

EATING DISORDER

Addiction to Food

There is a story about a man who left this earth and was taken on a tour of the inner realms. He was shown a room where he saw a large group of hungry people trying to eat dinner, but because the spoons were longer than their arms, they remained frustrated.

"This," his guide told him, "is hell."

"That's terrible!" exclaimed the man. "Please show me heaven."

"Very well," agreed the guide, and on they went. When they opened Heaven's door, the man was perplexed to see what looked very much like the same scene. There was a group of people with spoons longer than their arms. As he looked more closely, however, he saw happy faces and full tummies, for there was one important difference; the people in Heaven had learned to feed each other. The addict is a frequent commuter between Heaven and Hell. She finds herself enchained in the painful cycle of her own self-destructive behavior. The main chain response of the addictive dance begins; the merry go-round of emotional ups and downs, euphoria and despair.

As we lose contact with our true self we also lose contact with each other. We reach for the plate rather than our mate, for medication instead of meditation. We do not perceive information clearly; we do not process it accurately. We augment each stimulation; we overreact and alienate ourselves from those who we love the most. We bury ourselves under layers of fat, seeking refuge and comfort in food, thus numbing the pain.

We feel we must manage it all, keep on going and come out on top. But sometimes it's tough to keep going and our bodies protest against the struggle. We become ill physically, emotionally and spiritually. We become addicts.

Addiction is defined as follows: A pathological attachment to any form of mood alteration that has life damaging consequences. It is a process over which we are powerless. It takes control of us, causing us to do things that are inconsistent with our personal values, leading us to become progressively more compulsive and obsessive.

Obsession is the “out of control” thinking about the choice of an addiction. Compulsion is the uncontrollable repetition of an action, even though it is recognized as irrational. The known consequences of a behavior, the feelings of shame and guilt that precede the act do not have the power to stop us.

The start of any addiction is a person repeatedly seeking the illusion of relief to avoid unpleasant feelings. This is nurturing through avoidance--an unnatural way of taking care of one’s emotional needs. Early in our childhood we had received the message “eat a cookie, you will feel better..” We didn’t learn how to deal with painful feelings in a healthy, constructive way.

The nature of these eating disorders is that we crave something out there to change the feeling in there. Out there may be a substance such as sugar, nicotine, alcohol, caffeine, amphetamines, tranquilizers or a compulsive process such as bingeing or starving, spending, risk-taking, exercising or even another person. Anything or anybody may help alter moods and feelings. But some things “work” particularly well. These particular substances, processes or relationships are used to excess, to an increasingly destructive degree until they are addictive.

A sure sign of an addiction is the sudden need to deceive ourselves and others to lie, deny and cover up. We avoid the scale and the full length mirror; we learn how to hide under

large, loose, cloth. Our weight becomes our secret.

There is increasing evidence that compulsive behavior runs in families or may be genetic. Anorexia nervosa, for example, is seven times more common in some families than in the general population. Addiction, for many, seems increasingly likely to be part of “the way we are.”

People who suffer from addictive disease often find that it has several outlets, closing one outlet—for example, to stop drinking alcohol may open another outlet, such as food addiction.

At some point, we must choose to recover—to arrest the progress of the addiction or we will die.

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Continued

Health Risks

Obesity is a major health problem. One in five Americans between the age of 20 and 74 is obese; only around 20 per cent of Americans are within their ideal weight range.

The illnesses prevalent among the obese are: cardiovascular disease, hypertension, elevated cholesterol, cancer (including breast and colon), gallstones, diabetes and impaired pulmonary function. Particularly dangerous is sleep apnea, a potentially fatal disorder. The sufferer stops breathing multiple times during the night, leading to sleepiness and dozing off and potential workplace accidents.

Arthritis is more prevalent among the obese with hips and knees being particularly vulnerable. Back pain is chronic among the obese.

Obese people have increased rates of dermatological problems, are at risk during surgery, pregnancy and childbirth. They also suffer from elevated rates of endocrinological and reproductive disorders, including infertility. An insidious but devastating effect of obesity is the fatigue and impaired mobility. Obese people become sedentary, which worsens the situation.

The location of excess fat on the body affects health risk. Abdominal fat, the distribution typical of males, correlates with heart disease, diabetes and breast cancer. The female hip-thigh pattern of fat accumulation is less hazardous to health.

Americans are fat phobic and view obesity as a moral failing—an attitude similar to that directed at alcoholics 30 years ago. Virtually every study has found evidence of discrimination.

Causative Factors

All of us want to “look right” and “feel right”. The cultural myth that it is easy to lose weight—“just eat less”—doesn’t seem to address the complexity of obesity and addiction to food.

Twin and adoption studies show the role of genetics in obesity. Children with two obese parents have a much higher probability of developing obesity than those with one obese parent.

There are physiological differences between normal weight and obese people.

The primary site of appetite regulation is the ancient or lower brain, the hypothalamus. The appetat or control mechanism regulates the intake of food by either giving us the signal of hunger or satiation. Normal individuals rely on this mechanism. At times psychological factors such as anxiety or excitement may temporarily take away the desire for food. However, the normal individual will physiologically experience the internal stimuli of hunger.

Obese individuals do not distinguish between physiological and psychological hunger. They are highly responsive to external stimuli, the smell of food or the time of day. “It is lunch time!” triggers hunger. Obese individuals are unresponsive to internal stimuli such as the contraction of the stomach; the propensity toward obesity may be due to an appetat mechanism affected by poor prenatal nutrition and

lack of exercise.

Obese people exhibit a reduced sensitivity to insulin. In normal individuals, hunger is experienced when the glucose level is low, but in the obese individual this mechanism appears not to operate.

Fear, which usually raises the blood glucose level and takes one's appetite away, does not operate in the obese.

Food as a Drug

Food addictions are particularly difficult because food cannot be given up in the way that someone suffering from alcoholism can give up alcohol. The "drugs" of food addiction are: white flour and other refined carbohydrates.

Refined carbohydrates may simply be foods to most people, just as alcohol is simply a drink. For people predisposed to addictive disease, these are drugs. They have a significant mood-altering effect through their direct action on the "mood centers" of the brain (hypothalamus and the limbic system).

Once the mood centers are stimulated by the first use of an addictive substance or process, the addictive cravings will set in and the full addictive process will be set off.

Refined carbohydrates and white flour are 2 percent as potent as refined sugar in their mood-altering properties. Sugar and white flour stimulate and increase in the transmission of dopamine, serotonin, and norepinephrine. As the synapses becomes flooded with these neurotransmitters, a feeling of euphoria results and craving is stimulated. One actually becomes intoxicated by the sugar, white flour and other refined carbohydrates as they act as alcohol in the blood system and hypothalamus. The state of euphoria resulting from a surge of serotonin or dopamine is often followed by

hyper excitability, feelings of shame abandonment and worthlessness. The addict is trapped in the merry-go-round of the addictive dance. At some point we must choose to recover or we will die.

With divine guidance we crawl through the doors of a "Twelve Step" program looking around to make sure no one saw us, filled with shame and defeat.

We admit that we are powerless, that our lives have become unmanageable. We come to believe that a power greater than ourselves could restore us to sanity. Sanity is derived from the Latin word *sanitas*, which means health. Only God can transform our pain to joy and love, our shame to humility, our guilt to values, our anger to strength, and our fears to wisdom.

We make a decision to turn our will and our lives over to the care of God as we understood Him. One day at a time. Easy does it.

With peace and freedom internally the light of Divine Love and Understanding can be our guide.

They who have a similar disease cure one another. Addicts cure addicts, alcoholics cure alcoholics thus in our addiction, in our disease, in our symptom, is also our soul. Disease is an indication of imbalance.

In recovery we learn to connect again to relate to others, to be intimate, to have friends. Life is still difficult, the spoons are larger than our arms but we learn to feed one another and live the promise.

Blessed are the peacemakers for they shall be called sons of God.