

Step One, Part One—the Allergy of the Body:

The Big Book's approach to Step One is what Dr. William Silkworth, the doctor who wrote the two letters found in *The Doctor's Opinion*, called "the double whammy".

Put simply, we have (1) an *abnormality of the body* (he called it an "allergy of the body") which means that once we start eating certain kinds of foods or indulging in certain compulsive eating behaviors we develop cravings which overpower us; and we have (2) an *abnormality of the mind* (he called it a "mental obsession") which means that even if we stop eating those foods or indulging in those behaviors, our mind persuades us that we can return to eating those foods and indulging in those behaviors.

Thus we can't stop once we start (the allergy that creates cravings), and we can't stop from starting again (the obsession that sends us back). We are thus in a vicious circle. That is the explanation for yo-yo dieting, and for all the despair that we bring to OA when we join.

It's often said that alcoholics can stop drinking but OAers can't stop eating. From the Big Book perspective, that isn't correct. Alcoholics *have* to drink, but they can't drink alcohol. OAers *have* to eat, but they can't eat the foods or indulge in the eating behaviors that create the cravings.

The main difference between the member of AA and the member of OA is that everyone in AA knows that alcohol is the ingredient that AAers can't drink, whereas in OA different people may have different foods they can't eat and different eating behaviors they can't indulge in. Part of the job of Step One is for each individual to figure that out for him- or herself.

Please read *The Doctor's Opinion*. It's found just before page one in the book, although different editions have different page numbers. I ask you specifically to note the following.

On page xxvi of the 4th edition (xxiv of the 3rd edition), the writers of the Big Book emphasize what they see in Dr. Silkworth's long letter that is important for AA.

When I quote from the Big Book and omit some words, I don't put in the usual dots like . . .
I think it'll be easier to follow. I also capitalize important words for emphasis.
I urge you to read the original; don't take my word for it that I've quoted fairly!

My Problem:

The Physical Allergy:

An allergy is an abnormal physical reaction to something. In my case, it's my binge foods and my binge eating behaviors. Once I start eating my binge food or indulging in my binge eating behaviors, I find it almost impossible to stop eating it.

The Mental Obsession:

An obsession is an idea which takes control over all other ideas. In my case, if I've stopped eating my binge foods or indulging in my binge eating behaviors, my mental obsession gives me reasons to go back to eat the binge foods or indulge in my binge eating behaviors.

My problem in a nutshell—the addict's dilemma:

I can't stop once I've started. And I can't stop from starting again.

In this statement he confirms what we have suffered alcoholic torture MUST believe—that the body of the alcoholic is quite as abnormal as his mind. In our belief, any picture of the alcoholic which leaves out this physical factor is INCOMPLETE.

On pages xxviii to xxix of the 4th edition (xxvi to xxvii 3rd edition), Dr. Silkworth talks about the allergy:

The action of alcohol on these chronic alcoholics is a manifestation [symptom] of an allergy; [and the allergy is a] phenomenon of craving [which] is limited to this class and never occurs in the average temperate drinker. These allergic types can never safely use alcohol in any form at all. Men and women drink essentially because they like the effect produced by alcohol. The sensation is so elusive that, while they admit it is injurious, they cannot after a time differentiate the true from the false.

To them their alcoholic life seems the only normal one. They are restless, irritable and discontented, unless they can again experience the sense of ease and comfort which comes at once by taking a few drinks, [which then develops] the phenomenon of craving.

On page xxx in the 4th edition (xxviii 3rd edition), Dr. Silkworth describes a spectrum of alcoholic types, ranging from the psychopath through to the manic depressive through to a person perfectly normal in all other respects. He says that their *only* “symptom in common [is that] they cannot start drinking without developing the phenomenon of craving.”

The phenomenon of craving:

What is this phenomenon of craving?

A phenomenon is an unexplained occurrence. It is something that happens for which we don't have a clear explanation. We can describe it. We just don't know why it happens.

The phenomenon of craving is a craving that can't be explained. It just happens. There may be biological reasons for the craving, and we know that there's a lot of research on why some people become binge-eaters. But the concept of the phenomenon of craving puts the emphasis not on explaining it, but on making it obvious and powerful.

What “the phenomenon of craving” describes is an overpowering urge for more and more.

I can talk about myself in this connection. And the best way is simply to tell those parts of my story that illustrate the phenomenon of craving. In that way you can discover similarities. There will be differences—the foods and eating behaviors that cause my cravings may not be the ones that cause yours. But if you're a member, or a prospective member, of OA, I'll bet you've had the same symptoms!

First example:

This is really virtually all my stories.

My hand has food; maybe my hand is holding a fork or a spoon with food, or maybe it's just holding the food itself. The food could be buttered popcorn or potato chips or ice cream or french fries. My hand is coming to my mouth and putting the food in my mouth, and going back and getting more food and putting more food in my mouth, and that just keeps on going.

Meanwhile my mind is saying to itself, “I've got to stop, I've just got to stop. If I eat any more, I'll burst. If I get any fatter, I'll have to get new clothes. I'm already too fat. I just have to stop! Why can't I stop? I'm at risk for diabetes and heart attack and high blood pressure. I just have to stop!”

And the hand keeps bringing more food to my mouth.

Does that ring a bell? You want so desperately to stop but you can't. I did have all the reasons in the world to stop but I couldn't. The hand kept moving until there was nothing left.

Second example:

This one involves a goose skin.

I'm Jewish (but an agnostic, which I'll talk about when we get to Step Two), and one of our great celebration holidays is Chanukah, the Festival of Lights, which is held around Christmas-time. It could easily be called the Festival of Grease, because the food we traditionally ate on Chanukah was very greasy.

My mother had cooked a goose, as well as deep-fried pancakes over which we put the goose gravy. (Not that there really is goose gravy; it's just the fat of the goose that has dripped into the pan.) I don't remember the dessert we had, but I'm sure it was extremely rich. I was loaded to the gills after the meal—just packed. The ten or fifteen people who were at the dinner went into the living room, just around the corner from the kitchen.

I went to the kitchen to get a diet drink (I've always loved that!) and I saw the goose carcass on the cutting board with the goose skin hanging on the carcass. A goose is so fat that the skin just slips off.

Even though I was completely stuffed, I remember thinking to myself, “Well, I can't eat a lot, but I love the taste of goose skin, and we don't have it that often, so I'll just take a bite.”

So I picked up the entire skin and took a small bite from it. It was still very hot from the oven. But the skin is very tough and I couldn't just take off a bit, so I put a bit more into my mouth to find a weak spot.

I blank out a bit here, but I remember suddenly realizing that I had the entire goose skin in my mouth and was chewing it frantically, because it was burning the inside of my mouth. Fat was spurting out between my lips. My cheeks were bulging. I kept on chewing until all the fat was gone from the skin, and then I swallowed the skin whole.

Third example:

This one involves a greasy spoon in Minneapolis, sometime in probably March 1962 or 1963. It was about 6 in the morning. I had just come off an overnight train ride and had a two-hour wait for a bus to go to my college south of Minneapolis. I started to wander down Hennepin Avenue, which was pretty grimy in those days.

I passed a greasy spoon that advertised a 39 cent breakfast with sausages and bacon, so I went in. It was packed with people who had clearly been up all night, hacking and coughing. I squeezed onto a stool at the counter and got my greasy meal and started to eat it.

Suddenly the man on my right vomited into his plate, and then fainted, and his head dropped right into the plate.

Here is the question which might separate a compulsive eater from a normal eater: What would a normal eater do and what did I do?

Yes, I turned my back on the man and continued to eat.

Summary:

It is perfectly obvious that I react very differently than normal eaters.

I can't stop once I've started. Normal eaters stop when they're full; normal eaters stop eating when something happens that's nauseating; even when normal eaters overeat, the next day they don't eat a lot. At one point or another they get unease or discomfort when they overeat, and their body basically tells them to stop.

I get that feeling with alcohol. I can't drink more than a glass and half of wine or beer (I don't like liquor) before I get this feeling of having had enough. I don't like that feeling, so I stop. Alcoholics don't feel that way when they drink. And I don't feel that way when I overeat.

The Big Book begins to define the alcoholic to whom it is addressed in Chapter Two, *There is a Solution*, on pages 20 to 24.

There the Big Book discusses the moderate and the hard drinkers, both of whom can give up alcohol if there is a good reason, and contrasts them with the *real* alcoholic. The real alcoholic is different. The real alcoholic can be either a moderate or a hard drinker, "but at some stage of his drinking career he begins to lose all control of his liquor consumption,

once he starts to drink" (page 21). This is the allergy of the body—the lack of control once the substance is taken into the body—the phenomenon of craving.

Notice how different this is from the conventional and perhaps medical definition of an addict, where quantity—overindulgence—is the defining characteristic. The Big Book clearly says that quantity is not the defining characteristic. The defining characteristic, it says, is at the very least the inability to stop once the indulgence begins. Compulsive overeaters or alcoholics might be able to limit their number of binges or even the quantities they consume.

The real question is whether they get the phenomenon of craving once they start.

This explains why some diets and some diet programs work for others, but not for people like us. They are not compulsive eaters—at least the way the Big Book defines it. Diets "give back" binge foods in moderation after the weight is lost. Many people can eat those binge foods in moderation. But we can't—we get the phenomenon of craving.

There is another aspect. That is the mental obsession, and the Big Book spends a lot of time discussing the mental obsession. But now that we've discussed the phenomenon of craving, it's time to abstain from those foods and eating behaviors that cause our craving.

Questions:

Here are some questions:

- What are my stories of overeating? Do I have the equivalent of a gallon of ice-cream, or a goose skin, a huge bag of potato chips, the whole container of cookies, or eating at times or in ways that normal people wouldn't eat?
- Have I experienced times when no matter how great my desire, I couldn't stop eating?
- Are there certain foods that once I start eating, I find it almost impossible to stop eating, until there's no more?
- Are there certain foods that I can't imagine ever giving up for good?
- Are there any patterns in my overeating? Are there certain times of the day, or certain kinds of situations, in which I find that I can't stop eating?

Step One, Part One—Developing a Plan of Eating:

In the last chapter I described the phenomenon of craving—what Dr. Silkworth describes in the Big Book as an “allergy” of the body. This is the first part of Step One.

Allergy doesn't mean a cough or a runny nose or a rash; it means simply an abnormal physical reaction to a physical substance. The allergy of the body we get when we overeat is the “phenomenon of craving”. A phenomenon is an occurrence for which there is no explanation. We get cravings that we can't explain. But the essence of the cravings is that we simply cannot stop. Our body is telling us to eat, and we can't stop eating, just as we can't stop breathing or blinking our eyes—we may be able to suspend our breathing or blinking temporarily, but we simply can't stop.

The topic of this chapter comes from Dr. Silkworth in *The Doctor's Opinion*. He says: “Of course an alcoholic ought to be freed from his physical craving for liquor”. *The Big Book takes sobriety for granted*.

No one attends AA thinking that he or she is going to continue drinking while working the steps. You stop drinking. You do *anything* to stop drinking, even if it means going to three or four meetings a day. And you work the steps.

What about us in OA? Is that OA's message—that we stop compulsive eating, do anything to stop eating compulsively (even if means going to as many meetings as we can, and phoning as many people as we can, and reading as much literature as we can), and work the steps? It should be.

We have to stop our craving, and the only way to stop the craving is to stop eating foods that cause our craving. (We also have to stop the eating behaviors that cause our cravings, and I discuss that below.) Our *Dignity of Choice* pamphlet makes that perfectly clear.

So how do we go about it? Sure, it's easier for an alcoholic to identify the substance that causes the allergy. For the alcoholic, it's alcohol in any form—whether in beer or wine or liquor or liqueur. But for the compulsive eater, *Dignity of Choice* says, and my experience confirms, that we can all differ in the kinds of substances that cause cravings for us.

For example, I can't eat butter in any form before I start craving it. But I know people in this program who can eat a pat or two of butter and don't get

cravings. I can put some jam on my toast and don't get cravings, but I know people in this program who can't touch it at all.

In my discussions with other OAers from all over the world, I've come to the conclusion that, although there's an awful lot of overlap in our binge foods, in the rooms of OA there are people who can eat everything that I can't eat, and that I can eat everything that some people in OA can't eat at all. The *Dignity of Choice* makes this very clear—our plan of eating is an individual plan.

So how do we identify what causes our cravings? I can only tell you what I have done, and what people I've discussed this with have done. You have to figure it for yourself.

1. Abstain from individual binge foods.

I started by asking myself a simple question: What are the foods that I consistently overeat when I have the chance to eat them? What are the foods that I hunch over, hoarding, eating incessantly, blissing out?

The answers were clear for me: buttered popcorn, potato chips, shortbread, cheesecake, ice cream, deep-fried foods in general but in particular fried chicken (especially the skin), fatty meats (beef ribs and pork ribs and sausages and bacon), doughnuts—and many other similar kinds of foods.

Clearly any food that I couldn't stop eating when I started was a food that caused cravings. I had to eliminate those.

2. Abstain from individual binge ingredients.

But I went further than that. I asked myself whether there was a common ingredient in those foods, and if so, whether the presence of that common ingredient seemed to be a problem for me in general.

The answer was obvious—fat. I seemed to overeat almost anything that was high in fat content. It was usually fat mixed with salt or fat mixed with sugar. All fats had such a huge effect on me, but I realized as well that high-fat dairy products, like butter, were especially powerful for me.

Was sugar a problem for me? Well, I had eliminated most sugars from my eating—other than those with high fat content—years before I began to analyze my cravings. I just didn't eat foods that were sweet

but not fat, like pop or some kinds of desserts. Very sweet foods actually gave me a headache. So I didn't include sugar in my list. Fat was clearly the culprit for me.

I therefore developed a plan of eating that eliminated foods with high fat content, and eliminated all high-fat dairy products in particular. I would not have a meal with a fat content higher than 10% of calories through fat. That meant I would have no deep-fried foods at all, and no snacks that contained a significant amount of fat (all potato chips, whether baked or not). I would examine content labels carefully for hidden fat content.

If given a choice between a food that had no fat and one that had even a little fat, I would choose the non-fat one (1% versus skim milk; spaghetti sauces with a little olive oil versus with no oil). I would trim all visible fats away from meat. I would not eat fatty meats. I would not eat any desserts and would have fruits instead.

I did that. It was hard work, but I did it. I also worked the steps, and just as promised at Step 9 in the Big Book, I was freed from my wish to eat all the foods that I had eliminated. I had recovered from compulsive eating! I could be around ice cream and not want it. That was a miracle. I was freed from the obsession. (I'll talk more about the obsession next chapter. It's the second part of Step One.)

But after a number of months I hadn't lost much weight. I was clearly taking in too much food, even though it was much healthier food than it was before.

I discussed this with my sponsor. I felt that Step Twelve required me to carry the message of recovery through the Twelve Steps. How could I carry that message if I wasn't at a healthy body weight? I felt I couldn't—I felt that I was missing something.

3. Abstain from individual binge eating behaviors.

Around this time I reread the OA Twelve and Twelve. On pages two and three the book mentions not simply binge foods but also "eating behaviors".

That got me thinking. I started to analyze my eating behaviors. Clearly I was eating more than my body needed, since I was still fat. What eating behaviors was I indulging in that caused me to eat too much of healthy foods?

I had a blinding flash of the obvious as I sat in my dentist's chair having my third or fourth or fifth crown put onto teeth that I had worn down or broken by chewing on bones and other things. My biggest eating behavior was simply chewing, keeping my mouth busy, constantly seeking oral gratification!

I realized that while I had adopted a plan of eating that eliminated high fats, I was constantly chewing. Where I used to chew buttered popcorn, I was now chewing carrots and celery and gum and hot-air popcorn. I was keeping my mouth busy—just as a popular weight-loss program used to tell me was necessary in order to keep from eating other foods.

What I discovered in my analysis was that my constant chewing kept my mouth wanting to chew more. At my mealtimes I was eating for the sake of chewing. Sure, it wasn't high fat foods, but it was food that contained calories of some sort. I was taking in too much food.

I remembered the time years before when I first joined OA and my plan of eating was so simple—three meals a day, nothing in between, a day at a time. I lost a lot of weight on that plan.

This was before I discovered the notion of the allergy of the body, so as soon as I lost that weight I took back a lot of foods I had eliminated, like ice cream and buttered popcorn and deep-fried foods, convinced at that time that my only problem was quantities. That is, of course, what almost all diets tell us. They tell us that once we lose the weight, we can eat everything—*so long* as we eat in moderation! But what's moderation to me once my allergy kicks in? It's impossible! Once I started eating ice cream, I couldn't stop!

One element of 3-0-1 clearly did work for me—and that was not eating between meals. That did something for me, I began to realize, that I wasn't doing this time. Eliminating any chewing or sucking between meals kept me from craving that oral gratification I used to get.

So I added another element to my plan of eating. In addition to eliminating all foods high in fat content, I stopped eating between meals.

This was difficult for me. I found myself chewing ice in my drinks, chewing or sucking on the ends of my pens, playing with my toothpick. But eventually I was able to stop chewing between meals entirely.

At the same time I also identified another eating behavior—this time a real blinding flash of the obvious: I liked to be stuffed to the gills! I wanted

to be full all the time—not just pleasantly full, but stuffed. This had also led me to eating between meals, but in addition led to great quantities during my meals. Sure, I didn't want to eat ice cream, but I did want to be filled. So I would eat huge quantities of healthy foods, and they contained calories that kept my weight high.

So I added another element to my plan of eating. I would stop eating when I had eaten “enough”. But how would I determine what was “enough”? It occurred to me that I could use my belly-button as a guide. I would stop eating when I felt as if the food had reached my belly-button, which was far better than when it reached almost up to the back of my mouth!

Those three elements—eliminating the fats, not eating or chewing or sucking between meals, stopping when I felt full up to my belly-button—constituted my new plan of eating, and as soon as I adopted that plan of eating, I lost my weight. That was about eleven years ago, and my weight has fluctuated but basically remained steady since I lost it.

I achieved a healthy body weight. How did I know? My doctor was happy. When I told some people I was a member of OA, they wondered why. And in OA people treated me as a person who had recovered. So I had every right to consider that my appearance was reasonable and healthy.

4. Continue to be honest and careful.

Over the past eleven years I've added more foods to my “don't eat” list. Although I kept to my plan of eating, I discovered that when I ate certain foods that were low in fat content I kept on eating them until they were all gone. This became true, for instance, for hot-air popcorn and for certain kinds of rice cakes; so I eliminated them. I discovered that high-fibre cereals that had sugar added made me more hungry; so I eliminated them.

Each time I did this it was easy, because I had already recovered and was working the steps to the best of my ability.

After 11 years of his being satisfied with my weight, in March 2005 my doctor told me that certain studies he had become aware of led him to think that I should be losing more weight.

So I did another analysis of my eating behaviors and of foods. Quantities were clearly the issue for me.

I didn't think I was eating any particular foods that created problems. What could I do to eat less?

Well, instead of using my belly-button, I've been stopping eating when I begin to think about things other than food, such as when I begin to wonder whether I'm full. If I'm thinking about things other than food, my body has probably had enough. And I've discovered the amazing fact that twenty minutes after I stop eating, I'm really full! Go figure! So I lost ten pounds.

And when I went back to see my doctor in January 2007 he said he wanted me to lose more weight. So I looked at my eating again—but more importantly I also looked at my honesty by using Step 10. I left something on my plate and didn't go back for seconds. I also stopped looking at the scale, because that allowed me to relax. I lost another six pounds. My doctor was finally happy. I decided to continue on this journey, however, and as of the middle of 2007 I've lost another three or four pounds.

The lesson I take from this experience is that it's important always to be honest and vigilant, and not to relax in the program. It's easy to relax; we lose a lot of weight and feel better, and then we reach a plateau. It's important to be honest to see if that plateau is a reasonable plateau!

5. The individual's plan of eating.

I've had many many discussions with people all over the world about plans of eating that work for them. In all cases they've had to analyze their own eating behaviors and their own binge foods and binge ingredients. Some have had very few binge foods, but a number of bingeing eating behaviors, and others have had the reverse. Some have been unable to figure out what they can't eat, and prefer to figure out what they CAN eat. Some have been unable to find their belly-buttons or to find other ways to limit their intake, so they have counted calories or they have weighed and measured their foods (another way of counting calories, of course).

I've never thought these differences were a big deal. Each person finds his or her own way to find a plan of eating that works for him or her. There's no magic to it. We eliminate foods and eating behaviors that cause cravings and, if we need to lose weight, we find ways to limit our intake of food in general. Whether we do that in a “negative” way, as I do, by adopting a plan of eating that sets out what I CAN'T eat or do; or whether we do that in a

“positive” way, as others do, by adopting a plan of eating that sets out what they CAN eat and how much of it and when they can, those are only methods of achieving the eliminating of foods and eating behaviors that cause cravings. All that is really needed is simple honesty.

When it comes to honesty, though, I think what’s important is rigorous honesty. Some people jump very quickly to certain kinds of plans of eating because it seems to fit them, or because the plans are urged on them by other people in the program for whom the plans work, or maybe—just maybe!—because the plans allow them to hold onto certain foods which are really binge foods for them.

In all cases we must be rigorously honest. If, after having been abstinent for some time, you are still heavier than your body should be, then you owe it to yourself to examine your plan of eating. It may simply be a quantity issue. It may, however, really be that you are holding on to foods that are causing you cravings; and you’re holding onto them because the plan of eating you chose for yourself (or someone else chose for you) didn’t eliminate that food.

What I have noticed in OA is the prevalence of the “no sugar, no flour” plan of eating. I am certain that eliminating sugar and eliminating refined flour is quite healthy, but either of those two ingredients may not be the real issue. If doughnuts or ice-cream are foods that cause cravings, it might not be the sugar or the flour and sugar in them—it might be the fat in them, perhaps in combination with the sugar or the flour.

Questions:

Here are some questions:

- Have you developed a plan of eating that eliminates foods that cause you cravings?
- Have you developed a plan of eating that eliminates eating behaviors that cause you cravings?
- Are you holding on to foods that you secretly crave because you can’t give them up?
- Have you adopted a plan of eating that works for you, or that works for someone else?
- Are there some foods that you keep eating in large quantities, even if they’re allowed

on your plan of eating? For instance, have you eliminated sugar and flour but still eat lots of high-fat foods

- If bread is a problem for you, for instance, is it really what you put on *top* of the bread—like butter or peanut butter or margarine or jam or honey—rather than the bread itself?
- In the end, if you have to lose weight, do you have a plan of eating that allows you to eat foods that have high amounts of non-nutritious calories? A little bit of fat, for instance, is necessary in our diet, but high amounts aren’t. The sugars in fruits are part of a normal diet, but white sugar is of no value whatsoever. High-fiber grains are important to eat, but white flour is of very little value.

This book is written from the perspective of compulsive overeating, but for those who compulsively restrict their eating (anorexics), or overeat but hide it by “purging” (bulemics), the same issues can hold true, if those eating behaviors have the same craving symptom.

Just as with overeaters, not all anorexics and not all bulemics will identify with the “double whammy” described in the Big Book, but if they do, then the Twelve Steps of Overeaters Anonymous can provide a solution.

Developing a Plan of Eating would require both a food analysis and an eating behavior analysis, of course. Of course one would abstain from the compulsive eating behaviors, like restricting or like purging. It would be valuable, however, to see if some foods or food ingredients or mixtures of ingredients caused cravings as well. Those who binge and purge are not different at all from those who binge, other than finding ways of hiding the symptoms. Those who restrict might be restricting because they have binged, and it would be worthwhile to see whether or not the binging was usually over particular foods or ingredients, rather than over “everything”.