CHAPTER 9:
IDENTIFYING TRIGGERS AND ISSUES

(Definitions and Helpful Organizations)

Are you, a family member, or a loved one a food addict? What are the symptoms of an eating disorder?

SEE HOW MUCH DIETS, FOOD, AND BODY IMAGE AFFECT YOU!

Simply circle "Yes" or "No" next to the question.

1. Are you or someone you know constantly obsessing about diets?	Yes	No
2. Do you or someone you know get anxious around a lot of food?	Yes	No
3. If you or someone you know skip a meal, is it a big deal?	Yes	No
4. Are you or someone you know constantly obsessing about food?	Yes	No
5. Do you or someone you know feel a lack of control or a need for control?	Yes	No
6. Are you or someone you know secretive and isolated a lot?	Yes	No
7. Are you or someone you know constantly worried and unhappy about your body image or worried about your appearance?	Yes	No

8. Do you or someone you know feel worthless, hopeless, and depressed because of eating habits?	Yes	No
9. Do you or someone you know feel defined by body image (appearance) and weight?	Yes	No
10. Are you or someone you know always looking for the magic bullet?	Yes	No
11. Do you or someone you know have ritualistic patterns or rigid rules of discipline (like needing austere schedules)?	Yes	No
12. Are you or someone you know in denial, dishonest, or defensive about weight, body, and diet issues?	Yes	No
13. Do you or someone you know, weigh or measure yourself and/or meal portions a lot?	Yes	No
14. Do you or someone you know blame everyone and everything but yourself for bad situations? (Being a victim and not taking responsibility.)	Yes	No
15. If you or someone you know blow your diet, is the day "ruined"?	Yes	No
16. Do you or someone your know have a family history of addiction (alcohol, drugs, food, sex, etc.)?	Yes	No

If you answered **Yes** to two or more of these questions…feel like bingeing? Instead, continue reading this chapter for answers, solutions, and helpful organizations.

While modeling in Paris, Milan, and other European cities, we had tantrums watching the stick-thin models eat whatever they wanted. To keep up with the models, we would eat just one apple a day (to keep the doctor away). From our five-star hotel, we'd request this single, humble fruit be elegantly placed on a silver platter. It helped that the apple appear important rather than so lonely. Following the fashion shows, my sis and I would neurotically call room service and request everything in the kitchen. Of course, we'd claim we were giving a "fashion party" for many friends. This "Roman feast" (in Paris) extended beyond our hotel suite into the fine dining of several Paris restaurants. Ignoring famous

art museums and landmarks, we insisted the only fine art was those French pastries. Disaster soon followed. Shane, "Miss Drama Queen," demanded to be taken to a hospital in Paris. Of course, headline news stated "Barbis' near-death experience." Actually, it was only an acute case of constipation. To put it lightly, Shane never did get to experience those fancy bidet toilets. How do you spell relief? LAXATIVES! Destiny, thereafter, opened up new diet doors in more than one way. I'm sure the South American drug cartel would have been impressed with our stash of laxatives. Our first laxative overdose started with, "Excuse me, I have to use the ladies room," to "Move it lady; this unloading won't be pretty!" We'd drop to the ground so many times from those overdoses you could almost see a chalk outline of our bodies on the floor. Definitely not a calendar shot!

Rarely do people connect dieting and weight problems with having a disease and needing recovery. Because obesity is an epidemic, people assume it is the norm to have a problem with weight and deal with it by using the popular diet or diet aids. If someone has been on continuous diets unsuccessfully, this could be *one* sign of some type of mental ailment that accompanies the physical struggle. Furthermore, if someone is preoccupied with food and/or his or her body, then food is not the problem and diets are not the answer. Weight gain or loss at that point is also not the problem but is the *symptom* of a subliminal issue. The media enables the compulsive overeater, making him or her think that the right diet will fix the problem. The media also perpetuates the anorexic's delusional thinking that they are ahead of the game by using extreme dieting as a way to feel they have control.

These are the key signs of obsessive-compulsive disorders: control, denial, shame-based, self-absorbtion, secrecy, a victim mentality, and repeating one or more destructive patterns. As with any disorder, whether it is alcoholism or bulimia, control is the always an issue. There is either a feeling of lack of control or a need to gain all control. Sometimes it's a combination of switching from one to the other, as with the compulsive overeater who turns to bulimia to compensate for the binges. People without food disorders manage their weight struggles differently than people who have a disease.

Let's go over some of the terms I use in this book.

A ***Symptom*** is a manifestation (clue or sign) of a destructive or disruptive disorder, usually a disease. When speaking about eating disorders, the symptom is usually weight (physical) or the food abuse (mental).

Symptom-Chasing is addressing the symptom and not the reason for it. Symptom-chasing is dealing with the weight (by dieting) but not addressing the reason for overeating (deep issues).

A ***Survival Mechanism*** is a defensive or destructive behavior used to control, deny, or deal with honesty and problems. The survival mechanism is the act of binging, dieting, purging, or exercising excessively. This act

is used to solve other problems in other areas. For instance someone may starve from food because they feel a lack of control in a relationship or depressed over failure in their career.

A ***Survival Tool*** is a tool or a drug of choice used to enable a survival mechanism and achieve a certain result. The survival tool could be the food, diet, exercise routine, or laxatives. For example, someone may symptom-chase his or her weight gain by dieting.

When people diet to escape, control, or comfort themselves, then it becomes their survival mechanism. Dieting becomes more important for those issues, not just weight. It literally takes a life of its own! *Survival mechanism* is another term for a problem-solving defense method used for *all* issues. Denial is also a survival mechanism because it is a destructive behavior used to deal with and deny honesty and problems. If the survival tool or mechanism worked previously, a person will try the behavior again until it becomes a habit or learned behavior. The mere memory of their survival tool working previously keeps the sufferer continually using this method, even when it fails. This is addiction.

As with any addiction, there are chemicals and hormones released with any memory of a high. For example, dopamine creates a euphoric high of its own. Your learned behavior, memory of your own high, and your body's euphoric embellishment makes it nearly impossible to break a survival mechanism or an addiction. People with food disorders actually symptom-chase their weight problems by continually using their survival tools. In addition, they use their survival mechanism for dealing with all problems, including the ones that came from the symptom-chasing. At some point, the survival mechanism becomes a bigger problem than the one they used it for originally. Under normal circumstances, a change in diet and exercise helps someone lose extra pounds. Then you have someone who uses food and diets as survival tools to invent a behavior to cope with problems: a survival mechanism. This is when someone may use food to comfort themselves or escape. The food eventually stops working, which makes the person lose "control" of their weight. The person may turn to extreme methods to get rid of the extra pounds. Perhaps the compulsive overeater will eat because of their weight gain, while bulimics will purge. It doesn't matter which extreme someone resorts to; it's all about control. The compulsive overeater started eating over issues long before the weight became a problem. Turning to a diet or starving is another way to escape real problems. Compulsive overeating or any extreme diet abuse will continue until the real issues are addressed. You have to find out what's eating you or what you are eating over. Simply put, when food and diets are used as survival tools to practice their survival mechanisms or methods of control, there is no longer any problem with weight. The weight is only a symptom. Denial perpetuates this symptom-chasing.

The first signal of any mental disorder having to do with addiction is denial. Denial is also a survival mechanism because it is a behavior used to wipe out honesty or any responsibility. For most, being truly open and honest, and being able to confront people (or problems), is extremely uncomfortable. People often would rather settle for a more convenient way out. Skirting and minimizing problems and issues, or outright denial, allows us to feel safe in our comfort zone so we can escape pain. There are three ways in which we are viewed. First, there is the way we see ourselves. Next, there is the way others see us. And finally, there is the way we really are. Denial keeps us from seeing the way we really are.

One of the key factors in body dysmorphia is misperception. Misperception is our mind learning to lie. Our intuition is not guided by our egos. We always know the truth because intuition is the truth. However, years of learned behavior has taught most of us to live and speak in denial. Most sitcoms on TV are based on some form of dishonest denial. Children are naturally honest. Then they are taught that it is impolite to hurt someone's feelings, even if it's the truth. As grownups, we learned that it is politically incorrect to say how we actually feel; it isn't acceptable. Subsequently, if a child is growing up in a household where denial is the *norm,* that child will grow up thinking communication is about avoiding what is real or uncomfortable. That is why recovery is based on rigorous honesty. Without honesty, there can be *no* recovery whatsoever! The saying "in secrets lies sickness" holds true. It isn't important to overanalyze the reasons for the different survival mechanisms used to deny these feelings. What is important is simply the ability to be honest. Rather than asking *why* we are sick, we should ask *how* to get well. Only then is healthy change possible. I notice that individuals who clench their denial and refuse to be honest are the ones who want to continue their behavior. In order to change, you have to first admit denial doesn't work. Denial is simply a set-up to continue the same mistakes. Next, you need to break the chain of patterns by applying honesty as the first remedy. Willingness is a precursor to honesty and the opposite of denial. It is only at that moment of willingness to be honest and open that we are ready to begin to solve our problems or heal our emotional wounds.

Once you have broken the pattern of solving inside problems with outside fixes, you have begun the recovery process. The key word here is *process.* There is no such thing as being recovered or cured; it's a lifelong process, one day at a time. There is also no such thing as a quick fix, which most try time after time. Insanity is repeating the same mistake over and over and expecting different results. (Try having a twin who also repeats your own mistakes.) Process enables growth. There's no such thing as staying the same. You either regress or progress. When you make a mistake, rather than using an outside fix to change it, learn to face the issue that provoked the destructive behavior. That is growth, and thus progress.

A distinctive characteristic of an addict is instinctive behavior. When a "normal" individual matures, that person outgrows self-indulgences, or instinctive behavior, and uses *intuition*. Through introspection, mature or recovering addicts learn to guide their choices through intuition rather than spontaneous self-indulgence like an animal. Instinct is based in *fear* as opposed to faith and trust. Impulsively making decisions destroys any development of a consciousness of future consequences. Evidently, the addict survives *for that moment only,* constantly trying to find an easier, softer way and relinquishing any thought of repercussions. Acting on impulse also diminishes any development of delayed gratification (waiting or planning for something). Delayed gratification is part of mature behavior, as opposed to immature behavior, which only focuses on fulfilling any spontaneous self-indulgence. Impulsive behavior leaves no time for introspection (intuition) and no room for appropriate choices. Practicing delayed gratification paves the road to commitment.

In order to confront uncomfortable issues, we need to be able to *introspect* from a healthy viewpoint. When we act based on fear, guilt, and shame, it perpetuates and condones self-destructive behavior. Realistically, we should realize that when we make mistakes our normal response is guilt. However, someone who is shame-based rather than guilty thinks he or she *is* the problem, rather than *has* a problem. This can create a paranoid feeling or a victim mentality. A *victim mentality* is when a person thinks he or she is a victim of circumstance rather than thinking there is a *reason* for circumstances and choices. In other words, it is a lack of responsibility, or *giving power away!* This person also thinks that no one can relate to or understand them. This makes it impossible for any healthy action to be taken when thinking this way. Diseases such as alcoholism or eating disorders aren't licenses to condone irresponsible behavior. In other words, giving your behavior a name and calling it a disease isn't an *excuse.* Identifying the disease is giving us the *reason* why we are self-destructive and continue unhealthy behavioral patterns, no matter how much willpower we use to try to stop it. However, as addicts, we *do* have the responsibility to recover so we don't continue these destructive behaviors. Actually, recovery is taking the word *blame* out of the process altogether. If we refrain from being victims, we can't blame others *or ourselves.* Taking responsibility is the opposite of being a victim. Victims wait to be rescued, while they blame themselves and the world. They are *reacting* rather than *acting.* Poor choices are the reason for poor circumstances, which can easily be reversed and remedied by action: healthy choices. Taking responsibility is taking action toward a solution.

I think one of the most important factors in getting well is knowing that you are not alone. Your suffering is not unique. As a twin, I still felt alone. I thought God made a cruel joke by supplying me with a twenty-four-hour mirror to reflect all my problems. Self-absorption is a strong

characteristic of someone who is not well. Addicts are preoccupied with their feelings, appearances, and remedies. This really keeps the addict in the disease and it usually manifests into other areas, like body dysmorphia. That's why I prefer group therapy for lasting recovery. This shifts the focus from yourself and disrupts the isolation. Isolation encourages one to ruminate over the problems, not solutions.

Just as important as identifying with the emotional issues is identifying the physical triggers, both of which perpetrate the disease. Don't put yourself in a situation that embellishes your compulsive behavior. Triggers are unhealthy people, places, or things that bring you back to unhealthy behavior (more in Chapter Five). People feed their emotional and physical triggers because they don't connect weight problems with mental diseases. You need to connect the mental with the physical issues in order to get recovery. For example, let's say I feel very uncomfortable with my coworkers in social environments. During my company's functions, I deal with my uncomfortable feelings by compulsively overeating at the scene of the crime. I deal with my guilt by practicing bulimia at home. Neither of these methods fixed my uncomfortable feelings. In addition, my overeating and purging just added two more problems on top of my uncomfortable feelings. As important as my career may be, my physical and mental health are more important. FACE AND REPLACE! This is how I face my feelings: I attend group therapy prior to the company function and "vomit" my feelings at the meeting. I also pre-plan meals of food replacements—enjoyable meals I can look forward to. If I pre-plan my situation and meal plan, I won't set myself up for compulsive, out-of-control behavior.

This is where allowed/disallowed eating comes into play (further details in Chapter Four). Rather than saying "never," allow yourself certain foods at special times. This will also be a good way to wean yourself off of sugar or animal meat. It's normal to enjoy comfortable eating, as long as you aren't eating for comfort. The foods that put your mind into an insatiable cycle of desire are foods to avoid altogether, one day at a time. Certain foods are loaded with tryptophan, which triggers serotonin, a brain chemical that makes us full and satisfied. We think chocolate and other goodies are the exclusive foods that will satisfy us, though they actually can encourage a hypoglycemic reaction, causing repeated cravings. That is why we must educate ourselves about trigger foods, brain chemicals, and hormones that either make us satisfied or make us act compulsively (further details in Chapter Five). There are healthy "non-diet" foods that can replace certain cravings without triggering the "insanity" chemicals. You should educate and experiment yourself so you can learn which enjoyable foods are best for your health and mental state. So you don't feel deprived, you can plan for allowed/disallowed eating. There might be a time when you want to *treat* yourself to something you normally don't eat (not a trigger food). This is done by planning the time and amount of a meal. This prevents

the compulsive eating behavior. Compulsive eating is eating unplanned food without any boundaries. For the food addict who is new to recovery, I usually advise staying away from extreme dieting. Use a food plan that is simply *better* than yesterday, one day at a time. Gradually, the food addict will evolve intuitively and learn the difference between enjoying the food guilt-free and bingeing.

Is overeating or starving a choice or a disease?

In the beginning, poor choices can develop into a habit. Depending on other circumstances (genetic predisposition and mental state), the bad habits may develop into an eating disorder (or any disease), which is NOT a choice. However, **RECOVERY** is a choice! That doesn't mean that all overweight or skinny individuals have eating disorders. Genes, learned behavior, and personal choices are basically the reasons for someone's weight appearance. Sometimes simple education can change someone's lifestyle and, therefore, their own body weight. Education and developing good habits are the basics of all recovery.

What makes an eating disorder develop into a disease or an addiction?

1. When it stems from depression, anxiety, obsessive-compulsive disorder (OCD), or any other mental disorder—not the love of food.
2. Low levels of imbalanced hormones and brain chemicals.
3. When it becomes a destructive behavioral pattern, eventually becoming life-threatening.
4. When your WILL has nothing to do with it.
5. When you use FOOD or STARVING as a drug of choice or survival tool.
6. When you use a destructive behavior (survival mechanism) to: DEAL, ESCAPE, or CONTROL.
6. When you lie, cheat, and steal to hide or fulfill your destructive behavior.
7. When you are dictated by fear and shame.
8. When you live instinctively rather than intuitively. This means you live without introspecting about consequences).

- Major weight fluctuation is NOT about the food or appearance. Weight fluctuation is only a symptom of something major going on inside..

How does an eating disorder begin and escalate into a mental illness?

An eating disorder is both a genetic disposition and learned behavior. A *disease* is a condition of abnormal functioning or impaired health. Eating disorders are a disease of mental health. When sufferers chooses to use their survival mechanism (binging or starving) repeatedly, they are entering the addiction phase. Possibly at one time the survival mechanism had worked to help release anxiety or escape from pain. Eventually it no longer matters, because the need to practice the survival mechanism becomes stronger than the reason for doing it. No one chooses to be anorexic or have a compulsive overeater. When speaking about eating disorders, a disease is an addiction that becomes so self-destructive it's beyond willpower. The addiction takes over, like any other disease. There is no rationalization with diseases. Physically, the addict's body chemicals and hormones are radically imbalanced, making the person mentally ill. When someone experiences pleasure he or she excretes chemicals and hormones like endorphins (hormone-love), serotonin (neurotransmitter-satisfied), and others. A food addict will actually over-secrete or experience early secretion (dopamine) with just the *memory* of their drug of choice. Mentally, the addict is constantly in the state of intoxication, craving., or crashing. The addict's perception and self-preservation is not functioning like a person who is well. There are basically two types of mental illnesses: psychosis and neurosis. Most diseases begin with neurosis and gradually transcend into psychosis. Neurosis is a mental condition with symptoms of hypochondria, obsessive behavior, and depression. Depression is a form of self-pity that turns into self-punishment or a self-destructive behavior. Psychosis is a mental disorder that causes people to lose contact with reality, and their perception is highly distorted. Neurosis is thinking YOU are the problem (shame-based), not that you have a problem. People that are affected with neurosis's, act like martyrs. Psychosis happens when people think the world is to blame, not themselves. This is a *victim mentality.* Neurotic conditions have a better possibility for recovery. People suffering from neuroses are capable of being aware that their recovery is their own responsibility. People suffering from psychosis think their recovery is dependent on outside circumstances. They usually don't take *any* responsibility for their situation. I have seen every type of addict get well when *they* initiate the responsibility to get help and apply an *honest* recovery program. This cannot happen when addicts have a *victim mentality* and blame the world for all their problems or wait to be bailed out.

What do you do?

First of all, make *yourself accountable* by admitting to your addition and then become willing to accept help. You are half well when you admit to your addiction, because this is the first step of taking responsibility. Rather than focusing on outside fixes, focus on your *feelings*. Weight, diets, food, etc., should be treated as *symptoms*. Therefore, don't symptom-chase. When dealing with eating disorders, sobriety is called *abstinence*. Abstinence is abstaining from compulsive behaviors such as compulsive overeating or purging. An *abstinence program* may include a certain food plan (with scheduled meal times) and avoiding certain trigger foods and situations. A food plan prevents the insanity of having to negotiate with your food. Compulsive behavior is like an avalanche. Once you start to spin out of control, it's almost impossible to *come back* while in the middle of the insanity. *Compulsive* means unplanned and out of control, which is the opposite of abstaining. *Abstinence* teaches you about a life without obsession and the insanity of compulsive behavior.

Most eating disorders stem from obsessive-compulsive disorder. OCD is a ritualistic behavioral pattern that makes dysfunctional individuals feel safe and in control. Perhaps the ritual simply began as a rigid rule or a strict schedule. Regardless, this behavior eventually manifests as some form of addictive behavior. Then this individual discovers their own survival tool or survival mechanism such as food or dieting, that works for them at the time. This tool is used to escape, to *numb* feelings, or to deal with stress and personal issues. This addictive behavior eventually erupts into a negative mental state or disease. No amount of willpower can cure this disease. You can't cure an addiction, but you can replace it with a healthy behavior pattern. A part of recovery is educating and informing yourself about a behavior so you can take responsibility and work toward healthy solutions (choices and actions). A nutritionist and therapy or group rehabilitation will not only help teach the sufferer how to eat but will also teach him or her how to deal with feelings without using destructive eating patterns.

Do you share these feelings of an addictive personality?

1. Obsessive feelings, an almost a trance-like focus on one thing.
2. A feeling of lack, or emptiness. This feeling is coming from nowhere.
3. Fighting for control when you feel a total lack of control.
4. Feelings of constant contradiction: one moment feeling like a prisoner, the next needing boundaries.
5. Fluctuating between the need to fight or flight all the time
6. Finding safety in ritualistic patterns, strict schedules, or rigid rules.

7. The "pseudo" solution, (unhealthy tool), used to fix other problems becomes a bigger problem.
8. Unable to stop destructive behavior with willpower.
9. Lying, cheating, and stealing to repeat destructive behavioral pattern, though you had not done this previously.
10. Unable to live with or without your drug of choice.
11. Constantly looking for outside fixes or using magical thinking (a new high).
12. Continuously attracting, causing, or running from a crisis situation.
13. Shame-based thinking: Thinking you *are* the problem rather than *have* a problem.
14. The craving for any drug of choice is unbearable: No longer seeking the high; instead refraining from the crash or fearing the *withdrawal* from the absence of the drug of choice.

If you realize that you have a disease or eating disorder then you are half well (no longer in denial). Recovery is threefold: physical, mental, and spiritual.

☞ *Physically, balance your body with a researched food plan. This food plan should be a fail-proof plan that won't allow for setting yourself up. Once in a while, allow yourself allowed/disallowed planned treats to refrain from bingeing or purging. This relieves body/food obsession and focuses on feelings to achieve sanity and peace.*

☞ *Mentally, address the issues that you are eating over. Therapy, group sessions, and journals are helpful. If you focus on the diet and not the issues, you are like a dry drunk setting yourself up for a slip. A dry drunk still carries the "ism" without the symptoms.*

☞ *Spirituality is personal but is the main ingredient that relieves you from relying on your willpower. Willpower eventually sabotages your goal. Spirituality helps you release the results to a higher power (whatever it may be). This makes it easy to concentrate on the responsibility of a recovery. Spirituality is a form of surrender that breaks the misconception that your own will (willpower) can do everything. Charity is form of spiritual surrender. When you reach out, it helps release self-absorption, which furthers the recovery process.*

- ✓ Bottom line: Live in the SOLUTION!
- ✓ Rather than symptom-chase, replace with healthy recovery alternatives.
- ✓ Break denial with honesty.

- ✓ Work both sides of recovery: non-diet food plans and addressing issues and feelings through some type of therapy.
- ✓ Live in gratitude and surrender the results (leave out your self-will and worry)
- ✓ "Connect and Contribute." (Reach out to others.)
- ✓ If you make physical and mental health your goal, then beauty, fitness, and freedom from obsession will be the by product.

What do you do if someone you know or love is afflicted with an eating disorder?

Giving advice when it's not asked for never helps the situation. Incidentally, giving advice can be a "disease" in itself. It actually causes the person receiving the advice to retreat and be more secretive and defensive. You can't make someone get well. That person must be willing. Usually when someone is still "practicing" their disease, it is impossible to talk to them rationally. The most effective method to help another addict is to have someone *share* their own experiences of hitting bottom (sick and tired of being sick and tired) and how they attained recovery (hope). This way it never sounds as if it's a condescending lecture.

In extreme cases, intervention works well. This is when a pre-planned gathering of family members, loved ones, friends, co-workers, etc., all gather to share their concerns about the addict's behavior and how it has impacted everyone. It is advised that a therapist or professional arbitrator guide the intervention. You don't want the addict to feel everyone is against him or her. When carefully planned, an intervention usually works very well. Sometimes an outpatient program or rehab is needed immediately following the intervention. Rehabs are safe environments where therapists and other addicts share their experience, strength, and hope. This makes addicts feel they are not alone. Their focus is on recovery 24/7 in order to break old patterns that trigger the addictive behaviors. Interventions show addicts they have lost their "control" over their secret, which makes them more willing to surrender to help. Sometimes, giving no options is best because addicts are unable to rationally negotiate. Tough love can be misconstrued. A carefully planned intervention should include everyone's *mutual* concern. The ***solution*** should dominate the intervention, so the shame doesn't overwhelm the addict.

Most of all, the addict's loved ones should also attend group therapy, such as Al-Anon. You may be unknowingly perpetuating the disease, as a codependent or enabler. You can't work someone else's recovery program. You can give the suffering addict the thirst to get well by setting the example of independent self-help. *Interventions should be conducted with a specialist and family members in a loving, safe environment.*

What do you do if you are in a relationship with someone with an eating disorder or someone who is an addict?

First, ask yourself if you are an addict or are contributing to their addiction in any way. A lot of couples don't realize they are giving mixed messages by participating with the addict. When you don't participate with the addict, they are able to see their addiction as being their own problem. This is also a good silent disapproval. Outsiders sometimes make it about control rather than concern. Next, decide the level of the relationship. If you don't have any commitments or children DO NOT GET INVOLVED WITH AN ADDICT (further details in Chapter Eight). Addicts need an objective friend rather than a mate, which is more helpful. This way you won't make it about you. The addict is "unavailable" for any type of relationship. Addicts are sick and not really responsible for what they do or say. In a relationship, you will take things personally when it's not about you! Addicts claim their true feelings come out when they intoxicated. This only seems true because a dry drunk is in denial. A dry drunk still carries the "ism" (all the characteristics of an alcoholic or food addict) without the alcohol or food. Then, when addicts are "drunk" (with junk food or alcohol), it aggravates the brain, which causes them to spew hateful words and feelings. Their perception is off because they feel they are victims. They will blame you.

If you are married to an addict or committed with children, there are also solutions. There were early clues to this disorder, initially. Perhaps you enjoy role-playing and the need to rescue. In this case, I would suggest emotionally divorcing from the relationship and attending group therapy that specializes with the families of addicts. You should neither condone nor condemn the spouse. It is not your job to fix the addict. However, you can place boundaries and make compromises that directly affect you. If you give an ultimatum, you MUST stand by it. *Bluffing* does not work with sick loved ones. That's not tough love; it's negotiating love. Addicts may die if they don't reach out for help. You, as well, will be pulled down if you try to control an out-of-control addict. An addict needs leverage to move towards sobriety. You can help give him or her the "thirst" for sobriety. Something worth giving up, in order to save, is something worth keeping.

What are the signs or clues of an addiction to look out for?

Any addiction begins with mild obsessive-compulsive behavior. It is said the disease (the "ism") is able to sneak up on you and blow up, out of nowhere. Actually, small **CLUES** are always present:

- *depression, mood swings, or fluctuations between deep depression and a "honeymoon high"*
- *isolation and not eating with others*
- *control issues*
- *secretive behavior*
- *denial*
- *perfectionism or a defeatist attitude*
- *self-absorption or people-pleasing*
- *obsessive behavior*
- *paranoia*
- *"committed victim" never take responsibility; blame the world*
- *shame-based feelings or grandiosity*
- *frigidity and extreme modesty or hyper-sexuality*
- *destructive discipline (rituals, schedules, rules) or self-indulgence*
- *hopelessness*
- *magical thinking*
- *always being in a crisis, fixing a crisis. or causing a crisis*
- *extreme cautiousness or recklessness*
- *inability to live in the present time (NOW) or be self indulgent in the moment without thought of consequences*

All addicts live in the moment, spontaneously indulging without any thought of the reckless destruction. However, their minds are either in the past or the future, never living responsibly in the NOW. All of these things and more can be signs of deeper issues.

What is the best recovery for eating disorders?

You need to treat the disease three ways: mentally, physically, and spiritually. Mentally, the sufferer must join or be active in some type of recovery program and/or therapy. Group therapy, such any twelve-step program, is best because of the sharing experience. It's not about the food or the numbers on the scale; those are just symptoms. It's about the *issues* addicts escape from. The food, body, and mental obsession need to be "released" together. The addict's focus is on control. The addict should learn to deal with issues without trying to control food and the body. It's a LONG-term recovery, usually taking about four to seven years, one day at a time, one meal at a time. In some instances, medication such as anti-depressants, work well with victims of eating disorders. Physically, it is best to have a nutritionist or doctor figure out a healthy food plan and monitor the addict's weight, NOT the addict. If the food plan is *planned* (no obsession involved), the addict is free to work on commitment and his or her inner issues. Addicts need to look at their food as something that will help their health, not as their enemy, drug, or something to fear.

Definitions:

Note: My sister and I are codependent adult children of alcoholics who enabled each other as co-addicts, while suffering from anorexia, bulimia, and compulsive overeating. We also experienced codependent body dysmorphia (I thought my sister's butt was too big.), slips, interventions, and relapses.....you are not alone!

Anorexia nervosa is an obsessive-compulsive personality disorder that focuses on the fear of causing weight gain. Losing weight becomes an anorexic's obsession. Usually anorexia, like other disorders, stems from a psychiatric problem with underlining issues of depression or obsessive-compulsive disorders. Most experts claim there is a genetic predisposition to anorexia. Girls as young as seven years old are showing signs of anorexia and patients have been as young as five. Evidently, learned behavior is also a contributor. Adult anorexia and bulimia is on the rise. There is a growing number of women age forty and up who are suffering from anorexia. There are two types of adult anorexia; one stems from childhood and the other is "born" in later years, usually triggered by stress or some crisis. It was once thought to be exclusive to upper-class female Caucasians. Not any more. Experts claim there is an increasing amount of Asians, Hispanics, and others who suffer from anorexia. Although 90-95 percent of anorexics are women, an increasing number of men have also been shown to suffer from this disorder, particularly members of the gay population. It's estimated that one out of two or three sufferers are men who are too embarrassed to get help. Over 3/4 of female athletes show some signs of an eating/body disorder. Unfortunately there is a 15 percent chance of death from anorexia or bulimia. Eating disorders cause more deaths than any other mental illness. Eating disorders affect 10 million women and 1 million men.

Anorexics live in a constant state of fear, stress, and anxiety. This is partly due to high levels of serotonin, which is caused by overactive neurotransmitters in the hypothalamus. Serotonin usually has a calming effect, but this reverses when it is overabundant. The anorexic feels a loss of control and the need to take control by eating less or not at all (usually less than 1000 calories). Two of the signs are obsession with food content and refusing to eat with others. The anorexic would rather be isolated. Some sufferers combine their anorexia with bulimia. These sufferers will exercise for hours and/or purge along with their starving. Unlike the bulimic, the anorexic never *binges* on large amounts of food.

Anorexics also suffer from loss of body heat. This is due to two things. They lack normal body fat that insulates and protects our organs and body. Also, their bodies' thermogenesis is dormant or interrupted because they lack essential fatty acids. This will increase complications, which include missing periods, easy bruising, and becoming ill often (with the

flu and colds). They also will experience non-healing wounds or continuous infections. Many times, anorexics will accumulate unusual body hair, sometimes facial hair, to compensate for immense loss of body heat. Anorexic's reserves are usually depleted of glycogen, causing the body to leech from their bones, teeth, and hair (emergency reserves). They usually have hair loss, dental problems, and frail nails.

Tryptophan is found in a lot of foods, particularly most carbohydrates, and is a precursor to serotonin. This is why an anorexic instinctively feels the need to avoid food in order to keep the serotonin levels down. This constant fight-or-flight state (norepinephrine) signals excess adrenalin (epinephrine) to be manufactured. This interrupts the anorexic's APV, a hormone responsible for appetite. This lack of APV distinguishes anorexics from bulimics. Recovery is not about gaining weight. If the anorexic's only concern is about weight, she is no different than a "dry drunk". A dry drunk still carries the "ism" (sick behavior), of the disease, without having to use their drug of choice. The "dry drunk" anorexic, for example, is when the anorexic doesn't starve but they continue their obsession, (their sickness).. The weight loss or weight gain is only the ***symptom.*** The anorexic's tool, for instance, might be *starving*, which they use to deal with their personal issues. Anorexics need to learn to deal with issues without using any tool as a reward or punishment. This way anorexics can focus on their feelings rather than their bodies. Everything from the media to magazines *uphold* ultra thin models and actresses. The Internet is also a way for the practicing anorexic to "bond" with other anorexics and to learn new tricks. This "bonding" can be replaced by group therapy with other anorexics, who together share the rewards of the freedom from this obsession. Eventually, in the right environment, the anorexic loses the urge to "disappear" and learns to fight all the unnatural struggles to starve. Although anorexics can also be bulimics, there are the common signs. They are both obsessed with weight and food and try to hide their behavior, bodies, and feelings. Usually they are extremely thin with circles under their eyes. Anorexics will find whatever trick they can use to refrain from eating. Some resort eating paper or cotton to fill their stomachs. Regardless of their methods, they fear fat in their food and imagine it on their body. It isn't any one's fault, but it is suggested that kids often pick up their parents' behavior. If the mother is constantly obsessing about her weight and diet, that will be reflected in her child's behavior. Anorexia and bulimia is accompanied by depression, anxiety, and feeling overwhelmed and out of control. Because it's not about the food or weight, don't make it about that. Anorexics must realize that, without help, they could die. Anorexia is truly a slow suicide. However, anorexics must be willing to get well and desire freedom from the obsession. This will give them peace from the war they have with their bodies and food.

Bulimics have the same obsessive-compulsive personality disorder and control issues as anorexics. The focus is on food, weight, and perfectionism. They also share many traits and habits with the compulsive overeater. The bulimic, unlike the anorexic, eats large amounts of food compulsively (out of control). Like with the anorexic, the bulimic's fear and guilt are extremely overwhelming. This drives the bulimic to extreme behavior to get rid of the food or "make up" for the binge. Bulimia can manifest as purging, laxative abuse, enema or colon cleanse abuse, stimulant or supplement abuse, over-exercising (for hours), or starving (fasting) after a binge. It's a feast-or-famine mentality—never a normal eating pattern. Bulimics might endure other destructive behaviors of their weight control. For instance, bulimics sometimes tolerate or encourage parasites, such as worms, that their systems. They suffer from numerous health problems, such as damaged intestines (stripping their friendly bacteria), esophagus ulcers, liver malfunctions, and tooth decay from constant and unnatural exposure to stomach acid. A bulimic's body is usually full of toxins because she exclusively relies on unnatural evacuations.

Unlike the anorexic, the APV in bulimics is not destroyed. In fact, bulimics' appetites are above average because their abuse leaves them weak and depleted. This cycle is destructive because getting rid of large amounts of food without normal digestion, in a short amount of time, is very harsh and draining on the body. It leaches vital minerals from the body, which can lead to hair loss, dental problems, skin eruptions, crippling bone diseases, candidiasis, and dangerous digestive malfunctions. During vomiting, the hydrochloric acid meant to digest the food in your stomach moves into your throat and mouth, which cause severe problems and can also lead to the formation of fistulas. Fistulas are open wounds that appear in the mouth where the flesh has started to literally dissolve due to exposure to digestive juice.

The excessive diet stress releases a large amount of cortisol. Excess cortisol actually makes it impossible to lose weight. Weight gain or loss is trauma on the body that causes the body to be enervated. An enervated body (drained from nerves) stops working. This means it's difficult to lose weight, and the bulimic will become fat efficient. An exhausted body will experience edema (bloating), usually from adrenal exhaustion (depletion of cortisol). Laxatives, purging, diet aids, and over-exercising create imbalances in the levels of insulin and may cause hypoglycemic reactions. That is why many bulimics are usually bloated, particularly in the face, or don't appear as gaunt as anorexics, no matter how extreme their purging may be.

Bulimics, as well as anorexics, have suffered and sometimes died from heart failure and strokes. Their nutrients and electrolytes are dangerously depleted and this causes fatal consequences. Because bulimics' focus is on

weight loss *at any cost,* they rarely consider the damage they are doing to their bodies.

Simply put, every gimmick stops working and eventually backfires. The body learns every trick you have taught it and tries to compensate. Bulimia actually teaches the body to gain weight without digesting food. With this in mind, you can also teach the body to utilize food properly. Slowly introduce small meals throughout the day, which will help the metabolism and digestive system find their own healthy balance. Gradually incorporate more calories into each meal until you are eating normal meals without trying to get rid of it (further details in Chapter Seven). In addition, bulimics should try some sort of therapy, one day at a time, which will relieve the vicious cycles.

The compulsive overeater simply overeats compulsively. Unlike most addicts, compulsive overeaters wear their disease publicly, making them more vulnerable to criticism and judgment. It is the hardest addiction to hide and is the most politically incorrect disease to endure. When people disregard all boundaries concerning what they eat (when they eat and how much they eat), they are eating compulsively. It's only a matter of time until health problems manifest. The more the compulsive overeater eats, the more food he or she wants . It's an unending cycle both physically and mentally. Instead of finishing after a meal, compulsive overeaters continue to eat until they are sick or intoxicated. This may continue until they pass out. Usually, the binges are late at night. When they wake up, they swear to start a new diet. The guilt, shame, and physical detoxification leads them back to their survival tool and mechanism: food and overeating to comfort their self-loathing. Food is their lover, their therapy, their friend, their relief, and the high that won't abandon them. It has also becomes a *sugar-coated poison* that will kill them. Compulsive overeaters usually are closet bingers. They isolate and use nighttime as a safe environment to hide their disease. Finding dark places, such as sitting in movie theaters or in front of the TV, is a familiar routine for the compulsive overeater. Socializing is usually done on the phone or the computer. Many times, their weight becomes so debilitating that they have to resort to medical assistance.

Ironically, a lot of overweight people have more willpower than most normal eaters. The deprivation diets that they usually endure make their bodies extremely fat efficient. This makes weight gain easier and faster than it is for a "normal person," The hormone leptin (in fat cells) isn't present or properly functioning in overweight individuals. This hormone normally decreases appetite and helps boost energy levels. Moreover, the hormone ghrenlin is overabundant in the compulsive overeater's body. This hormone, located in the stomach, is the body's hunger mechanism. It also gives the brain signals to store fat or make it without any food at all. An overabundance of ghrenlin creates an insatiable appetite and weight

loss difficulties. Another hormone, PYY336, gives signals that we are full when we have eaten. This is deficient in the compulsive overeater, as well. There is a strong link between sleep deprivation and obesity. Without eight hours of sleep, hormones like leptin do not work properly. Ghrenlin, the hunger hormone, over-secretes right before midnight. Cravings for salty and sugary foods become overwhelming without eight hours of sleep. In some cases, the hormone ghrenlin decreases and the PYY336 increases when overweight individuals choose to have radical weight loss surgery.

Individuals who gain weight in the midsection are more likely to develop medical problems relating to their vital organs. This is particularly true of men. They seem to have a poor insulin response or balance. Women usually gain weight on the outside of their bodies (hips, thighs), while men usually gain around the gut. Although men's weight gain is not as apparent as women's, theirs can be more dangerous for the heart. Muscle weighs more than fat, which give men a little more leeway with their weight gain. Men also have a better metabolism because they are more muscle-bound, which raises the metabolism. When you continually diet, your body learns to sacrifice vital tissue rather than fat. This is because our ancestors helped train our bodies to survive long winters without food. This means that, every time you lose weight, you are telling your body (which has a memory) to save fat while sacrificing muscle and vital tissue. This is the very reason DIETERS end up gaining MORE weight after their diet; they are training the body to live with fewer calories.

We should never look at overweight individuals as weak-willed. On the contrary, they are fighting hormonal imbalances that most could never deal with. One out of three obese adults is born with an unusual drive to overeat. On the other hand, most overweight individuals do NOT have bad metabolisms. In actuality, their metabolisms are ruined when they start restricting their diets. Compulsive overeaters are also more discriminated against than any other weight addict. This is troubling because obesity is one of the fastest growing epidemics in America. Our eating habits have made us the fattest nation on earth. Children's obesity is up to 50 percent. We are also a nation with many diseases that are only related to our overindulgence and are unheard of in third world countries. I have noticed from my own studies that one out of two women in the U.S. die from some sort of diet/weight related disease. Even with this in mind, the world views overweight people as lazy, unsuccessful and not trustworthy, not to mention the fact that the medical field barely recognizes compulsive overeating as a disease, unlike the anorexia and bulimia. The media will go as far as to quote doctors advising compulsive overeaters to diet, but it is NOT about the food or the weight. It is about the issues that compulsive overeaters are eating over. A food plan can only work with a good recovery program.

An eating sponsor can guide the compulsive overeater with a daily food plan, which may change according to different situations. Sponsors are different than nutritionists because they, too, are addicts who will help lead you to concentrate on your issues rather than food. Therapy should always supplement the scheduled non-diet meal plan. Keeping a journal to record the foods eaten and the feelings involved is helpful. Compulsive overeating is as deadly as the other eating disorders. Incidentally, any type of health risk is heightened if someone is overweight. It has been proven that just 10 pounds of extra weight causes stress on every vital organ, not just the heart. Furthermore, every fat cell secretes excess insulin, causing vulnerability to more diseases. When an overweight patient has surgery, the surgeon warns the patient about the risks due to the high weight stress on the body. Drugs are administered or monitored more cautiously because of the unpredictability of the fat cell intrusion. Incidentally, overweight women using birth control pills have a higher risk of getting pregnant because of the complications caused by the excess fat that inhibits proper drug functioning. Overweight mothers have more complications during pregnancy. Our kids are growing up in a sedentary world, condoning a lifestyle of computer games and too much TV (with constant promotion of junk food and fast food). The result is that our kids have adult diseases never seen in earlier generations. It is predicted that our kids won't outlive their parents, unlike generations before us. We are giving our kids mixed messages. We allow them this lifestyle and then we tell them to diet so they don't die of some weight-related disease. No wonder the cycle continues and worsens!

Binge eating disorder is now surfacing in mostly women in mid life. These women usually never had any eating disorder until they reached mid life, their forties and up. Many times this eating disorder is one of many multiple impulsive disorders or was transferred from one disorder to another. Perhaps some crisis or tragedy triggered this behavior, but it is usually accompanied with depression, anxiety, stress, and sometimes hormonal changes. Usually women in their forties and younger face perimenopause, which changes every aspect of a woman's behavior and body. During perimenopause, it is common to experience depression, weight gain, cravings, feeling overwhelmed, and so forth. However, when someone uses binge eating as a survival mechanism to deal with stress or to escape feelings, this eating disorder escalates into an addiction. The common signs of binge eating disorder are eating large amounts of food in secrecy, usually in the middle of the night. Subsequently, binge eaters feel out of control, alone, and ashamed. The binge eaters' usual remedy is diets; they think their weight is the problem. This only makes it worse, because diets and weight are symptom-chasing. These women are fighting both the chemicals changes their bodies are enduring and the compulsion

born from the habit of using food to numb and control their feelings. They gain pleasure by turning to food, which stimulates their dopamine, serotonin, and other brain chemicals. Some have used medication, like anti-anxiety medication, which helps compulsions. Others have tried alternative methods such as acupuncture to help break the compulsion that accompanies binge eating disorder. Proper diet with therapy helps target the body's changing chemicals and *wrangle* the feelings of loss of control, shame, and stress.

Balanced, wholesome food plans can restore missing chemicals and help balance the hormones of food addicts. Exercise restores a weak metabolism and releases important chemicals, such as endorphins and HGH. Exercise also balances the blood sugar, estrogen, and other hormones. Therapy and recording everything in a journal can help the food addict deal with the feelings that trigger the food disorders.

Body dysmorphic disorder, better known as BDD, has also become an epidemic. It may accompany other eating disorders. However, you don't need to be suffering from one of the eating disorders mentioned above to be suffering with this disease. The primary symptom is body-obsession with a distorted perception of any physical imperfection that may not be there to begin with. This disease, like others, usually stem from an imbalance of certain brain chemicals or depleted hormones. For example, the BDD sufferer will usually have very low levels of serotonin, which leaves the individual feeling not good enough. The body develops chemical imbalances and hormone depletions as noradrenaline (from adrenal glands), which leaves the sufferer feeling down. BDD sufferers feel the need to compensate for their flaws through extreme discipline or overcorrecting the flaw (or what they perceive as a flaw). It is their only focus in life. They may diet, exercise, become isolated, or even resort to continuous plastic surgery to attain perfection in the areas they see as imperfect. Or BDD sufferers may obsess by complaining, worrying, and hiding their flaw. You can detect hints of BDD in most of the stars in Hollywood or the younger generations who grew up on TV.

BDD becomes a disease when the obsession carries the victim into extreme means of compensation. At this point the sufferer becomes willing to use destructive and risky means to compensate for this "flaw." I honestly think that BDD victims are spiritually bankrupt. They place too much energy on their superficial characteristics rather than their inner development. BDD victims have "dead-man's eyes," appearing vacant, with seemingly nothing inside. They lose touch with what is really important and live in fear of losing what little happiness they have or could have. There lives are a constant "if only."

People of this nature are wise to surround themselves with real victims, people who are dying of a fatal disease and don't worry about their appearance. This disease is not exclusive to women. Men are entering into the BDD disease. The pressure of seeing perfectly sculpted male models gives men a glimpse of what women have been going through for centuries. Charity is the best therapy for this disorder. Refrain from any activity that promotes self-absorption or a superficial focus. Something as simple as shopping for clothes or working out at a gym with mirrors can trigger BDD behavior. We should, as a society, feel somewhat responsible for condoning self-obsession as a nation. Any selfless contribution can help remedy self-obsessed disorders. Severe BDD cases do well with medication, sometimes.

Codependency is when someone is addicted to an addict or someone with an addictive personality. Twins are automatically codependents (like my sister and I). Codependents are usually people who lose themselves in someone else or other people. They are people pleasers. They are usually the caretakers who want to run your life. Codependents want to control, rescue, and fix you and all your problems without your permission. They think they know what's best for you, in spite of your opinion. It may appear that they are generous and concerned, or even martyrs, but really they are addicted to their unhealthy connection, at any cost. Their need is to be needed. "Normal" people who are kind, giving, and generous won't lose themselves in their efforts for others. They want to give what is asked of them. Codependents act based on their own will and need. Part of their disease is that they enjoy complaining. They constantly whine about how much they do for others without receiving any reciprocation or gratitude. However, they can't stop giving of themselves to others. Stage mothers are a perfect example of codependency. They live vicariously through their kids. In my opinion, individuals with stalker mentalities also have a codependent nature. Codependents put their needs and desires onto the person they are "stalking" without permission or consideration of that person. "Stalkers" will go to extreme means when they feel a lack of control. Codependents are obsessed with putting themselves in your life and all of your affairs at the expense of letting their own lives slip away. Codependents also have a need to brag about what they've done so they can be appreciated. I see a lot of codependent mothers dealing with daughters who have serious eating disorders. This unhealthy behavior increases the daughter's need to find her own boundaries and use control through the daughter's eating disorder. All disorders are called family diseases because they influence the whole family. No one can receive or respond to any recovery unless the addict is willing to seek help. You can support, encourage, inspire, and motivate someone toward recovery, but you can't do it for them or tell them what to do. Otherwise, you are just adding to the problem and developing your

own disease. When people are alone, without someone else enabling them or coaxing them, they learn to introspect (turn within) and develop inner spirituality. Then the addict has no one else to blame and becomes willing to surrender to help.

Codependent relationships happen when codependents use their codependent "magical" thinking on their relationship. Have you ever heard someone say, "I wish he was the way he was before" or "if only I could find a man who would send me poems and bring me flowers"? This type of thinking is in the clouds and far from realistic. When you are looking for a prototype, you will not love and accept the person you are with. You will place your expectation onto them, needing them to fit into your mold, life, and expectations. When someone says they want a relationship, that doesn't mean they want you. If you happen to fit their description, they will try you out. That leaves absolutely no room to grow together or compromise, which is what a relationship is all about. A person who is *not* codependent is someone who doesn't need a relationship. When that person falls in love, the relationship develops naturally, without any requirements. True love breaks all rules. Codependents demand rules. Love is learning to accept. "You like because, you love although." A non-codependent individual either accepts you or leaves you. They don't stick around to complain, control or to be revengeful. Codependents who thrive on relationships won't leave once they take you "hostage," and the relationship is then called a hostage ship. They feel you owe them. Codependent relationships, without help, rarely end up amicable (further details in Chapter Eight).

Co-addicts are addicts that are addicted to addicts, usually addicts with the same drug of choice. This is a bit different than codependency, because each addict usually shares the same disorder or practices it in the same manner. One is not directing, controlling, or condescending to the other. More or less they are partners in crime, sharing the same secret. If there is any hope for either of these addicts, they both need to have separate recovery paths with different sponsors, etc. Environment is stronger than willpower, and it is too easy to slip back into old ways, living in the same environment, particularly with the same binge buddy. Recovery is letting go of old ways and old partners in crime.

Enablers can also be codependent. The enabler actually knows the addict is suffering and causing self-destruction. Enablers make it easier for addicts to practice their addiction. Enablers are in what I call "selective denial." They realize the addict is in denial and help perpetuate it by pretending they are in denial as well. This way they can condone what they are doing. The enabler's only desire is to be needed at any cost. The fear of losing the person (for themselves) is more than the fear of losing them

altogether from the addiction, which could end up being death!. Enablers justify the situation, in the disguise of concern. "I'd rather them to do *their addiction* around me, at home, because I know they are safe" or "I allow them to do their addiction, because they are going to do it anyway." This is the most selfish "love" someone can have for an addict. Enablers lack faith and spirituality, twelve-step programs and rehabs, which are proven to help. The enabler thinks he or she is the addict's only hope. The enabler is as sick as the addict and needs recovery as well. Again, meetings like Al-Anon are good programs where you can learn to detach from the addict and his or her choices.

Adult children of alcoholics should also include adult children of dysfunctional families or families who endure highly unusual circumstances. The symptoms of all of these titles are very similar. Families that experience death, messy divorces, scandal, or severe discipline (military or religious families) can also have issues similar to the adult child of alcoholics. This is particularly true when "extreme discipline" is the disguise for denial. Any family under extreme or highly unusual pressure can experience the same signs (shame, discrimination, denial, and pressure), that an adult child of an alcoholic faces. This may include a "high profile" (famous) family or being the child of a homosexual (like my sister and I). Most of these children who grow up in a dysfunctional family (or highly unusual situation) learn how balance their extreme differences at home with what the world will accept. Their need is to fit in or be accepted as *normal*. This doesn't leave any room for dealing with their own true feelings. It also teaches them at an early age to live in denial or secrecy. Subsequently, this greatly increases the likelihood of them becoming addicts themselves to deal with their own issues smoldering inside. The cycle continues. But it doesn't need to. Without blame and shame, an ACA can take responsibility by turning from a victim to a survivor.

Unlike any other addict, ACA's were victims when they were born to their alcoholic parents (or unusual circumstances). They had no choice. They were taught dysfunctional behavior and survival mechanisms to deal with uncomfortable situations, making denial their first language. They have three strikes against them: genetic inheritance of the disease, learned behavior, and shame (feeling responsible). The ACA's learn to lie, cheat, hide, and steal. Their perception of themselves and life is off because they have learned to look at everything with rose-colored glasses. Dishonesty is justified because, without it, the truth would be unbearable. For instance, let's say a child was about to be placed in a foster home because of their unhealthy environment. The ACA would rather lie about the situation (learned behavior) rather than making a healthier environment. ACA's usually grow into successful people because they learned to compensate, or they bitterly become what they hate: their parents. The caretakers of

any household have a big influence on everyone's life. Actually, the ACA becomes the caretaker at an early age. However, rigorous honesty can combat myths, traditions, and superstitions that escalate unhealthy behavioral. An ACA is just like an addict without any drug of choice. ACA's actions are risky and reckless, like the addict's. This type of personality is more susceptible to addictions, if the ACA doesn't turn to a healthy outlet for their feelings.

No matter what disease or disorder is involved, there is hope for recovery. You may have to explore several different types of recovery, particularly in the case of the eating disorders. There are free group therapies, reach out programs, counseling, and twelve-step programs for all of the above disorders.

Relapse is defined as returning to a former state of illness. It usually occurs unexplainably and unexpectedly. This is different from what is known as a slip. A slip is an unintentional behavior that ruined your sobriety. A slip is something usually seen as an accident. Some twelve-step sponsors don't see the difference between a relapse and a slip. This is because they believe that if you work your program you will see the clues of breaking sobriety. They believe you are able to prevent a set-up. The clues to a relapse are in behavior, choices, or environment. Unfortunately, when you relapse, your addiction patiently waited for you to return and give it fuel. Recovery is like remission. Relapse brings you out of remission and right back to the heart of the disease. Perhaps, you might get an immediate high in the beginning. However, in no time, you are at the exact place you were before you became sober. Beware: You actually take off where you left off, as if you were never abstinent or sober. Denial is the biggest clue to relapse. Addiction patiently waits for an excuse. Overindulgence depletes the brain chemicals that are supposed to signal your brain to stop. Most people are able to dry out on their own. All bodies have that capability. This is not so with the addict. Cravings and withdrawals are overwhelming because of imbalanced chemicals. This makes willpower useless. Remember, addiction is not just a physical disease but also a mental disease. Ceasing the symptoms, such as over-eating, purging, etc., is important but not enough. You need to change the brain patterns that control your lifestyle and attitude. Those are the mental and spiritual ingredients of disease and recovery. Cultivate healthy replacement behaviors. Start by developing healthy routines and patterns before being confronted with a bad situation. It's like "putting deposits in the bank" as an *investment*, to be prepared for times you need a "withdrawal." Perhaps you could pack your lunch everyday instead of dealing with uncomfortable food dilemmas. Dry drunks who white knuckle it are usually the ones who wind up slipping or relapsing. It's not the end of the world if you do. On the contrary, it can be extremely

humbling, which is exactly what it takes: humility. Begin with admitting that you made a mistake. Then work on preventing a "slippery" situation.

Getting well is not about being good or bad. How many times have I heard someone say "I was good on my diet today" or "I've been very bad about my sobriety." It's about being unhealthy or healthy, sick or well. We don't need to beat ourselves or the addict into recovery. That will only make the addict drown in their survival tool and mechanism more to deal with the shame and hopelessness.

Sometimes, it's a blessing in disguise to have a disease. It develops characteristics like humility, empathy, selflessness, and other honorable traits. You learn gratitude without being a victim. Recovery is taken one day at a time. You do the footwork and give the results (expectations) to your "higher power." The most amazing people I've ever known are recovered addicts, because it takes rigorous honesty and a life-changing attitude to receive the gift of sobriety.

As an addict, you sometimes feel like a soldier who has gone to battle with yourself for years. Hopefully, in time, you learn to surrender to a peaceful way of freedom. It might not be easy, but it is simple.

Brief Answers to Diet, Food, and Body Image Questionnaire

1. Constantly obsessing about diets seems to be the nation's number-one pastime. Our media actually condones this behavior by calling it normal and encourages it as a solution. Obsession never creates a solution. It creates an addiction in the disguise of a solution. It will only add one more problem to your life. It may become your survival tool and mechanism to escape from dealing with your real problems.

2. If you get anxious around a lot of food, then you are reacting to the drug-like chemicals your body manufactures in anticipation of your desires. Past actions have rewired your brain patterns to fit your *learned,* compulsive behavior. Certain hormones and neurotransmitters work synergistically with these brain impulses, creating a misperception of your feelings. Like a in drug addict, brain chemicals like dopamine secrete during the mere thought of your past desirable experiences. For anorexics, an overload of serotonin is secreted when they are around a lot of food, making them feel uncontrollably anxious.

3. Everyone skips a meal at some time. If your missed meal is important enough to ruin your day, then you are living to eat rather than eating to live. When people complain of upset stomachs, a lack of energy, or headaches because of a meal they have skipped, ironically they are in need of a cleansing fast, not their meal. These are signs of detoxing poisons of poor food choices. Healthy people have good reserves and are able to fast for days without any symptoms or lack of energy. Don't use your meals as your itinerary platform (to plan your day).

4. I have noticed that anorexics, bulimics, and compulsive overeaters constantly obsess about food. Food is and should be delightful and enjoyable. However, if you find yourself constantly entranced by food advertisements or constantly counting calories around you, then that is a symptom of an eating disorder. In recovery I've learned that the world has things to offer other than food. That was a relief and made life enjoyable.

5. As with any addiction, the food, alcohol, diet, or laxatives is only the survival tool used to enable a survival mechanism (the behavior). The weight, or sign of the abuse (or disease), is the symptom. Don't make the tool (diets) or the symptom (weight) your focus. Control is the root of all addictions and is the method used to practice the survival mechanism. You might constantly feeling a lack of control or a need to gain control. The need to *control* is also a sign of a lack of faith in yourself or a higher power.

6. The saying "in secrets lies sickness" holds true. I used to call an addict a "secret-aholic" because the sneaking and dishonest lifestyle fuels addiction. The main ingredient in recovery is rigorous honesty. Without honesty there is no sobriety or abstinence.

7. It seems most females these days are chronically complaining about their appearance. Men are now joining this insecure club. Because society puts too much emphasis on our appearance, we all think it's a priority to look good. Combine

the obsession of looking good with another mental disorder, like depression, and you have an addiction. Particularly when there are brain chemicals missing, such as serotonin, the body misperception exaggerates an obsession about any "flaws." This is body dysmorphia. All addictions, particularly body dysmorphia, are a form of self-absorption. One of the best remedies for that is charity. It forces you to look and reach outward.

8. If you are depressed about your weight, then you are depressed about the symptom. If you are disappointed with your eating habits, then you are finally sick and tired of being sick and tired. This can go one of two ways. You can regress into another disease to escape or find the root of the problem without *symptom-chasing*. Rather than obcessing about your poor eating choices you can look at this as an opportunity to do research about yourself and your disease. Don't ignore your own cry for help!

9. If you feel defined by your body image, then you are dictated by impressions. People who are defined by their appearance cultivate or cater to a superficial environment. Women many times blame their husbands for losing interest when they gain weight. They should first take responsibility and realize that they were the ones who chose this superficial mate. Weight gain is not the definition of someone anymore than weight loss is. However, weight management is a clue to taking responsibility. Rather than blaming outside circumstances, it's best to target this problem as a symptom. Weight appearance is the symptom of health management. A healthy lifestyle will manifest as a healthy body. Let the body be a byproduct or manifestation of your inside work, mentally and physically.

10. Advanced modern technology has made all of us lazy. It seems all we do is look for shortcuts. There is no such thing as a magic bullet. That's giving too much power to something that shouldn't have control over you. Constantly looking for a magic bullet stifles the desire to *earn* things in life. People who always seek the magic bullet are unable to practice delayed gratification. They want it now, no matter what. They feel like they are getting something for nothing. Actually, they are getting nothing for some damage. The damage is making you believe that you are unable to do or get something on your own, without their help.

11. All eating disorders and other addictions stem from OCD (obsessive compulsive disorder). All OCD behaviors stem from imbalanced chemicals, which creates.the need for ritualistic patterns or rigid rules. Rituals and rigid rules gives imbalanced people the feeling of control and safety. It almost becomes a religion or tradition of superstition for them. It's also a form of *magical thinking*. They feel that, if they wash their hands excessively, step over lines, or stick to a strict routine, they've beaten the system and conquered their fears. On the contrary, this behavior heightens the fear and escalates into an obsessive cycle.

12. Denial is abstaining from truth and escaping change. Denial seems to help someone's comfort level by allowing secrets and destructive behavior to continue. Another phrase for denial is *premeditated ignorance*. What you don't

know doesn't hurt you, right? Wrong. Our intuition always knows and our denial is a tool used to buy time while treading water. Denial is refusing the lifesaver offered. Unfortunately, denial doesn't work for long, if at all. All weight, diet, and body issues worsen without honesty. Then denial become the predominate characteristic.). Being defensive or dishonest nurtures denial, and denial nurtures disorders.

13. Constantly weighing or measuring yourself or your food creates self-obsession. That type of stress actually secretes harmful or inappropriate hormones and chemicals, which eventually sabotages your goal. For example, cortisol is released during any type of stress, which creates weight loss difficulties. Self-obsession creates self-absorbed addiction. It will never feel good enough. You will constantly define yourself as bad or good rather than someone who makes unhealthy or healthy choices. Don't use outside fixes for inside jobs.

14. Constantly blaming outside circumstances rather than taking responsibility is refraining from change. When someone complains "if only," that is a sign the person wants to live as a victim. Being a victim makes it easy to blame everything else rather than make the effort to change. When you blame, you are giving away your power. People who blame are always searching for magic bullets as well. They think that certain people, places, and things will fix their lives just as other things destroyed their lives. Usually these people are psychotic and they can rarely be helped. They would rather remain victims then to choose to be survivors.

15. If your mental stability relies on perfecting a diet, then you are setting yourself up to fail and feeling *shame-based*. Shame based is when you think you are the problem not that you have a problem. People confuse guilt with shame. Guilt is a natural reaction when you do something wrong. Shame is feeling you are the problem. Making your diet rule your day is believing you are defined by whether or not your actions are perfect. If you fail, you feel you *are* the mistake rather than *made* a mistake. Diets are made to fail. As soon as people realize that diets are the pathway to obsession through shame, then they won't buy into the diet conspiracy.

16. Unfortunately addictions are genetic predispositions as well as learned behaviors. This means, if you come from an alcoholic parent, you will be prone to alcoholism as well as learning to medicate yourself with your own drug of choice. I have heard that there is approximately 40 percent chance of inheriting your parent's addiction. However, identifying this preventable "handicap" can curtail behaviors that cater to addiction.

RECOVERY ORGANIZATIONS:

Academy of the Sierras
42675 Road 44
Reedley, CA. 93654
(866) 364-0808

American Anorexia/Bulimia Association, Inc.
133 Cedar Lane
Teaneck, New Jersey
(201) 836-1800

ANAD–National Association of Anorexia Nervosa & Associated Disorders
Box 7
Highland Park, IL 60035
(847) 831-3438

ANRED–Anorexia Nervosa & Related Eating Disorders, Inc.
P.O. Box 5102
Eugene, OR 97405
(503) 344-1144

Canopy Cove
Tallahassee, FL
(800) 236-7524

Center for Change
1790 N. State Street
Orem, UT 84057
(801) 224-8255

Green Mountain at Fox Run
Fox Lane, Box 164
Ludlow, VT 05149
(802) 228-8885

Institute Of Living
400 Washington Street
Hartford, CT 06106
(800) 673-2411

Hazelden
Incorporates twelve-step program and rehab for patients eighteen years and older with food disorders and drug dependency as the primary addiction, as well as other programs.
(300) 257-7800

Laureate Psychiatric
Tulsa, OK
(800) 822-5173

Medical Center at Princeton
Princeton, NJ
(609) 497-4490

Medical University of South Carolina
Charleston, SC
(843) 792-1414
(800) 424-MUSC

The Menninger Clinic
P.O. Box 829
Topeka, KS 66601-0829
(800) 351-9058

Monte Nido
Malibu, CA 90265
(310) 457-9958

The National Anorexia Aid Society
5796 Karl Road
Columbus, Ohio 43029
(614) 436-1112

Overeaters Anonymous, World Service
Rio Rancho, New Mexico
(505) 891-2664

Rader Programs (inpatient facilities)
Corporate Headquarters
Los Angeles, CA
(800) 841-1515

Remuda Ranch
One East Apache
Wickenburg, AZ 85390
(800) 445-1900

Rogers Memorial Hospital
4700 Valley Road
Oconomowoc, WI 53066
(800) 767-4411

The Renfrew Center
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(800) RENFREW

Rosewood
Wickenburg, AZ
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(877) 74-WOMEN

St. Joseph's Hospital
7629 York Road
Baltimore, MD 21204
(410) 427-2100

Shades of Hope
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Buffalo Gap, TX 79508
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Tucson, Arizona 85739
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Swedish Medical Center
Seattle, WA
(206) 781-6345

Tulane Behavioral Health Center
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