

2011 Highlights:

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Why Should You Refer a Patient to OA?



— Vivian Eskin, PhD

As I reflect on my career as a psychotherapist/psychoanalyst, I have fond memories of my first job working with recovering alcoholics, many of whom had cross-addictions.

Working with alcoholics and drug addicts and ensuring they attended detox and rehab programs and AA or NA meetings were no-brainers. If they were ac-

tively using alcohol or drugs to self-medicate, I would not work with them. They had to be sober and abstinent for one year and attending at least three to four AA or NA meetings per week.

But I could not tell people who suffer from compulsive overeating and bingeing to abstain from food. They need food to live! Talking with them about the addictive qualities of compulsive overeating was a challenge. Food sustains us, but for the compulsive overeater, it takes on a perverse quality quite different from sustenance. It destroys.

Rehab did not exist for the compulsive overeater. Now, such programs are called “fat farms” or “spas,”

where people must diet and count calories. Compulsive eating is not about a diet. It is about a person’s relationship to food. It has its origins very early in one’s life and gets twisted up with all kinds of feelings, thoughts and destructive behavior.

Overeaters Anonymous is a powerful component of treatment for the compulsive overeater. I have come to believe it is vital to an overeater’s recovery and to the power of deep psychotherapy. Adding the Twelve-Step component helps people break out of isolation, shame, guilt, loneliness and the perception they are the only ones with such a problem.

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Medical Students Gain Insight

— Jill H., former member of the OA Board of Trustees

In 2008 the *Courier* included an article about fifth-year medical students in Christchurch, New Zealand. Members of Overeaters Anonymous (OA) and other Twelve-Step fellowships had shared addiction experiences with those students, whose studies included addiction medicine. For today’s Christchurch students, regular attendance at a Twelve-Step meeting, such as an

OA meeting, and a written report about the experience are course requirements.

The *New Zealand Medical Journal* of the New Zealand Medical Association recently published a thematic analysis of the attendance of 72 students at OA meetings over a period of six years. Initially, most students chose to attend OA meetings (rather than, for example, Alcoholics Anonymous or Narcotics Anonymous meetings) because the students doubted food could be an

addictive substance the way drugs are.

The writers noted other addictions, such as drug use and gambling, are recognized mental disorders affecting the users’ lives and the lives of those around them. But little documentation exists about the lives of compulsive overeaters.

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Dr. Marty Lerner Receives OA Appreciation Award



The OA Appreciation Award recognizes people who advance OA's primary purpose of carrying the OA message. A nominee must be a non-member whose efforts have significantly increased awareness of the problems of compulsive eating and the effectiveness of OA as a solution.

At the 2010 OA World Service Convention in Los Angeles, California, Dr. Marty

Lerner received the award for his staunch support of OA. Dr. Lerner is a board-certified clinical psychologist and executive director of an eating-disorders recovery facility in Florida. He has specialized in the treatment of eating disorders since 1980 and authored several publications.

His treatment facility encourages participants to attend OA meetings and provides transportation. As part of the recovery pro-

cess, the facility's residents also attend local recovery conventions and OA events.

In his acceptance speech Dr. Lerner said:

"The piece that was missing was that although science knew a lot more about the physiology and the biochemistry and the physical part of this disease ..., and we knew a lot about the psychological makeup, there was nothing there on the spiritual side of it. And the fact of the matter is

that it's not an intellectual disease. It's a three-legged stool, and basically the piece that put it together for me, and what you all have done for me in my profession and for the people that I work with, is ... that final piece, a power that we all kind of cultivate—our own Higher Power—and that's unequaled ... It is the missing link ... No profession that I know of ... has been able to do what you all have been able to do."

Medical Students Gain Insight at OA Meetings

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Attendance at OA meetings provided an opportunity to learn more.

The study of the students' reports found a developing understanding of addiction in general and addictive overeating in particular. Many students had never considered people could be addicted to food or could "give up food" the way people give up addictions to other substances. They learned of the harm caused by addictive eating, including uncontrollable bingeing, starving, swearing off and starting over again; suicidal inclinations; social



and physical isolation; and broken relationships and lives. They likened this harm to that from other

addictions. They felt many people see food addiction as a convenient excuse for excess eating, and clinicians rarely consider addiction as part of the development of compulsive-eating problems.

Attendance at OA meetings provided an environment in which clinicians and researchers could learn more about addictive eating from people who identify as overeaters, thus bringing increased compassion, empathy and confidence to their professional work with compulsive eaters.

As one student said, "Listening to the individual stories, I found this addiction to be astoundingly similar to alcohol and drug addictions. Compulsive eaters were powerless over food ... But like in other addictions, people had to hit rock bottom before turning around or seeing the light." The students observed that addiction often swaps one substance for another and a compulsive eater may be addicted to alcohol, drugs and other addictive behaviors.

The survey concluded that "a willingness to listen can benefit both clinicians and patients and may help bridge the gap between the theoretical construct of ad-

dictive eating and their confidence in assisting patients presenting with such a disorder." It added that as a teaching method, attendance at an OA meeting would not only be appropriate for students in training, but may also be useful for the ongoing professional development of qualified practitioners.

To read the full medical journal article, go to www.nzma.org.nz/journal/123-1311/4033/.

If you or other health professionals would like to attend a meeting, contact your local group of Overeaters Anonymous. Most cities and towns list OA in the phone book, or check out the OA Web site, www.oa.org.

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.

Why Should You Refer a Patient to OA? *Continued from page 1*

Similar to other addictions, compulsive overeating is about medicating feelings. Different from other addictions, it is about emotional hunger. It deadens feelings, swallowing them along with words and thoughts. Overeating weakens the capacity to think, breathe, digest, process and feel alive. It makes you tired.

A compulsive overeater told me it feels shameful to feel so different and ugly. "People who drink or use drugs look normal, but I don't. For them it's much easier. You can see I'm different and don't fit in."

Reflecting on her words, I don't think it is easy for anyone battling an addiction, but it appears that way to some. We know staying out of OA "rooms" isolates people; they bathe in self-pity, self-hate, anger, and envy of the rest of the world. By going to OA meetings, getting a sponsor and working the recovery program, one learns about his or her relationship to food. That powerful awareness facilitates change.

Listening to My Own Advice

— Larry S., MD

I have been out of residency for nine years, but until three years ago, I did not listen to my advice to patients about their weight problems. I failed to address my own weight problem.

Throughout medical school and residency, I learned about the harmful health consequences of obesity. But by the time I was out of residency, I was 318 pounds (144 kg) with a BMI of 49.8. At 5'7" (170 cm), I should be 157 pounds (71 kg). I knew I was overweight, but thought nothing of it as I told patients the best way to get their chronic medical conditions under control was to lose weight. I lost weight with diet plans, weighing 260 pounds (118 kg) before my wedding, but within three years, I was back to 315 pounds (143 kg).

Three years ago I discovered a program that made me think about my weight in a different way, and it provides a resource for my patients who struggle with weight: Overeaters Anonymous (OA), a Twelve-Step program patterned after Alcoholics Anonymous. It focuses on problems with food and on recovery from eating disorders. Success in OA allows a person to lose weight and maintain that weight loss over time.

In OA I learned I had to find spiritual and emotional recovery to achieve physical recovery. I discovered how spirituality is different from religion, how I can deal with feelings without eating to get rid of them, and what it is like to do physical activities that had tired me in

Pamphlets for Professionals

The World Service Office (WSO) of Overeaters Anonymous carries pamphlets for health-care professionals. Call the WSO; you may also order these and find other pamphlet titles online at 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 15 questions to determine if someone is a compulsive eater, a description of the OA program, member testimonials and the Twelve Steps. (#750/\$.20 each)

Treatment and Beyond— Explains OA's recovery program and eases the transition from treatment center to OA meeting. (#757/\$1.00 each)

Fifteen Questions— Helps your client decide if he or she is a compulsive overeater. (#755/\$.10 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 for expedited orders and shipping outside the US.

the past.

It began for me by attending a "face to face" meeting. The OA Web site posts local meetings at www.oa.org/meetings/. Meetings are open to anyone who wants to discover if OA is right for him or her. I met people from all backgrounds and in all sizes, people who, like me, have struggled with weight issues most of their lives and have a desire to get help.

I attended OA conferences, where I met people who had lost 20 to 140 pounds (9 to 64 kg) and kept it off for many years, unheard of with weight-loss medication. It may occur with bariatric surgery, but not to such an extent. And OA members could control their chronic medical conditions with proper eating and exercise! Their experience, strength and hope have helped me continue my OA program.

My OA experience has given me a resource for my patients who struggle with weight problems. When a patient brings up these issues, I feel more empathy

because I have confronted my own weight problems. I seldom tell them I am in OA, but I do tell them a Twelve-Step program exists for people who struggle with issues around food and weight and who have lost weight and kept it off for years. I give them information about OA and tell them to explore it to see if it is for them. As a professional I find it hard to meet people who, even after bariatric surgery, still struggle with weight issues. In OA I found that maintaining one's weight requires recovery on three levels—spiritual, emotional and physical.

Since becoming an OA member, I have lost over

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 overeating and to carry this message of recovery to those who still suffer.

100 pounds (45 kg). I am still obese, with a BMI of 32.7 (209 pounds, 95 kg), but I continue to lose weight. I feel more comfortable recommending to patients, both teens and adults, that they lose weight, and now I have one more resource for them. Most people have not heard of OA and welcome information about it. OA is 51 years old and available worldwide. It works for all types of eating disorders, but if our patients do not know about it, they cannot discover the miracles it has to offer.

Is it time to listen to our own advice? I did, and as a result I am living a life beyond my wildest dreams!



To hear firsthand the recovery attained by members in Overeaters Anonymous, listen to podcasts on the OA Web site at www.oa.org/podcast/. Podcasts in English, Spanish and French explore remarkable recoveries with individual members. Hear a recap of an OA meeting and readings from OA pamphlets.

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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



www.oa.org



Together We Can