

PREFACE: Caveats & Disclaimers

Let me start by going over some very important caveats and disclaimers for this study guide and the science workshop:

1. I am NOT a medical doctor.
2. I am NOT a scientist.
3. I am NOT an expert in obesity or food addiction – AT ALL. I am just a food addict who was desperate to understand my disease in hopes of recovering from it.
4. Science is an ever evolving and dynamic body of knowledge. What is considered true today, might not be true tomorrow after more research. What I present in this study guide and in the workshop is only my limited understanding of the science of obesity and food addiction as it stands today. This information will change over time as more is learned about obesity and food addiction.
5. The body is incredibly complex. Obesity and food addiction involve numerous interconnected body and brain systems that have been dysregulated and they all impact each other. Out of necessity, I explain these systems one at a time. But please understand that they all work together to produce the allergy of the body and the obsession of the mind.

Most importantly, you do not need to know ANY of what is in this study guide or the science workshop to recover. The 12 Steps and the information in the Big Book are entirely sufficient to recover.

That being said, it begs the question – Why was learning the science so important for MY recovery? I could not accept my powerlessness over food without understanding how/why I was powerless. So long as I couldn't accept my powerlessness, I couldn't work the 12-Step program of recovery. I kept trying (and failing miserably) to control my food the way that my culture and even the medical establishment told me I SHOULD be able to if I just applied myself. Even our 12-Step program told me that I wasn't recovering because I hadn't "surrendered" even though I thought I had surrendered many times.

After learning about how the science explained my powerlessness, I was able to completely surrender to the reality of how my body and brain work around my alcoholic foods. Learning the science taught me HOW I was "bodily and mentally different from my fellows." I saw my true powerlessness and stopped fighting the reality of my disease. Now I want to share what I have learned with you.



CHAPTER ONE

If we let the situation we are in inform our actions then we learn to cope with life. – *Allen Berger, PhD*

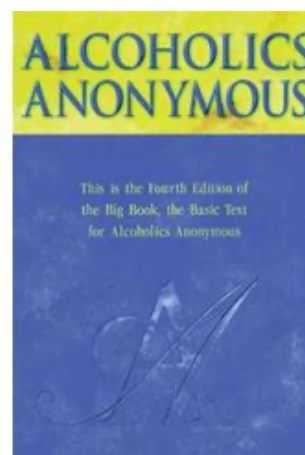
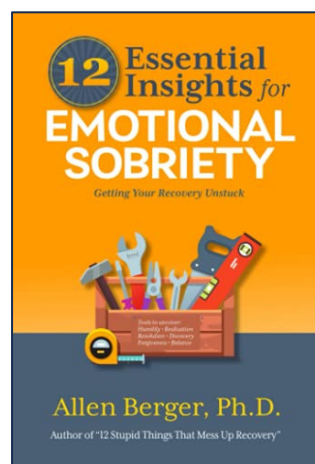
If we let the truth – the science – of how our body works inform our actions, then we learn to cope with our disease in a way that works for us. – *Joy C.*

We of Alcoholics Anonymous believe that the reader will be interested in the medical estimate of the plan of recovery described in this book. – *Big Book, page xxv*

The quote above from “The Doctor’s Opinion” in the AA Big Book inspired me to research what the scientific community has to say about obesity and food addiction/compulsive overeating. In this work, I reveal what I learned as I conducted my research and took a deep dive into Step One.

Only an honest admission to ourselves of the reality of our condition can save us from our destructive eating. – OA 12&12

The spiritual principle of Step One is honesty. The research explains the reality of food addiction, how it works and why we are powerless over it. To recover, we have to get completely honest with ourselves about how the disease works in our brains and bodies and realize that our brains and bodies will ALWAYS work this way.



Many theories attempt to explain obesity. The four main ones are: moral, character, energy-balance and disease.

The Moral Theory of Obesity

...Put a knife to your throat if you are given to appetite.... – *Proverbs 23:1-3*

The moral theory of obesity labels obesity as gluttony and considers it a sin; a moral failing that you should be deeply ashamed of. This model assumes you are overeating willingly and by choice and that you could stop if you wanted to. In essence, this theory assumes you have complete control over your eating behavior, and you are immoral because you don't CHOOSE to control it. You are obese simply because you want to be.



The Character Theory of Obesity

Willpower is a muscle, the more you use it, the stronger it gets. – Unknown

You don't always get what you wish for, you get what you work for. - Unknown

The character theory of obesity states that you overeat due to a flawed character. It believes you have willpower; you are just CHOOSING not to exert it. You are lazy and just aren't trying hard enough. Again, this theory assumes that you are overeating willingly and by choice and that you could stop if you just tried hard enough. You could lose weight if you just applied yourself.

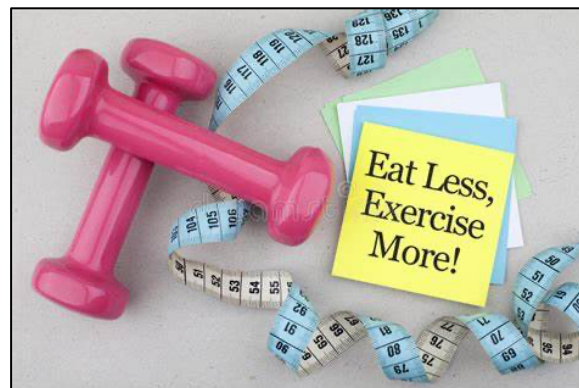


The Energy-Balance Theory of Obesity

Moderation. Small helpings. Sample a little bit of everything. These are the secrets of happiness and good health. – *Julia Child*

Do not ban your favorite foods. Eat them in moderation and smaller portions. – *Unknown*

This is the calories in/calories out theory. Just need to eat less and exercise more. This theory assumes that knowledge will cure you. If you know better, you'll do better. You just need to learn how to eat better and do the right kind of exercise and then you will lose weight and keep it off. Easy peezy lemon squeezy! Again, this theory assumes the act of eating is under your control; that you control when and how much you eat. It believes you are fat out of ignorance and that you just don't know any better.



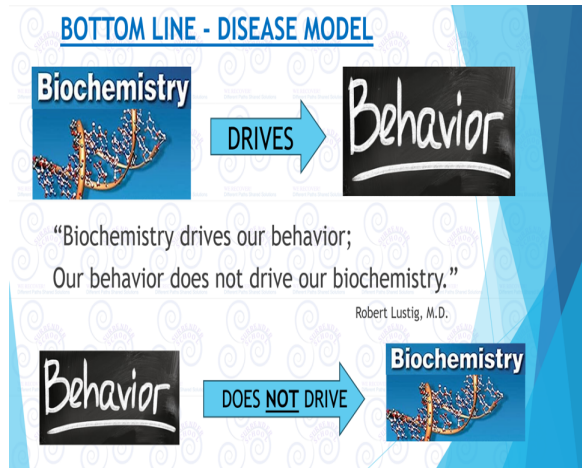
The Disease Theory of Obesity

Obesity is a complex disease that occurs when an individual's weight is higher than what is considered healthy for his or her height. – The Centers for Disease Control

The AMA recognizes obesity as a disease state with multiple pathophysiological aspects requiring a range of interventions to advanced obesity treatment and prevention. – *The American Medical Association*

This model views obesity as being caused by hormonal, neurochemical, metabolic and cellular dysregulation and dysfunction. In this model, obesity would





be considered the same as asthma. The disease model does NOT assume that you have control over your eating behavior or your weight. It is not my fault that I have obesity any more than it is my fault that I have asthma.

This model sees obesity as a chronic illness that you will have to manage for the rest of your life. This is the model that 12-Step programs ascribe to, and this is the model that the science supports. Robert Lustig, M.D. states that the bottom line is that “biochemistry drives our behavior; our behavior does not drive our biochemistry.” Overeating and inactivity are the RESULT of the problem. They do not CAUSE the problem.

Each of these models of obesity have different opinions about three important aspects of human behavior: Free will, personal responsibility and powerlessness.



Free Will

The dictionary definition of free will is, “the power of acting without the constraint of necessity or fate; the ability to act at one’s own discretion.” So, in other words, we are free to choose to do a behavior. No one is forcing us or making us do it. We, on our own, decide whether we want to do the behavior or not. It is entirely up to us. We have complete control over our actions. All of us like to think we have free will – that we are in control of our own behavior. The first 3 theories of obesity assume that you do have free will regarding your eating and your food choices. The Big Book and the disease theory of obesity tell us that this is not



the case. They tell us that we have lost the power of choice when it comes to our alcoholic foods.

I know none of us likes to be told that we don't have free will – that we are not really in charge of our behavior. It's natural to think and really believe that all of our behavior is under our direct, conscious control. It just FEELS like this is true – particularly with regard to our eating. It really feels like I am the one choosing to binge. Our conscious minds believe we make the decision to eat that crap.

The science shows us a different reality, a different truth. There are big chunks of our brain that operate without any conscious awareness on our part. We don't think about how to walk, breathe, digest or sleep. There are many bodily behaviors that go on day in and day out without any conscious thought from us. We are not in charge of them. For example, we can consciously choose to hold our breath, but in the end our brain takes over and we WILL breathe. Believe it or not, the same is true for our addictive eating. I know it seems like we are making decisions to eat, but those decisions are made at a much lower, nonconscious part of our brain. This part of our brain tells our higher-level, conscious brain what to do. I will explain how this works in later chapters.

Personal Responsibility

If we don't have free will over our eating, what does that mean about our personal responsibility for our recovery? The dictionary definition of personal responsibility is "taking full responsibility



for your actions, decisions, thoughts and attitudes. You hold yourself responsible.

The first 3 models of obesity believe that you are to blame (personally responsible) for your eating behavior and obesity. The disease model does not. It does not see your obesity or your food addiction as being your fault. BUT – and this is extremely important – the disease model does not release you from personal responsibility – it just puts the responsibility in a different place.

The disease model suggests that we are personally responsible for doing what needs to be done to recover; to manage our disease. We are not responsible for having the disease, but we ARE responsible for managing our disease and taking our “medicine.”

This idea has been of vital importance to my own recovery. Critical, in fact. I am personally responsible for doing certain behaviors to ensure my abstinence and further my recovery. That is where personal responsibility belongs. I used to hold myself personally responsible for controlling the amount I ate of my alcoholic foods (i.e. eating one cookie and stopping). However, if I am truly a food addict, the Big Book and the science tell me that controlling my intake of my alcoholic foods is completely impossible – so holding myself personally responsible for something out of my control guarantees my failure – every single time. This is an example of



placing my personal responsibility in the wrong place. Yet many food addicts keep trying and trying and trying to control their food when instead, their efforts could be on doing behaviors that make abstinence possible.

I am 100% responsible for doing all the behaviors necessary to get and maintain my abstinence. I am responsible for setting myself up for success in recovery. I don't expect anyone else to do it for me - not my loved ones, not my sponsor, not even my Higher Power. My Higher Power guides me, gives me strength, willingness, desire and courage – but does not do it for me. My Higher Power doesn't give me the power to eat one cookie and stop. My Higher Power gives me the power to set myself up for success and do whatever is necessary to get and maintain abstinence from my alcoholic foods. Science also shows me how to set myself up for success – what “medicine” to take and how and when to take it.



I used to have so much shame about not being able to control my eating behavior around certain foods. Shame is a useless emotion and actually gets in the way of recovery. Shame isn't personal responsibility – it is victimhood. Shame allows us to give up and live in

self-pity. Personal responsibility, put in the right place, empowers us.

Powerlessness

Powerlessness is what we are admitting in Step One. Since the science explains exactly how I am truly powerless over my alcoholic foods, I now accept my powerlessness at a deep and fundamental level like I never have before. This acceptance has been the key to my recovery. There is no “lurking notion” that some day I will regain control and be able to eat pizza and cheesecake like a normal person. I have no doubts about my disease anymore. I don't fight my disease or the way my body and brain work. Fighting is of no use because the science has taught me that my brain and body are going to work the way they do. I am powerless to change them. So now instead of fighting my powerlessness, I embrace it as a touchstone for my recovery. It is a basic truth that guides my behavior every day. I feel safe in my powerlessness. I can rely on it and depend on it 100% of the time. I no longer feel victimized by it. The science and program both tell me exactly what to do about it – how to manage this chronic disease – and this has made my life so much better than I could have ever imagined.

POWERLESSNESS & SCIENCE

Science shows me exactly how I am truly powerless over my alcoholic foods. I don't fight my disease or the way my brain and body work.

Powerlessness is a basic fact - just as basic as the sun rises in the east.



CHAPTER TWO

Is food addiction even real? I personally see a lot of overlap between food addiction and drug addiction. There is a ton of controversy in medical and science communities about this. Let's look at the American Psychiatric Association's Diagnostic and Statistical Manual-5 criteria for diagnosing a substance use disorder. We then can decide for ourselves if we fit the diagnosis of food addict.

Criterion 1 – Unintended Use

The first criterion is unintended use. Do you intend to eat that dessert at the potluck or does it just happen? Do you wake up in the morning and intend to binge on fast food on the way home from work or does it just happen? When you order that large pizza, do you intend to eat the whole thing by yourself and then dig around the house afterwards for something sweet or does it just happen? *I definitely meet this criterion. How about you?*

Criterion 2 – Failure to Cut Back

The second criterion is failure to cut back. Do you have a persistent desire to cut back? Have you had numerous unsuccessful attempts to cut down or control your food intake? Can you say DIET? *I absolutely meet this criterion. How about you?*

Criterion 3 – Time Spent on Addiction Activity

The third criterion has to do with the amount of time you spend on the addiction activity. This involves spending a lot of time in activities necessary to

obtain, eat and recover from the effects of overeating/bingeing. Does this pattern sound familiar? Do you go way out of your way to pick up binge foods? Do you sit in your car in random parking lots to eat your binge foods? Do you lie around on the couch after bingeing because you are too full or too sick to do anything else? *I certainly meet this criterion. How about you?*

Criterion 4 – Craving

The fourth criterion is craving. A craving is a strong, irresistible desire or urge to eat your alcoholic foods. The physical allergy – as the Big Book describes it – is all about craving. In fact, cravings are the hallmark of the physical allergy. Non-food addicts never experience true addictive cravings. *I 100% meet this criterion. How about you?*

Criterion 5 – Failure to Fulfill Roles

The fifth criterion is the failure to fulfill roles. This means that overeating and/or bingeing has resulted in your inability to meet your obligations at work, school or home. Have you ever called in sick to work so you could stay home and binge? How about spending time eating at work and not working? Did you ever not go to social functions with your family because you wanted to eat, were recovering from bingeing/overeating or didn't have any clothes that fit you? Did you ever fall asleep after a binge instead of finishing your schoolwork? *I hate to admit it, but I meet this criterion. How about you?*

Criterion 6 – Interpersonal Problems

The Sixth criterion is interpersonal problems. Have you continued to abuse



food despite having social or interpersonal problems because of your abuse of food? Have you had fights with your spouse because of your weight or the amount you are spending on food? Have you given up sex because of your food use and/or weight? Have you been ridiculed or teased about your weight? Have you ever yelled at your kids because you were feeling bad about yourself because of your bingeing and weight? *I certainly meet this criterion. How about you?*

Criterion 7 – Activities Given Up

The seventh criterion is about giving up your normal activities in favor of food. Important social, occupational or recreational activities are given up so you can continue to overeat or binge. Do you not want to travel because of your weight and embarrassment? How about going to the movies? How about going dancing? Playing golf? How about not taking a promotion at work because you would have to speak in front of groups and you are too self-conscious about your weight to do so? *I definitely meet this criterion. How about you?*

Criterion 8 – Hazardous Use

The eighth criterion is about abusing food despite its dangers. Do you continue to use food even when you have been diagnosed with type II diabetes, cancer, high blood pressure, cardiovascular disease, etc.? Do you drive erratically when you are bingeing in the car? Have you stayed in abusive relationships because you were afraid that no one else would have you because of your weight? Have you had trouble getting good medical care because of obesity discrimination? *I*

know I meet this criterion. I had breast cancer related to obesity and still gained 20 more pounds during radiation treatment. Do you meet this criterion?

Criterion 9 – Use in Spite of Consequences

The ninth criterion is continued abuse of food despite suffering negative consequences from it. We continue to abuse food despite knowing that it is causing us physical and psychological problems or making them worse. Do you continue to abuse food even though your blood glucose is out of control? Do you continue to abuse food even when your doctor had to add another blood pressure medication to try to get your blood pressure under control? Do you binge even when you know it will cause a fight with your spouse? Do you continue to abuse food even though you know it is contributing to your depression? *I meet this criterion. How about you?*

Criterion 10 – Tolerance

The tenth criterion is tolerance. Tolerance is when an addict has to use more and more of their substance in order to get the same effect/high. Do you have to eat more and more in order to get your effect? Have you noticed that your binge foods just don't have as much "pizzaz" as before? You just can't seem to scratch your addictive itch no matter the combination of binge foods you try? I went from overeating, to bingeing occasionally, to daily binges, to bingeing all day long. *I absolutely meet this criterion. How about you?*



Criterion 11 – Withdrawal

The eleventh criterion is about suffering withdrawal symptoms when you don't abuse your substance. The symptoms of alcoholic food withdrawal include headaches, tiredness, irritability, depression, crying, anxiety, problems concentrating and flu-like symptoms. I think we ALL know what food withdrawal or detox feels like. *I certainly meet this criterion. How about you?*



Are You a Food Addict?

Substance use disorders are classified as mild, moderate or severe.

- Mild substance use disorder is meeting 2 to 3 of the above criteria.
- Moderate substance use disorder is meeting 4 to 5 criteria.
- Severe substance use disorder is meeting 6 or more criteria.

*Clearly, I have a history of severe food addiction. **How about you?***

