

**CHAPTER 8:
THREE RECOVERY STORIES
AND CONCLUSIONS**

Since completing this book, I have met several people who were clearly food addicted and who were considering or had already had bariatric surgery. These stories illustrate three common patterns.

Maria's story (not real name)

As we were going to press, I heard from Maria. Maria was a singer in the metropolitan opera of a major city, but more important to this story, she was 5 feet 5 inches tall, 334 pounds, and afraid she might be dying. She was two years into the investigation and qualification process for bariatric surgery.

A crisis had let her to enter "food addiction" into the Google search engine. Because her father had been an alcoholic, she decided she would first investigate Overeaters Anonymous. She also found www.foodaddiction.com.

I talked with Maria after she had been going to Overeaters Anonymous and working a HOW program for just over 30 days. She was abstinent, grateful for her sponsor. When she told me she was still planning to have the surgery, I told her I was writing a book on related matters and offered to let her read a draft.

More than a year later, I saw Maria again. She shared that she was still doing the OA-HOW program and had lost 90 pounds "with about 100 pounds to go." She was now "not as certain" that she would have the surgery. I asked her to write the story she had told me.

On June 23, 2007, I woke up about 4 a.m. in front of the refrigerator in my kitchen, but had no idea how I had gotten there. It was instantly clear that I had come down to eat and that I might have done this before – possibly a lot.

For almost 10 years I have been struggling dieting but still gaining weight. I felt more than concerned; I felt desperate, broken, and empty. I was a very disciplined person in the rest of my life, but I could not apply my discipline to my eating.

For two years, I had been investigating gastric-bypass or lap-bad surgery, and was well into the process. I had been approved by my health insurance. I had done all the testing with a doctor and would have the operation in about two months.

Besides being obese and depressed, my diabetes was out of control (fasting blood sugar of 180 – 190 and taking 1,000 mg of metformin a day) and I had painful bone spurs in both feet. I had tried dozens of diets pills, and liquid shakes and had put thousands of dollars into commercial weight loss programs. I had more diet books than cookbooks, over a bookshelf of each.

Later that morning, it struck me that my problem might be more than physical. My father had been an advanced alcoholic. My roommate was recovering in AA. It seemed suddenly very clear that I might be addicted to food. The night eating would explain my weight gains, and food addiction could explain why I was doing it in a black out.

I Googled “food addiction”. It led me to oa.org – that seemed to fit with the idea that I was addicted – and I attended a meeting that morning. I cried for most of it, but the meeting leader amazed me. At first, I couldn’t figure out why she was even there; she was thin beautiful, and happy. Then I heard her story and saw her “before” pictures.

Judy had grown up as an obese child and she kept gaining weight until she was 340 pounds. Then, she went to treatment and was sent to OA. Now she had been maintaining a 200-pound weight loss for 17 years. I was stunned. There was no doubt that if she could do it, so could I. Here was hope sitting right before my eyes.

Soon I asked Judy to be my sponsor. She said that she would be delighted to help but she could only pass on what had worked for her: She’d put down all her binge foods, surrendered to an exchange food plan given by her treatment center, and was both committing and weighing and measuring her food at every meal. She was doing a reading and writing assignment on the Twelve Steps every day and reading it to her sponsor. She was making three phone calls a day to other OA members. She was praying for abstinence and God’s will daily.

Wow! That was a lot, but I agreed to try. Judy suggested I do it “just one day at a time”. I was amazed that I was food abstinent even one day, but soon I had 30 days. I told others in my OA meeting that I was still going to do bariatric surgery, and they were surprised. A friend suggested I contact ACORN, so I did.

I read a draft of this book and decided to postpone surgery while I learned how to live as a recovering food addict. The hard part was not the food; it was the feeling of rebellion that kept coming when my sponsor would make another suggestion. Several times I thought of firing her or quitting OA, but then I told myself to just stick in there and be abstinent for just one more day.

Now there have been 16 months of “one day at a time”. I have lost 90 pounds. Most days I have little depression or anxiety. My blood sugar is down to normal (80-90) and I am off diabetes medication. The bone spurs are healing. However, most of all, I see myself on a spiritual journey: OA and my sponsor are my guides, committing my food daily is my spiritual practice, and the Twelve Steps are a way to keep making spiritual progress.

I have had a good relationship with God throughout most of my life. I attended church regularly, sang in the choir, went to Sunday school, and talked with my minister when I had a problem. However, I had never thought that God cared about my weight. He had done so much for me, yet why would He be concerned that I was fat?

As my disease progressed and I became increasingly powerless over food, it affected almost everything in my life. All I did was sing, go to church, eat, and sleep. Food increasingly became the most important thing in my life – a false god.

Today, I thank God for my food addiction. While the disease of food addiction is a painful journey, I’m so glad I finally woke up and got the help I needed. I thank god for OA and my sponsor. They have helped me lose weight and keep it off longer than I have ever been able to. And, they have helped me heal all sorts of physical, emotional and spiritual problems.

I still have 100 pounds to lose. I am not sure whether I will do the surgery. In some way it does not matter. As I learned in Phil's book, I need to treat myself as a food addict whether or not I go through with the surgery. The principles I now live my life by are: (1) abstinence first today, (2) thank God, and (3) try to help another food addict.

God will let me know whether to have the surgery – in God's time, not mine.

It is heartening to hear of another recovering food addict. Maria's story is more dramatic than most. When I met Maria, I saw that OA was really helping her, but I thought it would probably not be enough. When I gave her an early draft of this book, I thought she would soon be back to ask about an ACORN Primary Intensive or some other form of professional support. Now, I'm not so sure she will need it. Her story certainly gives me hope. I hope it does the same for you.

Jim's Story (not real name)

The second story is that of Jim, a long-time recovered alcoholic, who shifted from alcohol to food, who tried Overeaters Anonymous without success and who had successful bariatric surgery. He tells his story and why he has continued to participate in OA meetings and participate in a food-related Twelve Step Program as a part of the long-term aftercare for his surgery.

I enjoyed my work as a restaurateur and prospered enough to retire in modest comfort. Early in my career, I came to accept that I had a problem with alcohol. I went to treatment, stopped drinking with relative ease, and became a regular at local meetings of Alcoholics Anonymous. The program gave me far more than physical sobriety, but there was a problem: I began to overeat.

It wasn't a serious problem at first, though I was uncomfortable and embarrassed when I ate so much that my pants were too tight. After a few years, weight became more serious. My doctor said I needed to lose 40-50 pounds to get my blood pressure and cholesterol down. He was worried about my blood sugar.

I lost about 25 pounds, but over the next year I put it back on. I started to realize that I was eating the way I used to drink. I was bingeing, then restricting for a time, saying that I was not going to binge any more, and then doing it anyway. I started lying to myself and others to rationalize my eating and started to hide food at work and in the car, planning more and more to eat in solitude.

I started telling people in AA that I didn't have any inclination to drink but I seemed to have substituted the addiction to food.

It took more weight and two more years to get to Overeaters Anonymous. Here, I felt at home. There were others with the same experience – even some other long-time AA members who had switched to food. But OA was not easy. I tried to put the food down, and then picked it up again. I did this more than once and dropped out of OA because "it didn't work".

After gaining even more weight, I had the realization that perhaps OA hadn't worked because I hadn't done what was suggested, which was to get a sponsor. I'd put down all my binge foods, commit what I would eat on a daily basis and work the Steps as a spiritual program. Much to my surprise, I had been unable – or unwilling – to do this.

It was at this time, at my doctor's urging, that I became a candidate for bariatric surgery. I had to take weekly classes over six months – I didn't learn all that much – and to show that I could eat like I would need to after surgery. I lost 20 pounds, was accepted, and had the surgery as an outpatient. I had some minor complications and the routine of several small meals a day took some getting used to, but I think the operation was a success. A year later, I am 84 pounds below my highest weight, and, for a 56-year-old man, I look and feel pretty good.

For Jim, OA is a place to stay current about his food addiction issues, which were not changed by the surgery or his subsequent weight loss.

One concern: The food thoughts – sometimes even cravings – have not completely left me. I'm doing what has been suggested, but I still sometimes have the compulsion to overeat, so I go to an OA meeting once a week. I still feel at home, despite the embarrassment of telling the group I did this surgery.

Deborah's Story (not real name)

When Deborah's finally accepted that diets did not work for her and that therapy did not curb her overeating, she elected to have bariatric surgery. Deborah lost weight at first, but then she found herself eating out of control and gaining weight faster than ever. She could not stop until she discovered that she was chemically dependent on specific foods and started treating herself as a food addict.

I have always known I was a competent person. I am a graduate of an ivy league university, earned two graduate degrees with honors, and served capably as one of the nation's first women minister with her own congregation. So, it was confounding to me that I could not control my eating or weight.

I wasn't overweight as a child and but once in college became morbidly obese. I tried diet after diet – always succeeding at first then gaining it all back and sometimes more. Some of the therapy approaches I tried also worked temporarily, but I gained this weight back too. I tried Overeaters Anonymous, but could never achieve a stable abstinence.

So, at my doctor's urging, I elected bariatric surgery. This, too, was successful at first. I lost more than 100 pounds, felt better, and my blood-test results starting pleasing the doctor. Then I started overeating, just a little at first, then wildly out of control. I was very confused and really depressed.

Someone told me about her success with ACORN's "primary intensive" for food addicts. I was skeptical that it would work for me, but I had to try it.

By the end of the five-day workshop, I was "rigorously abstinent" from all my binge foods. I had a few difficult days of detoxification, but then I knew that something was different. My food cravings disappeared and my crazy thinking about food lessened incredibly. When I did some deep emotional work, I could tell I was better able to cope with difficult feelings. I started working on the exercises to break my addictive denial with enthusiasm. When I returned to OA, I found I actually wanted more structure and support, and I knew better how to use it in pursuit of long term recovery.

That was almost two years ago. I haven't picked up any of my binge foods. I've kept doing my deeper emotional work while abstinent in ACORN, and I've found an inner peace. I am maintaining a 220-pound weight loss with ease. I continue to work an OA program and sponsor others. I've never felt, or looked, better.

I may have had to fail after the bariatric surgery to fully break my denial that I am food addicted. So not only do I have no regrets, I am grateful to be learning how to work a daily recovery program – physically, emotionally, and spiritually – as a recovering food addict.

Deborah is now a member of the ACORN Food Addiction Professional Training.

CONCLUSION

So, what are we learning? First, bariatric surgery works very well for more than a majority of those who elect it. It helps control weight, it helps put diabetes in regression, and it lowers dangerous blood pressure and “bad” cholesterol. Those who experience these medical successes often feel much better about themselves, too. However, a significant group who have had intestinal surgery better seen as survivors of an operation which did little to help and sometimes made life worse. A very small number have died on the table or within a year. Some experience substantial medical complications. Others switch addictions from food to alcohol or drugs. Others either don't lose weight or regain their weight within a year or two. Most of the patients in the “unsuccessful group” show indications of undiagnosed food addiction.

There are now proven ways to deal with the more advanced cases of chemical dependency on food.

1. Some who are assessed as food addicted prior to surgery may be able to avoid costly and sometimes dangerous surgery by getting Twelve Step support and/or help from professionals to treat their food addiction. Many of these may not need surgery at all.
2. Others who elect the surgical option but know they might be addicted to food can supplement their post-operative care with food-related Twelve Step meetings to better assure favorable results.
3. Even those who do not lose weight or gain all their weight back after surgery can learn from this very difficult experience. There is food-addiction recovery after unsuccessful surgery.

The first priority is good assessment.

Appendix IV contains simple paper-and-pencil assessment instruments. Additionally, the Refined Food Addiction Research Foundation is developing biometric measures for food addiction. We also recommend an interview with a trained food addiction professional.

For those who might be food addicted the first step should be the web, phone, or local meetings for food related Twelve Step Groups.

For a discussion of food related Twelve Step programs, refer to Chapter 7. The key is to seek counsel with local recovering food addicts who are themselves abstinent and can share how they are achieving it. Phone and internet meetings now make sponsoring and meetings possible for all.

When Twelve Step groups are not enough, we encourage those who think they might be food addicted – and the health professionals serving them – to refer to the International Society of Food Addiction Professionals. As one proven option, ACORN Food Dependency Recovery Services offers assessments, detoxification, and

intensive recovery support in a workshop format. When this is not enough, we suggest residential treatment programs like Milestones, Turning Point of Tampa, and Shades of Hope, who use and understand the addictive model for food.

This book is a first effort at integrating the work of bariatric surgery and food addiction recovery. If you have comments or suggestions for further development of this work, let us know. We are already planning a revised addition.

We keep all food addicts and the professionals serving them in our prayers. If it feels right, please join us.