

OVEREATERS ANONYMOUS

THIRD EDITION



OVEREATERS ANONYMOUS, *THIRD EDITION*

FOREWORDS AND APPENDICES

It is a human tendency to read the “meat” of a book—sometime skipping over the information contained in the pages with roman numerals or ones that appear after “the end.”

This document hopes to place a focus on the rich information contained in the Forewords and Appendices found in the third edition of *Overeaters Anonymous*. When first published, the Appendices were included to provide a professional perspective on the benefits of the Overeaters Anonymous recovery program—Appendices B, C, and D have been part of all three editions of the book. Appendix A was added to give readers more current information from the point of view of a dietitian.

The Forewords to *Overeaters Anonymous, Third Edition* include a letter from a great friend of OA’s; Dr. M. Lerner provides an updated perspective on Overeaters Anonymous as an “indispensable support” for people who suffer from the disease of compulsive eating.

Please take the time to read and absorb these powerful statements in support of our program of recovery.

FOREWORD

TO THE THIRD EDITION

In 2010, Overeaters Anonymous celebrated its 50th Anniversary at its World Service Convention. As someone who has treated compulsive overeaters for more than three decades, I was privileged to be invited to join in the celebration.

My professional experience with OA dates back to my earlier years in practice, when I began to refer many of my patients to the local OA groups in my area. Doing so left me indebted to the courageous members of this Fellowship who taught me more about this disease than I could have imagined. Since that time, Overeaters Anonymous has been an indispensable support for those who have come to our facility seeking treatment.

I have long believed Overeaters Anonymous serves as a program of ongoing recovery not only for those who suffer from compulsive overeating but also for those who struggle with similar eating disorders. I've continued to witness the success of countless people working the same Twelve Steps, adapted from Alcoholics Anonymous, in OA. Many of my patients, past and present, suffering with bulimia, binge-eating disorder, and related eating disorders have found refuge and recovery at the meetings and among the fellowship OA offers. I believe OA holds a place for anyone wishing to refrain from a compulsive or addictive relationship with food.

I finished my training as a clinical psychologist in 1979, passed my boards, and began a practice specializing in the treatment of eating disorders. Over the next several years, I treated people with various types of eating disorders, most notably compulsive overeating, bulimia, and what is now termed binge-eating disorder. I discovered over time that weight was simply the symptom, and the disease was really an addictive relationship with food and/or dieting.

I say this because I saw people at the university's clinic who were not overweight, yet clearly ate compulsively. Most of these people

compensated for their overeating by making themselves sick to get rid of the food, overexercising, or alternating between periods of copious overeating followed by restricting, also known as dieting.

Of course, the majority of folks coming to our program suffered with varying degrees of obesity, the *symptom* most people identify with compulsive overeating. Despite this, I soon concluded that the more appropriate measure of the problem lies with the physical, emotional, and spiritual consequences and not the number on a bathroom scale. In effect, compulsive overeaters had more in common with their alcoholic and drug-addicted brethren than most realized. There was more to this than a “weight problem.” In fact, today we see many members of other Twelve Step programs who are also compulsive overeaters and attend OA meetings as part of their ongoing recovery programs.

Not so different from the misguided beliefs about alcoholism in years past, the professional community is currently divided as to how to view, let alone treat, compulsive overeating and related eating disorders. It comes down to those who view compulsive eaters as suffering from a psychiatric illness coupled with a lack of discipline and those who see it as an addictive disease.

Historically, a small group of researchers, physicians, and healthcare professionals have held steadfast to the addiction thesis. I’m pleased to report this minority group of professionals is multiplying and gaining momentum. Recent advances in brain mapping technology such as MRI imaging have clearly identified specific chemical responses in the brain that differentiate a compulsive over-eater from their “non-addict” peers. The evidence has taken speculation and theory to the level of scientific fact. Personally, this has served to validate myself and those of us who have supported OA through the years—believing that compulsive overeating deserves to be recognized the same way we’ve come to understand and treat alcoholism and drug addiction.

My experience has shown that active participation in a Twelve Step program such as OA is indispensable to the ongoing success of anyone wishing to recover from compulsive overeating or a similar

eating disorder. Although not intended as a substitute for professional treatment, OA affords the best opportunity to gain and keep a foothold in recovery. To help make this point, I'd like to quote from the American Society of Addiction Medicine as it defines the disease of addiction. One can substitute the phrase "compulsive over-eating" to see clearly that the proverbial shoe fits.

∞ "Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death."

— American Society Of Addiction Medicine, website, 2013 (www.asam.org)

Just about anyone who attends a support group such as OA for a reasonable period of time will likely hear their story told by another member. The effect of one person sharing experiences with a fellow having the same experiences is powerful.

Once the initial layer of the onion is peeled away ("but I'm different than these people"), the stage is set for identification rather than comparison. The question then becomes, "What do I have in common with everyone here? Maybe I'm not alone or so different." From that point forward, the focus begins to center more on the solution: "What do I need to do to recover?"

The "magic" of OA then becomes clear: a combination of people

having a common purpose and seeing others working a set of suggested Steps, lending testimony to the promise of recovery.

I hope the Fellowship of OA will continue to grow and its members will continue to serve as a beacon of light for those who have yet to find recovery. It's a spiritual axiom that a group of people with a common history and purpose can do as a group what could not otherwise be achieved by an individual. In that sense, OA offers what no professional or individual person can match: hope by example.

— *Marty Lerner, Ph.D.*, 2013

Dr. Lerner, a clinical psychologist, operates an eating disorder treatment center in Florida. He received the 2010 OA Appreciation Award in recognition of his longtime support of Overeaters Anonymous.

FOREWORD

TO THE FIRST AND SECOND EDITIONS

I have had both a personal and professional interest in obesity for a great many years. The fact is I've been an overeater all of my life and a fat man most of my life. I did not understand the destructive aspects of overeating, however, until I began to practice psychiatry.

Eventually it became apparent to me that overeating is an obsessive, compulsive addiction of a highly complex nature. I became aware that food can be even more addictive than tobacco, drugs, alcohol, or gambling, and at least as destructive. The simple fact is that we cannot do without food, and each time the food addict eats, they are in danger of succumbing to the compulsion.

The further facts are: (1) Food is usually available in abundance. (2) There is no societal, legal dictum against eating. (3) In many places overeating is encouraged. (4) Confusion about this highly complex syndrome abounds.

Indeed, there is still a great deal we do not know about overeating. But we do know now that one's emotional life has a great deal to do with overeating. I believe that repressed anger plays a powerful role in this addiction. I feel that eating binges are often displaced temper tantrums or rage reactions. I also believe that the roots of the condition can often be traced to the earliest times in our lives and to early and complicated family relations. Those who suffer from the problem and those who seriously engage in working in the area also know how malignant the condition is. This destructive aspect occurs relative to the victim's physical health, emotional well-being, social life, professional life, sex life, and economic life.

We also know, unfortunately, how limited all treatment modalities have been to date in effecting sustained relief, let alone "cures." We know, too, how obese people have been patronized, prejudiced against, and exploited for economic gain. Charlatans and chicanery abound. Millions of dollars are made off the suffering of fat people, and this condition is probably the most prevalent health problem

that exists in the American population. Of course, as with all other problems, there are varying degrees of difficulty and suffering. But the numbers of people who are driven to seek help make commercial enterprise in this field big business.

Overeaters Anonymous is not a business. This organization represents one of our country's major and perhaps largest efforts at self-help—real and effective self-help. OA enjoys a reputation for significant success in a field strewn with failure. OA's success goes beyond weight reduction and control, though this alone is an achievement of great magnitude. OA also helps to contribute a greater sense of self and self-esteem through its extraordinary implementation of camaraderie and caring for one's fellows and one's self. It functions as a giant contributor to awakening and adding to its members' sense of their own humanity. This is crucial in battling malignant addiction or, for that matter, any illness of the mind and body; they really are one.

This book describes the OA experience as told by various members through their own stories. These are moving and educational stories. They are full of struggle—constructive struggle—and hope. Most important, they tell of enhanced compassion for self, for others, and for the state of being human. They tell us about fellowship and what a powerful therapeutic instrument caring can be. They also tell us what caring is all about. Read them and enjoy being part of the human condition.

— *Theodore Isaac Rubin, M.D., 1980*

Dr. Rubin is a well-known psychoanalyst practicing psychiatry in New York City. He is past-president of the American Institute for Psychoanalysis and has served on many local and national medical boards. He is the author of more than thirty books, translated worldwide, including *Compassion and Self-Hate*, *Lisa and David*, *Jordi*, *The Winner's Notebook*, and *Lisa and David Today*. Among the many honors he has won are the Adolph Meyer Award from the Association for the Improvement of Mental Health and the Social Conscience Award from the Karen Horney Clinic, a psychiatric institution.



APPENDICES

APPENDIX A

The Role of a Plan of Eating in Recovery from Compulsive Eating

I've been in practice as a registered dietitian for thirty-three years. I first became interested in obesity and weight management when I began my master's program; I wrote my thesis on the factors that influence success in weight loss programs. I found that success required a strong program of recovery and a special, supportive friend. I did not realize I was describing Overeaters Anonymous until years afterward.

I worked for years in hospitals and weight loss programs. What I learned in my training worked well for some people but not at all for others. When I heard the concept of food as part of an addictive process, I knew immediately it was the key I had been seeking.

I believe that people can be addicted to food, and it's important for them to identify and remove from their lives the foods and food elements to which they are sensitive. These are called trigger or

binge foods: they give people cravings, obsessions, or the inability to stop. Any food can be appropriate in an abstinent food plan, but if a food causes problems for the person, it needs to be removed. Then the food addict is free to use the Twelve Steps to create the life they really want to live.

Often, people have struggled with their obsessions for their whole lives, or since they were very young. Whether they are overweight, normal weight, or underweight, they are all in pain about their relationship with food and eating.

Abusive and compulsive eating have many names and take on many forms: anorexia, bulimia, compulsive overeating, compulsive undereating, abusive restricting, binge-eating disorder, and food addiction. People can move from one form to another. All of these eating disorders have physical, mental, emotional, and spiritual components. I believe that some people have a genetically inherited component; many have parents and siblings or other family members who demonstrate similar problems or related addictions. I've observed that Overeaters Anonymous and its Twelve Step program of recovery provide an effective and compassionate solution for all of these problems. The people in OA, who are recovering from their own eating problems, reach out in love to help each other with suggestions, support, and strategies.

This Twelve Step program is spiritual, and it is also a program of action and transformation. It offers the opportunity for relief from obsessive thoughts and abusive behaviors. It offers practical suggestions and people to support the individual's effort to heal and recover.

Physicians, dietitians, therapists, and a variety of other health care professionals have much to offer. But the OA connection gives compulsive eaters the daily support and wisdom they need to follow through consistently on the professional medical recommendations. A sponsor helps their sponsee follow the suggestions given; other members listen and offer strategies, support, and a friendly ear. This network of professional and nonprofessional people, and a great deal of compassion and understanding, can empower recov-

ery from eating disorders. I have observed that only those who have learned to effectively use the support of Overeaters Anonymous are able to enjoy long-term recovery and sanity.

Many OA members use an individualized food plan, which is a tool designed to help them know what and when to eat. It is a flexible, usable worksheet that assists with maintaining abstinence from compulsive eating and compulsive food behaviors; it is not a straitjacket or an unreachable goal or standard. An individualized food plan meets the body's nutrient needs, helps to handle medical issues, and meets weight and recovery goals. A food plan should accommodate each person's schedule, food preferences, taste buds, ethnicity, and the reality of life. The food plan should fit the member like a comfortable pair of sneakers. It should be solid, supportive and comfortable enough to help the member travel over the rocky ground of their recovery.

It is very important to meet the body's nutrient needs. The body needs the physical support of the nutrients that repair, replace, and maintain its structure and systems. Often, compulsive eaters have used so many restrictive diets in the past that their nutrient needs have not been met for a long time, and the body struggles just to make it through the day—with never enough nutrition.

As part of their plan of eating, some OA members may choose to weigh and measure their food. This can be useful in changing the balance of calories and nutrients in such a way that cravings are diminished and the body has enough to rebuild itself. Achieving the right balance of nutrients is essential for weight loss and maintenance. After years of eating inappropriate amounts of foods, people often have no idea of what the right amount is. It takes time for people to learn to notice when they are hungry, full, or overfull, and then to adjust their food plan appropriately.

Maintaining a healthy weight over the long term is often harder than losing the weight initially. Once they reach a healthy body size, people must increase their food intake to stop the weight loss, and that can be scary. The joy and delight of losing weight is gone, and the effort of struggling with food, eating, and body weight is gone.

The Twelve Step process teaches the individual a different way of living—a way to create a joyful and useful life without the food obsession. This process must be continued long-term.

Cravings and difficult food situations will continue off and on throughout recovery. This is normal; recovering people need to learn how to handle these issues. They need to plan for times in which they will be confronted with large volumes of food, binge or trigger foods, or difficult food situations. OA provides a range of tools to handle these situations.

Over my years of practice, I have been deeply grateful for the support that members of Overeaters Anonymous have given to my clients. In OA, members have the freedom to create the lives they have dreamed of. They learn how to use the tools and strategies of recovery, and they experience love and support in all of life's challenges.

Nowhere else can people find this kind of training and support, especially not for the simple “fee” of passing it on and helping another member. I wish OA and its members long-term growth and peaceful, joyful recovery.

— H. Theresa Wright, MS, RD, LDN, 2013

H. Theresa Wright, a dietitian specializing in addictive and compulsive eating disorders, runs a nutrition center in Pennsylvania. She has helped to carry the OA message in her work with clients and in interviews for an OA internet radio series. In addition, she reviewed the food plans described in the OA pamphlet *Dignity of Choice*.

**Appendices B, C, and D are the original appendices
published in the first and second editions of
Overeaters Anonymous.**

APPENDIX B

A Disease of the Mind

Several years ago, as a psychiatrist working in drug abuse and alcoholism programs, I was led, through the experience of a staff member, to examine compulsive overeating as a disease process identical to alcoholism. We started to apply, in a limited fashion, the same principles to the problem of compulsive overeating that we were using in our alcoholism treatment program and found them to be very successful. The more closely I examined the phenomenon, the clearer it became that compulsive overeating is a disease.

In medical school, we doctors are never taught about overeating, certainly not as a disease. So we are prejudiced against it. *Overeaters Anonymous* is very successful with cases that haven't responded to conventional kinds of treatment. This success is often threatening to the professionals because it's difficult for us to see how someone who hasn't had years of study and experience could be more successful with people we've been trying to treat, unsuccessfully, for so long.

The remarkable thing about OA's success is that the program gets people to function far better than they ever have in their lives. With any other disease, you're lucky to get back to where you were. If you have a heart attack, for example, you're fortunate to get your heart to function as well as it did before the attack.

With the compulsive overeater, not only do you get back to a normal weight, but more importantly, your life is changed, and in a sense, you're ahead of where you were before you became a compulsive overeater. Now you have tools of feeling, touching, caring, loving, sharing, being honest with your family, and looking at life in an understanding way and not fighting it but going along with it. Once you treat the illness, you have the potential to be a more

“together” person than you were. Therefore, it’s exciting for physicians and others, who have been ignoring the problem or expressing deep pessimism about it, to think of compulsive overeating as a disease and to realize that it can be treated so successfully.

One of the prejudices about compulsive overeating is society’s view of a compulsive overeater as someone who is obese. Yet the overeater can be one pound (0.4 kg) overweight or even underweight, as in anorexia nervosa, and still be a compulsive overeater. The illness has nothing to do with weight. That’s why it’s so silly to go on diets or to weigh all the time.

The problem is with the control of food. Is one preoccupied with controlling food intake to the point that it’s interfering with one’s life? Just as being an alcoholic is not related to the amount one drinks, being a compulsive overeater is not related to the amount one weighs.

The overeater’s problem is not being able to control eating behavior the way other people can, and the need is for a system to control that behavior. Of course, the most effective one is a support system like that of Overeaters Anonymous. What the overeater has to do is turn over the control to a Higher Power. Once it is turned over, the behavior is under control.

A major confusion we in medicine have is the erroneous belief that compulsive overeating is a result of physiologic, psychologic, and environmental problems. We try to treat compulsive overeaters psychiatrically or physically with medicine or structures in their lives, and it doesn’t work. The reason it fails is because we are doing it in reverse. What has to be dealt with is the compulsive overeating. When it is, the physiologic and psychiatric problems seem to take care of themselves.

There are some people, about the same percentage as in the general population, who after getting the food back in its proper place, find themselves needing traditional psychiatric care because they do have a problem, which they had pushed down with food. But that is the exception. What is probably true in most cases is that the individual develops the compulsive overeating mechanism for deal-

ing with life at an early age and then starts to push problems down with the food. Once people become compulsive overeaters, every aspect of their lives is affected. Now they get into the psychological, physical, and environmental problems and start changing their lives, their friends, and their social structures. All these changes are really caused by the compulsive overeating. Most compulsive overeaters, through a program like OA's, will lose all these syndromes and not need to have any kind of traditional psychiatric care.

We in the medical community must take responsibility for failing to understand the real problem. Compulsive overeating is a serious disease, and it is devastating this country. It is the basic cause of disorders that medicine views as primary illnesses, such as hypertension and diabetes. But physicians don't look at compulsive overeating, they look at the secondary disease process that comes from compulsive overeating. They ignore the overeating and rigorously work on the symptoms and the secondary diseases.

Obviously, that is not the way to treat it. If a patient has pneumonia, the doctor doesn't treat the fever and then send the patient home after the temperature is normal, saying, "Your fever is down; now watch that pneumonia." But we certainly do this with the over-eater. We take care of the symptoms of the secondary disease, and we tell that patient, "Your weight (or blood pressure or blood sugar) is normal; now watch that overeating."

It is the responsibility of the medical community to understand what compulsive overeating really means and to recognize that Overeaters Anonymous has been dealing successfully with the disease. We need to work closely with OA, to have OA as the base or structure, and only then should we offer what we as professionals are able to contribute. The doctor should have the patient go to OA, and then serve as OA's support system for that patient. Overeaters Anonymous should be the treatment, and the professional should be the adjunct, not the other way around. This is very difficult for a physician or mental health professional to accept.

As long as Overeaters Anonymous continues to keep the Principles it has now, it will be our most valuable means of treatment

of the disease of compulsive overeating. OA's Principles ensure that no individual has power. In essence, it is a leaderless organization, making the process much stronger than any one member or group.

Overeaters Anonymous is a system of people who are trying to help each other, and as such it is tremendously successful.

— *William Rader, M.D.*, 1980

Dr. William Rader is a psychiatrist engaged in clinical work with alcoholism, drug addiction, and compulsive overeating. Winner of the 1977 Appreciation Award of Overeaters Anonymous, he has carried the OA message in his treatment programs.

APPENDIX C

A Disease of the Body

[Note: The statistics quoted below are from 1980, when this appendix was originally published. See the footnote for updated information.]

I was most pleased, several years ago, to be invited as a representative of the American Society of Bariatric Physicians (a medical scientific society devoted to the study of obesity and allied conditions) to attend an annual convention of Overeaters Anonymous. I have since then attended several others. I was also privileged to attend some local group meetings.

The basic concept of Overeaters Anonymous is that compulsive overeating is a disease that affects the person on three levels—physical, spiritual, and emotional. Members of OA feel that, like alcoholics, they are unable to control their compulsion permanently by unaided will power.

Obesity is unquestionably one of the major health problems in the United States today. In fact, it is a problem common to all affluent societies. Estimates as to the number of overweight individuals in the United States range from ten million to more than seventy million, depending on what criteria are used to classify an individual as obese. Furthermore, in recent years there has been a steady in-

crease in the number of overweight individuals. This is due to many factors. Chief among them is our success in creating an abundant food supply while our physical activity continues to diminish.

To indicate the magnitude of this menace, a Gallup Poll in 1973 revealed that 46 percent of Americans polled felt they were overweight, while less than 8 percent thought they were underweight. Out of every ten persons, four or five were doing something to control their weight. Senator George McGovern's committee hearings disclosed that obesity nourishes a ten billion dollar industry, with one hundred million dollars yearly being spent for reducing drugs alone. The US Public Health Service estimates that at least sixty million Americans weigh more than they should. The most disturbing problem is that perhaps less than five percent of dieters are able to maintain weight loss for at least five years.*

As a physician, my main concern with the obese is the medical risks to which their obesity exposes them. Such persons have a

* More than one-third of US adults were obese from 2011 to 2012. The estimates for overweight and obesity combined (BMI greater than or equal to 25) were 68.8 percent overall: 73.0 percent among men and 64.7 percent among women. An estimated 18 percent of children ages 6 to 11 and 21 percent of adolescents ages 12 to 19 were obese. (U.S. Department of Health and Human Services, *Health, United States, 2013*, www.cdc.gov/nchs/data/abus/abus13.pdf#064, tables 64, 69)

In 2012, costs associated with obesity accounted for \$190 billion annually—121 percent higher than previous estimates. More than 20.6 percent of all national health expenditures is spent on managing obesity and the related plethora of health problems, researchers said. (Amir Khan, *Obesity in America: Healthcare Costs Double Previous Estimates*, *Journal of Health Economics*, Vol. 31, Issue 1, Jan 2012, pp. 219-230, www.ibtimes.com/obesity-america-healthcare-costs-double-previous-estimates-435188)

Based on latest available surveys, more than half (53 percent) of the adult population in the Organization for Economic Cooperation and Development (OECD), an international economic organization of thirty-four countries founded to seek answers to common problems and co-ordinate domestic and international policies, report that they are overweight or obese. The prevalence of being overweight and obesity among adults exceeds 50 percent in no less than twenty-one of the thirty-four OECD countries. On average across the OECD countries, 18 percent of the adult population is obese. (*Overweight and obesity*, OECD Factbook 2013: Economic, Environmental and Social Statistics, <http://dx.doi.org/10.1787/factbook-2013-100-en>)

greater than 40 percent chance of dying in any given year from heart disease, a greater than 30 percent chance of dying from coronary artery disease, a greater than 50 percent death rate from cerebrovascular disease (strokes), as well as an increased death rate from many other diseases. It has also been pointed out recently that the risk of developing diabetes is increased twofold by an increase of 20 percent in body weight. In women, there is also a significant increase in the development of uterine cancer associated with excess body weight. In a recent study of 75,532 fat women, there were sixteen diseases associated with obesity. Furthermore, obesity predisposes to high blood pressure, gallbladder disease, and the formation of gallstones requiring surgery. Even babies born of obese mothers have more than twice the infant mortality of babies whose mothers' weights are normal.

Most individuals who join Overeaters Anonymous are aware of these risks. But, like alcoholics, they are unable to control their compulsion on any lasting basis. They have completely lost faith in life and in themselves. In OA, hands of understanding and strength are extended to them by people who suffer the same compulsion and who are now examples that there is an answer. This probably explains OA's success with the hopeless obese person who has repeatedly failed with the usual methods of weight control. I was particularly impressed with the extreme friendliness and even love between members that was easily observable at meetings.

Many OA members are former participants (and dropouts) of commercial weight control groups. I observed a number of individuals who had been unsuccessful in the commercial organizations, but who had reached and maintained normal weight for a number of years after having joined Overeaters Anonymous. On being asked why they switched organizations, they were quick to inform me that the continual preparation of "free" foods and general preoccupation with food, as sometimes expounded, only kept their food compulsion alive.

When compulsive overeaters realize that they cannot control their eating behavior, they need to accept and depend upon another

power—a Power acknowledged to be greater than oneself. The interpretation of this Power is left to the individual. Many, perhaps most, members of OA adopt the concept of God. But newcomers are merely asked to keep an open mind on this subject and usually they find it is not too difficult to work out a solution to this very personal problem, even if they are atheist or agnostic.

Psychologically, the obese individual is helped to attain a sense of the reality and nearness of a greater power, which replaces one's egocentric nature. Then the person's point of view and outlook will take on a spiritual coloring. Hence, one no longer needs to maintain a defiant individuality but can live in peace and harmony with the environment, sharing and participating freely, especially with other members of the group. This is a great therapeutic weapon that I, a physician who has dealt with obese people for more than twenty-seven years, can appreciate. The obese individual no longer defies, but accepts help, guidance, and control from the outside. As OA members relinquish their negative, aggressive feelings toward themselves and toward life, they find themselves overwhelmed by positive feelings of love, friendliness, tranquility, and a pervading contentment. These latter feelings were evident among the groups I attended.

A word frequently heard in OA groups is surrender. It can best be described as letting go. The individual gives up personal rigidities, relaxes and admits to being beaten by compulsive overeating. The source of this feeling is almost always despair, which is so prevalent in newcomers to the group. It is all part of a crisis experience, with an overload of hopelessness. In the act of surrender, one does not just give up but accepts a Power greater than oneself, reducing the ego and admitting the need for outside help.

The "ego reduction" can be very profitable to the personality makeup of this person. It is important to differentiate between submission and surrender. In submission, an individual accepts reality consciously but not unconsciously. There is acceptance that one cannot, at the moment, conquer reality, but lurking in the unconscious is the feeling that "there will come a day when I will be able

to handle my problem on my own.”

Submission implies no real acceptance of one's inadequacy; on the contrary, it demonstrates conclusively that the struggle is still going on. Submission is, at best, a superficial yielding, with the inner tensions still present. When the individual accepts, on an unconscious level, the reality of not being able to handle compulsive overeating, there is no residual battle. Relaxation ensues with a freedom from strain and conflict. This freedom is the aim of the OA groups, and complete surrender is manifested by the considerable degree of relaxation that is evident in the behavior of those who have achieved it.

Once compulsive overeaters surrender at the unconscious level, their compliance with the disciplines of the program does not lessen with time, leading to the inevitable regaining of weight. They continue to get messages from the unconscious that the need for outside help will remain for a prolonged, if not indefinite, period. Their wholehearted cooperation is then forthcoming, and constructive action takes the place of skin-deep assurances that they will merely comply temporarily until the memory of their suffering and self-pity weakens and the need for compliance lessens.

Surrender, then, is an unconscious event. It is not willed by the individual. It can occur only when one becomes involved with one's unconscious mind in a set of circumstances that signal the undeniable need for an external greater Power. The definition of surrender can be understood only when all its unconscious ramifications and true inner meaning are glimpsed. Observed by others, such an individual manifests an inner calm and a “live and let live” attitude.

In analyzing Overeaters Anonymous, I have reached a number of conclusions. There appears to be a deep shift in the individual's emotional tone, the disappearance of one set of feelings and the emergence of a very different set. The member moves from a negative state of mind to a positive one. This may have the earmarks of a spiritual conversion. Be that as it may, it is an effective transformation and essential for long-term success.

By this I do not mean to imply that there are never any slipups.

Indeed, there are. But they are usually due to overconfidence as people are successful in the program and once again become too preoccupied with themselves. As long as they attend group meetings, help is immediately available, inspiring them to return to abstinence and to the Twelve Steps of recovery. They are neither judged nor scolded. There are no weigh-ins. They can share their past experiences, their present problems, and their hopes for the future with those who understand and support them and who speak their own language. Working with a sponsor, the individual converses with a person who has been through similar experiences. Thus the communication between these two is on the same level. When OA members become sponsors themselves, their loneliness is greatly alleviated. They are needed and accepted. This has a very potent, positive influence on weight maintenance.

OA literature suggests that the newcomer visit a doctor to decide upon a plan of eating suited to both physical needs and family habits. I can verify that this was, indeed, the policy with a number of patients whom I have referred to this group. OA is not concerned with the medical aspects of obesity, but with the compulsive nature of overeating.

It is my firm belief that Overeaters Anonymous has made a definite place for itself in helping the obese individual and renders a valuable service to such a person. The empathy and attention individuals receive at meetings during trying times can be of great therapeutic value. Overeaters Anonymous can help individuals restore their faith in themselves and in others and give them hope for recovery. There is no other organization, lay or professional, that has such a profound influence on the compulsive overeater's thinking; and after all, it is our thoughts that precede our emotions, and it is our emotions that make us eat inappropriately and become physically obese. Recovery in OA is on all three levels. It may seem a tall order, but it's one which has the greatest chance for success.

It has been an honor and a most exciting experience for me as a professional to have had the opportunity to get to know the members of Overeaters Anonymous. I will forever be grateful to them for

the good work they do in combating a major health problem in the United States.

— *Peter G. Lindner, M.D.*, 1980

Dr. Peter Lindner was past president of the American Society of Bariatric Physicians and chairman of its board of trustees. He received the 1975 Appreciation Award of Overeaters Anonymous in recognition of his work in the field of obesity and compulsive overeating and his efforts to bring the OA program to the attention of the medical community and the general public. Dr. Lindner passed away in 1987.

APPENDIX D

A Disease of the Spirit

The title of this commentary puts in simple words the uniqueness and special place that Overeaters Anonymous has earned and is earning within the whole approach to the problem of compulsive overeating.

It was not easy to determine how to apply a program dealing with alcoholism, in which thousands have learned how to live without drinking, to a commodity—food—without which not one can live. I am sure that this difficulty still exists within the minds of some. For many others, however, it is clear that what compulsive overeaters and alcoholics have in common is a need to nourish the spiritual side of their nature.

All in all, it is the saving grace of the spiritual in the OA program that has made for its success and growth, and I can prophesy that OA will continue to grow, bringing not only sane eating habits but also spiritually and morally oriented lives that will help build society.

Spiritual values are important because they deal with the whole person. Wholeness in this sense is related to “holiness,” as well as to “balance.” A holy person is one whose body, mind, and spirit share an equality that was (and is) the intention and plan of God for all people. Such a person takes their place within the community with

ease and grace, motivated by a deep and abiding sense of thanksgiving. Such individuals become creative and constructive, not only with the family circle or community but also in the arts and sciences. Their creative energies are not blocked by shame, guilt, self-pity, and hate or by the facades of arrogance, aggressiveness, and uncaring attitudes.

It is only as the hurt and damaged soul is given emotional and spiritual sustenance that these destructive characteristics slough off, and love begins to flow freely within and from there outward.

Let us look at this spiritual food. To begin with, it falls under the heading of love, the most abused, misused, and yet the most wonderful word in the English language. Without love, every other human virtue or ability is as “sounding brass.” Love is a spiritual quality that is not confined to the limits of any religious community. No one has a corner on it. It is free—free to fill the lives of all who allow it to flow freely. And as it flows, it washes and gives life and glorifies its source—God.

This brings me to my first point. Those who are prone to stuff themselves with food that makes their bodies unsightly are refusing the food that satisfies and soothes the unhappy soul within. Have they said, “I don’t deserve anything good” for such a long time that they are literally putting their heels on that source of love that alone can bring peace? Or have they become so discouraged or so angry that they deny even the existence of love, let alone God?

All of us can identify with such feelings. Compulsive overeaters and alcoholics, gamblers and drug addicts are not the only inhabitants of life’s gray areas. The number of such afflicted people is legion.

There are three stages in the process of getting any kind of food. One: Take your body to the food. Two: Dish it out and eat it. Three: Enjoy it and use the energy it creates. It is the same with spiritual food, food for the soul. Let us look at these three stages.

One: Take your body to the food. Sometimes people become so sick with overeating that the “spiritual food” has to come through one who cares, one who loves. This is God’s method. He first loved us. But sometimes he knocks at the door of our lives in the form of a

person or a book or magazine article—a thought, a hope.

The knocking is heard but often the door remains shut. Sooner or later, however, it must be opened to allow some kind of help to enter. In most cases, many kinds of “help” have been tried. They all involved money, effort, and disappointment. Finally, the message gets through: Someone cared enough to reach the starving soul. You allow love within your life. You are ready to take your body to spiritual food.

Two: This stage follows closely upon the accomplishment of the first. How surprising to find—and difficult to believe—that all those people at the OA meeting understood your problem and cared about you!

You see, love that is accepted immediately eliminates your aloneness. The only way you can use the word love when you are alone is by loving yourself, and no compulsive overeater does that at first. So it must begin by allowing someone else’s love into your life. This very action of including others and being included is food for the soul—the starving waif within the stuffed body.

But the process of love has only begun. Carefully, even suspiciously, you allow a few people closer to your inner self. Through trusting them, even passively, you move closer to love. You may call these individuals foolhardy to love you, but the pain and loneliness drive you to respond. It becomes easier and easier, until you “over-love” and someone lets you down. This happens because immature love tries to possess and control. Then, you may run back into your shell to lick your wounds, and perhaps a few platters in the process. Like a mighty flood, you feel swamped again by that compulsion that once all but destroyed your life. A phone call: an understanding member of OA hears your story and levels with you. Thankfully, there are many who have learned the difference between loving and “over-loving.” They are always standing by, ready to help.

What a relief to be on the raft of OA again—that group of people who take you firmly by the hand in love and fellowship.

It is then that you are encouraged to ingest and digest two new kinds of food: First, understanding for your straightjacketed mind.

This comes from OA literature and other sources. Second, you learn that prayer and meditation have a lot to do with satisfying the inner hungry one. Finally, you can listen to the stories you hear at meetings with a deeper insight. You study the Traditions, born out of pain and trial, which have kept a spiritual movement living and growing for nearly seventy years. You learn that others have personal histories more traumatic than yours. You acquire humility. You learn some of the tricks of the trade of wholesome living. And finally you can turn to the healthy sauce of good humor. You can not only laugh at the ridiculous reasoning and situations others go through, but you learn to laugh at yourself also.

Humor is a most important ingredient of love. I think it shakes down the food—now shrinking away—so that you can make room within yourself for others. This is a major step forward because it takes some of the emotional heat (condemnation) off yourself. And what a relief this is!

Fellowship, understanding, and humor—all of them digestible forms of love: food for the soul.

Somewhere along this pathway the spiritual itself becomes real to you. You begin to be aware of mystical qualities that become important and real. Is this the birth of a soul? No, because the soul was not dead. It was only starving, denied, and stifled. Now it moves within, purring with contentment as it begins its lifelong, God-given task of furnishing control, establishing security and, finally, giving purpose. Now you understand what it was that really attracted you to Overeaters Anonymous. Sure, you were impressed by a slim and trim figure. You wanted that, too. But what really caught you was the love, the understanding, the soul qualities that touched you where you really lived, though you may not have been aware of it.

And wonder of wonders, you too become an instrument of love. You doubted that you could meet the needs of others, but soon the people about you began to respond to your love. Now, you have reached the third stage. You are walking on Cloud Nine, only to be tripped up by pride and even a tinge of complacency or arrogance. The power you envied in others is now yours. You must learn to use

it without losing your way again.

Sometimes this experience strands us on a stagnant, arid plateau. You may see someone else maturing more rapidly than you. Disillusionment and standstill can result. There is at this crossroads a signpost you cannot miss: "Go deeper with others and with God."

God has provided many other means of fellowship and growth. They too offer soul food. But always remember that your compulsion with food does demand that kind of understanding and experience that members of OA can provide. But now that your body is no longer your master; your mind is beginning to think clearly; and your soul is fed, nurtured, and functioning, you can reconsider those other sources of soul food.

I now leave off my description of this pilgrim's progress that takes us from compulsive overeating to its replacement with food for the soul. It is a journey that leads straight out of self-made prisons and limitations into green pastures where we find many a table spread with wholesome food and a cup that overflows.

— *The Reverend Rollo M. Boas*, 1980

One of OA's earliest supporters, Reverend Rollo Boas was a minister of the Episcopal church and the recipient of OA's 1979 Appreciation Award. He passed away in 1993.

APPENDIX E

To Find Overeaters Anonymous

You can find OA in most cities across the United States and in more than eighty countries worldwide. Most groups maintain local directory or online listings under "Overeaters Anonymous."

Many groups also place announcements giving a local telephone contact number in the community listings or in the classified section of newspapers.

If there are no public listings of OA groups in your area or if you need information about OA in other countries, check the website at www.oa.org or write or call the World Service Office, PO Box 44727, Rio Rancho, NM 87174-4727 USA, 1-505-891-2664.

The international headquarters for Overeaters Anonymous, Inc., the World Service Office, maintains up-to-date meeting directories, publishes OA literature, and provides a broad range of other services for groups, intergroups, national and language service boards, and regional offices throughout the world.

APPENDIX F

OA Publications

The World Service Office has over 100 literature items to support you in your program. Go to bookstore.oa.org or contact the World Service Office for more information.

Books

The Twelve Steps and Twelve Traditions of Overeaters Anonymous, Second Edition

The Twelve Step Workbook, Second Edition

For Today and For Today Workbook

Voices of Recovery, Second Edition and Voices of Recovery Workbook

Abstinence, Second Edition

A New Beginning: Stories of Recovery from Relapse

Seeking the Spiritual Path

Taste of Lifeline

Body Image, Relationships, and Sexuality

Pamphlets

Where Do I Start?

In OA, Recovery Is Possible

A New Plan of Eating

The Tools of Recovery

Many Symptoms, One Solution

A Lifetime of Abstinence: One Day at a Time

OA Members Come in All Sizes

THE TWELVE STEPS OF OVEREATERS ANONYMOUS

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 compulsive overeaters and to practice these principles in all our affairs.

*Permission to use the Twelve Steps of Alcoholics Anonymous
for adaptation granted by AA World Services, Inc.*

THE TWELVE TRADITIONS OF OVEREATERS ANONYMOUS

1. Our common welfare should come first; personal recovery depends upon OA 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 OA membership is a desire to stop eating compulsively.
4. Each group should be autonomous except in matters affecting other groups or OA as a whole.
5. Each group has but one primary purpose—to carry its message to the compulsive overeater who still suffers.
6. An OA group ought never endorse, finance or lend the OA name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
7. Every OA group ought to be fully self-supporting, declining outside contributions.
8. Overeaters Anonymous should remain forever non-professional, but our service centers may employ special workers.
9. OA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Overeaters Anonymous has no opinion on outside issues; hence, the OA 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, films, television and other public media of communication.
12. Anonymity is the spiritual foundation of all these Traditions, ever reminding us to place principles before personalities.

*Permission to use the Twelve Traditions of Alcoholics Anonymous
for adaptation granted by AA World Services, Inc.*