recovery from an active addiction without consistently noticing and exposing the comments and/or lies these addiction voices tell us. For many who are newly recovering, the realization that these voices are actually *not them* is powerful and game-changing. **Separating our self from the identification with the addiction voices is absolutely crucial.**

The addiction chatter speaks to us in ways that we would never speak to a loved one. It tells us lies about our worth. It makes hateful, judgmental

comments about what we weigh, how we look, how our body looks. It tells us lies about how solutions to living can be found in eating, dieting, or weight controlling, and because we experience it internally, *we think it's us.*

The addiction chatter is so insidious that it must be recognized and challenged, or movement forward will be met with chronic relapsing or a low quality of recovery at best.

This addiction chatter can be expertly convincing when it tells us to eat “more, more, more,” or when it tells us to “Eat it now, now, now! Since we’re never, ever going to eat it in the future, we’d better eat it now, now, now!” And probably the most common thread of chatter is, “That really isn’t what you wanted, let’s get something else,” or “You’re still hungry, let’s get something else.”

The addiction chatter will harass us with comments about our body size and shape; it will attempt to distort our image of our self, and it is ready to comment, “*Your butt’s too big in those jeans.*” It tries to convince us that, “*We’d better control our weight if we want attention,*” “*Life is just too painful,*” “*What’s the use?*” or “*We can start tomorrow.*”

The eating addiction voices can make us feel crazy. Even when we know at the core of our being that what we really want is to keep our word about our eating and that we truly want to feed and care for ourselves in a respectful, moderate way, we hear those irrational addiction voices telling us that dieting, grazing, skipping meals, or bingeing is the solution to our weight issue and/or our emotional balance. Sadly, the voices can mimic our own thinking so specifically that it sounds like the truth when we hear it in our head.

This **one** component — recognizing that the eating addiction talks to us in our own voice — can help us start to understand the workings of the addiction and to begin to separate **from** the addiction. The slogan, “You *have* an addiction. You’re *not* the addiction” can move us forward, away from thinking those voices are our own true, authentic self.

**By becoming an observer of our inner voices, we can take the first step in recovery — in *separating from our eating addiction.***

Becoming the *observer* of our mind chatter can allow us to determine whether the voice we hear is the addiction voice or whether it is our true self before we take any action. As we *pause before an action*, we can

ask ourselves, “Is this feeding my addiction, or is this feeding my recovery?” “Does this feed my self-respect or my self-loathing?” “Have diets ever brought me a peaceful relationship with food and body that I crave for very long?” or “Will this decision/action support my values, or will it undermine my commitments?”

Using the tools of observing, pausing, and questioning opens the door to becoming a person whose actions match the values we want to live by, which clearly an active addiction has taken away.

Understanding just this one aspect of addictions can help us understand the insanity we have felt driven by, and it can eliminate the need to find someone to blame. **When we embrace the truth that it’s an illness, not a moral issue, we are invited to let go of our own shame. We have started our recovery!**

To continue to move forward in our understanding of addictions, here are three major components clinicians use to identify chemical dependency, with an explanation of those components when applied to eating addictions:

**Compulsion.** This describes an irrational driving need to eat and/or control our eating and weight. It manifests in an obsessive focus on eating, food, weight, and shape, and drives an eating addict to **act** from compulsion. It is often linked to secondary obsessions with nutrition and exercise.

**Progressive loss of control.** Over time we become aware that we can no longer easily diet, and we begin to look for outside structures, services, or actions to help or support our dieting and controlling. Some of us try illegal drug or legal diet pill use or abuse as a source of help. Some of us discover purging as a way to avoid the consequences of our inability to control our eating and weight naturally. Often these attempting-to-control methods ignite their own piggyback behavioral addictions to vomiting, laxative abuse, exercise, purging, or restrictive “clean” eating. And when baffled by our actions that exhibit even less and less control, some of us begin to seek the help of nutritionists, diet centers, therapy and/or treatment centers, or surgery for help.

**Repeated use in spite of adverse consequences.** The adverse consequences can include physical damage to organs, teeth, digestive and metabolic systems, and the body’s ability to function properly.

The consequences can include mental confusion and a lack of self-trust and self-esteem. They can include hospitalizations and/or treatment centers, only to return to addictive eating upon leaving. They can create or exacerbate depression, shame, self-loathing, and hopelessness. These consequences can cause a breakdown at a physical, mental, emotional, and/or spiritual level.

**Our bodies can take a beating from the out-of-control behaviors for sure, but the attempting-to-control behaviors can easily and quickly become even more health-damaging and life-threatening.**

Chemical dependency can include alcohol, prescription drugs, and illegal drugs, and if we arrest only one, the others can pop up to undermine the addict's recovery, self-respect, and sanity. I believe we must arrest all components of an eating addiction — out-of-control and attempting-to-control components — or we will never experience the total freedom that is possible.

I'm deliberately not using clinical terms such as *bulimia*, *anorexia*, *bulimarexia*, and *orthorexia* because I view them as extreme styles of attempting-to-control. I equate the style of control of the eating addict to the drug of choice for the chemically dependent. We may have our favorite, but eliminating one or switching from one to another doesn't equal recovery.

I consider the eating addiction umbrella to include overeating, undereating, dieting, restricting, purging of all kinds, and ultra-healthy eating. It includes all out-of-control behaviors and all attempting-to-control behaviors. And equally crippling, the eating addiction is experienced as an obsessive focus on body, size, shape, and weight.

I use the word ***abstinence*** as the equivalent to *sobriety*. I'm referring to a *behavioral bottom line*, which is practiced as **no eating between planned moderate meals *no matter what***.

### **My Comment**

Over the last twenty-five years, more and more research has uncovered the biological or genetic predisposition to addictions. But before there was scientific research or proof that addictions have an organic base, I began to take that approach for my own eating issues.

Taking the "serious illness" approach let me view my abstinence from



all aspects of my eating addiction as my required medicine, meaning I abstained from the eating addiction whether or not I was having a good day or a bad day, just as a person with a heart condition would take their medicine regardless of whether they are having a good day or a bad day. That commitment opened the door to long-term relief from my eating addiction. But by putting the eating addiction in remission, I was then confronted with the necessary and overwhelming task of learning new ways to live life!

Long-term, continuous abstinence from the eating addiction required that I work on breaking all emotional and physical dependencies on the eating addiction. Continuous abstinence laid the foundation for healing underlying historical issues and finding or designing new ways of living — new beliefs about weight, body, looks, happiness, and self-respect.

### **Others' Comments**

Four days into having a bottom-line abstinence of three planned, moderate meals per day with nothing in between, no matter what, has been an absolute blessing and relief.

I have 31 years of sobriety and 39 years of insane overeating, dieting, purging, under-eating, controlling, trying to control and not being able to control it, etc., which have taken their toll.

At times, in regard to the eating addiction, I feel so much older than 54. It all started with one diet in my freshman year of high school. Just like with my first drink, my first diet took me to the races and I hit 100 miles an hour immediately.

I am finally willing to do it someone else's way, someone who knows what they are talking about. Dealing with arresting the disease now, with a bottom-line abstinence 100% of the time is the focus. I don't have to deal with body image demons today. I get to tell the disease voice, "Nope not listening to you today." I am just fine even if my pants are a little snug. I refuse to do the spin cycle of dieting and then bingeing, dieting and then bingeing over and over and over again.

Small steps forward like finding out that a few pieces of Halloween candy within my dinner taste way better than bingeing on two large bags of Halloween candy. Who would have thought???

When I get that "panic" feeling, the compulsion to binge, I take a deep

breath, pause for 10 seconds say a prayer and tell myself that I am ok. That's the *me* I want to listen to now, not the voice that is my disease talking. Thirty-nine years of listening to and believing that voice has left me exhausted, numb, and sad.

Today I was not sad, or numb or ashamed of what I did or did not eat. I felt at peace because I have hope, and as I learn more about the disease and that I am not the disease, I can look forward to tomorrow.

—Teri S.



When I started to recognize that it was my addiction voice that had repeatedly told me, “You can take care of this,” it became apparent that I had been blaming **myself** when every diet failed.

Through recovery, and over time, I have had a shift. The addiction voice of self-reliance and blame has shifted to a recovery voice, one that says, “That’s the illness talking.” I know to my core that I have an illness. It’s a huge relief.

—Peg



The compulsion did not come first for me. Nor did the progressive loss of control. What came first for me was the repeated use in spite of adverse consequences; but initially, before adverse consequences, there was something good in the consequences. My father abused me on every level. And I was his favorite sexual target.

My dad hated fat women. Since I was a thin, athletic, active kid who played all kinds of sports, did gymnastics, and danced ballet, my mind told me that if I got fat he’d leave me alone. At 15, I did. And he did. The “consequences” of getting fat on purpose were not pleasant, but it gave me an illusion of control. I got fat. I felt powerful.

And that started the cycle. That triggered my genetic predisposition or whatever frailty I had toward developing addictions (which are rampant in my family).

Then I got fatter and fatter. I couldn’t stop. I tried and tried to stop. I started on the cycle of dieting and diet pills, which were relatively easy to get when I was a teen. Then I began to experience the compulsion,

then the repeated attempts, and then the truly *adverse consequences*.

When I left his home and was on my own, I was now mired in the consequences of those actions — actions I felt I had done to myself, deliberately. I was in the throes of an addiction I could not stop.

The addiction voice in my head might not have been me, but I thought it was. I didn't know it was the addiction; I just thought it was me; the "true" me, the me that I would share with no one.

I don't think it matters how we got here, nor in what order the addiction manifested in our individual lives. None of us skipped happily into an addiction.

I got there from ravaging pain that I needed to make stop. I got fat to make that pain stop (or at least the action causing the pain), but then the addiction took over, and the pain of the addiction began, the lack of control, the life of the fat woman who lived in terror of everyone and everything. The addiction voice telling me all the horrible things about me I already *knew*.

The only thing that could ease that terror and the pain of that voice, ironically, was the eating addiction. Numbing food/eating. Sometimes pills along with alcohol made the pills work better, but what I really wanted was to be dead, but I guessed numb was better than dead. Pills could make me sleep all weekend. When awake, eating/food could make me numb. The addiction kept me alive when I didn't want to be.

But finding recovery? Ah, that is a blessing indeed. Finding a way to change the voices was a miracle for me. At first I created a voice of someone I knew loved me because I couldn't love myself using my own voice. Eventually I learned how to identify addiction chatter and how to initiate loving self-talk. Even though the battle sometimes continues, the loving voice now pops up automatically when critical thoughts enter. Recovery has taught me it is totally up to me which voice I choose to listen to today.

—T. O.



Chatter, chatter, chatter, chatter, chatter. I recognized its cruelty pretty early on but I very much underestimated the ferocity and persistence of the addiction chatter. I've gotten better and better at recognizing it, and

separating from it.

—Valerie



I have felt challenged to view myself as having an eating addiction or being a compulsive overeater. I have not used many of the “attempts to control” techniques such as vomiting and certainly not excessive exercise. I am not morbidly obese and never have been. Nor have I been unhealthily underweight.

Rather my weight has been up and down roughly 20–30 pounds for the past 30 years. My self-talk about my appearance is not extreme. When I’m not happy with my size I tend to not look at it, until it becomes quite uncomfortable. Then I lose 20 pounds by dieting. Usually within a couple of years I’ve gained most of it back.

For the above reasons, it has felt like I merely have a self-control issue with my eating, it goes to lack of character.

Today, reading Becky’s literature and thinking of this as an illness, it occurred to me that illness expresses in varying degrees. Asthma can plague a person at different levels. It can be triggered by exposure to, say, grass, and be more easily managed by avoiding rolling in the grass. It can be at a level where an inhaler is required to participate in sports. Or it can be so extreme that one needs to go the hospital for breathing treatments. Yet at all of those levels, it is still asthma. It is still a disease.

—Kathy G.

