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## Veterans Benefit From Overeaters Anonymous

— *Bev G., RN, MS, FNP*

My job as a nurse practitioner is to perform physical exams on members of the military who have returned from Afghanistan or Iraq, or who are seeking disability benefits from the government for problems that occurred during active duty. I have discovered over the years that veterans who stop abusing drugs or alcohol often switch their addiction to food. Overeaters Anonymous offers a Twelve Step program of recovery from food addiction.

The veteran population differs from other patients because of their experiences. They give up personal will to conform to what the government



wishes. They sign a blank check that says they will give up their lives if needed. To survive, military men and women must “suck it up” and not express their feelings. Boot camp breaks them

down to rebuild them into a cohesive group. For many, this can be lifesaving since they never knew discipline before. For others, this can cause emotional and physical difficulties. Some military men and women have even been discharged for being overweight.

The protocol for the exams I perform includes assessments for suicide risk, depression, alcohol use, and tobacco use, but no assessment for a food problem. However, there is often a shame of obesity in the military as servicemen and women are weighed, measured, and must meet the require-

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## Recognizing Food Addiction as a Disease

— *M.S., MD*

This is my story as both a physician and an over-eater in recovery in Overeaters Anonymous. Much of my recovery has been letting go of old ideas rather than learning new techniques, knowledge, or information.

I struggled with weight in my early teen years and began to diet. It was just a few pounds, and self-discipline sufficed to handle the issue. However, this is a chronic and progressive disease. Over the

next twenty-plus years, my struggles increased, the weight swings became greater, and compulsive diets became more bizarre, punctuated by brief periods of bingeing and vomiting. With every diet, I thought I would lose the weight so I could return to “normal eating,” while totally denying that I did not know what normal eating was. My medical training in the early 1960s did not address addictions. Even today many



health professionals do not include compulsive eating with addictions.

As a physician and a man, I was too proud to go to any of the commercial weight loss programs or to even talk about my struggles. They were my

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## Veterans Benefit From Overeaters Anonymous

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ments. I have seen in some treatment records comments such as, “placed on a diet,” “increased soldier’s physical therapy,” “not following orders, still has not lost weight,” or “consider release from duty.”

Part of working in health care is the art of listening. Service members who gain weight after leaving the military and are upset about it blame decreased exercise. As a provider, I try to listen for what they are really trying to say.

One recent patient said

she was kicked out of the military for a weight problem. Initially weighing 160 pounds (73 kg), she ballooned to 300 pounds (136 kg) and had gastric surgery. She lost the weight but is now gaining and up to 180 pounds (82 kg). When we talked, she said she had spent so much money trying every diet. She didn’t know what to do; she just kept eating and couldn’t stop. Her primary doctor told her she had no willpower, and her husband told her to go back to a national weight loss program. I asked her if she had ever heard about OA, and she

said no. I gave her the Fifteen Questions, a self-quiz available on the OA website, and a pamphlet with the website address. We also talked about how she could find an OA meeting.

Another patient I saw recently was a young man. He seemed depressed, and I noticed he was seeing a mental health practitioner as part of his evaluation. As I began his physical, I asked him how much weight he had gained. He responded that it was a lot. He said he drank a lot when he left the military but was able to quit. He said he couldn’t seem to stay on a diet.

I told him about OA and gave him the Fifteen Questions to see if perhaps it fit him. He cried and said, “Do you think they would let me in? I’m so ashamed.” I told him anyone with any type of food problem is welcome, and it is good to give it a try. In his case, he has severe anxiety and cannot be around people. He did four tours of duty in

Afghanistan, one in Iraq, and was wounded in an explosion. I explained about phone meetings and suggested his counselor might help him get to a face-to-face meeting.

Another patient was a young woman who entered the military at age 19 and is now 26. She too was seeing a mental health professional because she was raped while in the military. She had gained 85 pounds (39 kg) and felt ashamed. She tried to numb her feelings in various ways. We talked about what a Twelve Step program is, and I gave her the Fifteen Questions. I told her to take them to her counselor and decide whether this program might be good for her.

These might seem like extreme cases, but for veterans they are not. It is good medical care to listen to our patients. It is our responsibility to question them, not pass judgments, and give them the option to get their lives back in a fulfilling way.

## Enhance the Waiting Room Experience!

Overeaters Anonymous publishes *Lifeline*,

a full-color magazine produced monthly (except June and December).

In *Lifeline*, OA members share their experience, strength, and hope found in OA. Subscribers consider *Lifeline* “a meeting on the go.” Your patients or clients may benefit from reading *Lifeline* while in your waiting room. To subscribe for \$23, go to [oa.org/lifeline-magazine/subscribe-to-print-lifeline/](http://oa.org/lifeline-magazine/subscribe-to-print-lifeline/).



## Complementing the Professional Community With Overeaters Anonymous

*Many professional organizations and institutions work with OA members to inform other professionals and the public about compulsive eating and the resources available in OA to address this problem.*

OA is not in competition with the professional community. On the contrary, many members consider OA to be a complement to the professional services they receive.

In part, OA works because it offers an ongoing support system for members and encourages them to help one another,

thereby weakening their isolation and loneliness. OA members provide this support through sharing their experience, strength, and hope with one another. OA claims no medical, nutritional, or psychological expertise. It suggests that interested members contact qualified professionals for help in these areas.

## Pamphlets for Professionals

The World Service Office of Overeaters Anonymous has pamphlets for health care professionals. To order, call the WSO at 505-891-2664 or order online. Find these and other pamphlets at [bookstore.oa.org](http://bookstore.oa.org).

### Introducing OA to Health Care Professionals—

Explains how OA complements professional care. Includes a questionnaire for clients and patients about eating behaviors. (#753/\$.15 each)

Is Food a Problem for You?—Includes fifteen questions to determine if someone is a compulsive eater, a description of the OA program, member testimonials, and the Twelve Steps. (#750/\$.20 each)

2010 Membership Survey Report—Summarizes the types of problems OA members have with food; whether they have lost weight, gained weight, or neither; and how OA has helped them recover emotionally, physically, and spiritually. (#102/\$.20 each)

US Shipping: \$5 for orders up to \$24.99; 20% for orders \$25 to \$59.99; 17% for orders \$60 to \$99.99; 12% for orders above \$100. Call the WSO at 505-891-2664 for expedited orders and shipping outside the US.

# Food Was This Clinician's Anesthetic

— A.C., MSW, LCSW

I am a mental health practitioner who also is a member of Overeaters Anonymous. I joined OA five years ago after struggling with my weight for more than fifty years.

The rest of my life functioned well—or so I thought. I was a successful psychotherapist in private practice, married for over three decades, and raising a healthy family. Unfortunately, I also lived a life of shame and despair due to my size and inability to put down the fork. Because I was a

mental health clinician, I thought I knew all about addiction, feelings, codependency, and dysfunctional families. I never realized my addiction to food was contributing to my depression and my family's impaired function.

I could not identify what feelings triggered my eating. I thought I loved food, was "big boned," and had not found the right diet, even though I lost weight hundreds of times through many popular programs. I failed to realize that food numbed

me just like alcohol or drugs numb other addicts. I didn't feel because I was anesthetized by the food.

In OA I found the support of fellows who had the same disease: compulsive overeating. I worked the OA Twelve Steps, found a healthy food plan, not a diet, and stuck to it with the support of OA. I lost all the weight I needed to and reached a healthy BMI, which I have maintained for four and a half years. This is the first time in my entire life that I have not gained weight.

## Preamble

Overeaters Anonymous is a Fellowship of individuals who, through shared experience, strength, and hope, are recovering from compulsive overeating. We welcome everyone who wants to stop eating compulsively. There are no dues or fees for members; we are self-supporting through our own contributions, neither soliciting nor accepting outside donations. OA is not affiliated with any public or private organization, political movement, ideology, or religious doctrine; we take no position on outside issues. Our primary purpose is to abstain from compulsive eating and to carry the message of recovery through the Twelve Steps of OA to those who still suffer.

## Recognizing Food Addiction as a Disease

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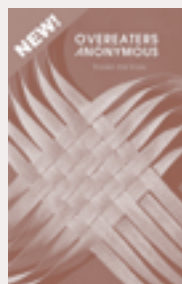
private hell. I could not hide the weight swings but could not talk about them with anybody.

In the 1970s, I began to recognize that addiction is a disease rather than a moral issue, and that willpower is not sufficient to produce recovery. My eating issues had many parallels to alcoholism, and when a good friend invited me to attend Overeaters Anonymous, I couldn't make up an excuse not to go.

This program has worked for me for the last seventeen years. I have released about 120 pounds (55 kg), and it has stayed off. The OA program has given me a healthy body, a workable plan of eating for all circumstances and contingencies, and improved relationships with family, friends, the world at large, and myself.

## New Resource for Patients

From the new book by Overeaters Anonymous, H. Theresa Wright, a dietitian specializing in addictive and compulsive eating disorders, discusses "The Role of a Plan of Eating in Recovery from Compulsive Eating." Suggest OA's new Brown Book, *Overeaters Anonymous, Third Edition*, to your patients and clients or order a copy for your office.



To purchase *Overeaters Anonymous, Third Edition*, go to bookstore. [oa.org](http://oa.org) (#980/\$13.50; #981/\$303.75, box of 25). E-book available from popular online retailers. For expedited orders, call 1-505-891-2664.

"Often, people have struggled with their obsessions [with food] 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 men and women 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."

*from Overeaters Anonymous, Third Edition, "The Role of a Plan of Eating in Recovery from Compulsive Eating," p. 192, by H. Theresa Wright, MS, RD, LDN*

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# 12 STEPS

## *Twelve Steps*

- to freedom from yo-yo dieting
- to peer understanding
- to renewed self-esteem
- to freedom from compulsion
- to a healthier body
- to a new attitude toward life



[oa.org](http://oa.org)



*Together We Can*