Alcoholism– History Repeats: Processed Food Addiction, a 21st Century Phenomenon

Karren-Lee Raymond PhD, Sally Hsueh-Chih Lai PhD, & Geoff Lovell PhD

1. Introduction

The notion of *processed food addiction* has been represented in a myriad of ways, including food and addiction, chocolate addiction, eating addiction and not forgetting food processing (Brownell and Gold, 2014; Bruinsma and Taren, 1999; Hebebrand, et al., 2014; Moubarac, et al., 2014). Other terms used within the 'food and addiction' discourse include compulsive overeater, emotional binger, sugar addict, junk-foodie, binge eater, destructive relationships with food, and not to mention the slang labels for a person suffering from obesity such as fatty, fatso, piggie, gorger, tub, porker, and lard-ass. The ongoing lack of consensus among professionals and in the general community regarding appropriate terminology to describe the complications associated with processed food is similar to the debate on the use of the term alcoholism (Jelinek, 1960; Vaillant, 1983; White, 2014). In the latter part of the 18th Century and the early part of the 19th Century, *Dipsomania* was a term used to refer to a medical condition involving an uncontrollable craving for alcohol. This term is still mentioned in the WHO ICD-10 classification as an alternative description for Alcohol Dependence Syndrome, episodic use F10.26 (World Health Organization, 2004).

In following a similar path, *Peínamania* (Peína is the Greek word meaning hunger) could potentially be used as a description for a medical condition involving an uncontrollable craving for processed food. Furthermore, given the issue of weight stigmatisation (Meadows, and Daníelsdóttir 2016), with people who are overweight often perceived as having poor self-control

or 'uncontrollable appetites', processed food addicts could also be considered as 'people with uncontrolled appetites' hence, *Peínamania*.

By highlighting the evolution in the understanding of alcoholism as a disease, which led to the successful diagnosis and treatment of alcoholism, this paper underscores the parallel between processed food addiction and alcoholism, and the need to evolve how we conceptualise and treat processed food addiction in line with alcoholism.

1.1, Reaping from the past; two specific addictions, alcoholism, and processed food addiction, which bear a striking similarity

In the 20th Century, George Santayana (n.d.) shared much about history saying that, "if our world is ever going to make progress, it needs to remember what it learned from the past." In July 1939, Dr. William D. Silkworth (1939) published an article in the Journal *Lancet* titled "A New Approach to Psychotherapy in Chronic Alcoholism." As history shows, addiction treatment and recovery, not only for alcoholism but drugs and other substances, have witnessed and or evidenced many 'new and renewed approaches' prior to being accepted as a reality (Jellinek, 1960, White, 2014). Generally, most visionary ideas remain just that – an idea, only just existing, and perhaps at best, theoretical. Yes, introducing new ideas is a process; and yet without new conceptions, practices, procedures, and methodologies, adopting 'a' change in the fields of life, that is changing lives, transforming communities, and building hope remain just that – another idea, another 'what could be?' Is processed food addiction a new concept, practice, approach, or methodology? This paper is taking the next step in exploring the striking similarities of alcoholism and processed food addiction.

1.2, A Unique New Effective Approach to Alcoholism

Dr. William D. Silkworth M.D. (1873-1951) or "Silky" as he was fondly known by Bill Wilson (aka Bill W., co-founder of Alcoholics Anonymous) (Anonymous, 1984) was a medical doctor who specialized in the treatment of alcoholism. After graduating from Bellevue Medical College (Washington State, USA) Dr. Silkworth interned in the 'Inebriate Clinic' at Bellevue Hospital and subsequently chose to work in the alcohol and drug clinic of the hospital, making this his medical specialty (Kurtz, 1991). In the decades to come, Dr. Silkworth would have a distinguished medical career treating over tens of thousands of patients predisposed to alcohol and drug abuse.

Dr. Silkworth is renowned widely for his theory on alcoholism, as Fitzpatrick (2012: p. 42) stated *"I believe that there is something wrong with the body and the metabolism of alcoholics. For, short of not knowing what it is, I use a widely understood term called 'allergy'. So this adds up to a compulsion that condemns the victim to drink against his will and interest, until the destruction is complete. And this is joined to a physical condition that ensures his lunacy, and finally his demise."* Furthermore, O'Neil (1998) noted Silkworth's argument that certain individuals were 'constitutionally susceptible to sensitization by alcohol' and that drinking sparked an allergic reaction. This, he insisted, made it physically impossible for an alcoholic to ever tolerate alcohol. Moreover, Silkworth believed problem drinkers would have to learn to accept this fact as part of their treatment." (O'Neil, 1998).

In Dr Silkworth's early treatment of alcoholism, he focussed on educating the alcoholic about his theory of alcoholism, believing that to 'beat this thing' all the alcoholic needed to get and stay sober was to acquire the knowledge that they suffered from an illness similar to Tuberculosis. Notably, Dr Silkworth was an early medical pioneer to detail alcoholism in writing as a disease.

In 1934, Bill Wilson undertook four visits to Towns Hospital, New York City, to see Dr Silkworth. On the second visit, Dr Silkworth shared his theory of alcoholism, affirming Bill was in fact physically and mentally sick, that he suffered from an allergy to alcohol coupled with an obsession to drink. Only one drink was enough to spark off the phenomenon of craving, leading to periods of drunkenness and loss of one's self-control. Bill took in this 'information', now understanding the reason why he had no willpower when it comes to resisting alcohol, but not with other areas of his life. However, within a short span of time of several months, Bill started drinking once again. Finally, Dr. Silkworth informed Bill he was hopeless when it comes to resisting alcohol, explaining to Bill's wife Lois that Bill would have to be locked up to avoid delirium tremors (brain damage). Once again, Bill in an optimistic manner and with great anticipation, believed any person receiving such a diagnosis would be compelled to stop altogether. Unknowingly, this was a stopgap solution as Bill drank again.

Prior to Bill gaining the knowledge that he was in fact suffering from an actual illness (alcoholism), he come into contact with two important characters who played significant roles in Bill's eventual freedom from alcoholism. The first individual was a hopeless alcoholic named, Rowland Hazard who came from a very wealthy, prominent family. Roland went to Europe to seek treatment from a distinguished physician Dr Carl Jung. After treatment with Dr Jung, Roland believed he had acquired such a thorough and deep understanding of his neurological processes that relapse was unthinkable. Nonetheless, he relapsed soon after.

Roland returned to Dr Jung with no explanation as to why he could have picked up (returned to drinking alcoholically) after what Dr Jung had taught him. The doctor then went on to explain that he had never such recovery in an individual who was just as hopeless as he was. In desperation, Rowland asked if there was any hope for him? Dr. Jung replied, "Yes, there is.

Exceptions to cases such as yours have been occurring since early times." (Alcoholics Anonymous, 1988, p. 27). These exceptions (spiritual conversions) which took place among alcoholics who was just as hopeless as Roland was, were now totally free from alcoholism. Upon leaving Dr Jung, Roland joined the Oxford group (an evangelical Christian movement of that time) founded by Dr. Frank Buchman primarily beginning as The First Century Christian Fellowship. In 1908, the group soared under the name "The Oxford Group" culminating in the late 1920's and 1930's. In 1938, it was then acknowledged as The Moral RE-Armament" (Kurtz, 1991). Roland was primed for The Oxford Group teachings; being in a position of desperation and hopelessness, he experienced the vital spiritual experience which freed him from alcohol (Kurtz, 1991).

Meanwhile, Bill met one of his old drinking mates (Ebby T. the second character), who presented with a healthy disposition, – implying Ebby's mood and general attitude about life had changed dramatically; last time Bill saw him he was a drunk just like Bill and now he announced he had found religion (Fitzpatrick, 2012). Ebby T. explained to Bill how he was before a court of law for alcoholism when two men from the Oxford Group spoke to the judge for his release into their hands. Ebby was then introduced to the Oxford Group where he learnt of their religious notions and a simple program of action to relieve him of his alcoholism. Implementing Ebby's strategies that he gained from the Oxford Group, Bill got sober, however, he did not stay sober as he drank again, ending up at Towns Hospital for the fourth time. Bill trusted Dr. Silkworth, concluding he seemed to understand Bill, with no prejudice towards his hopeless state of mind and body or that he suffered from alcoholism. Once again, Dr. Silkworth detoxed Bill from alcohol, only this time (which also became the final time), Bill experienced his dramatic 'spiritual encounter' that released him from alcoholism (Bill W. 1988). Laying in his hospital

bed, Bill wondered if he was sane and shared with Dr. Silkworth this 'experience', upon which Dr Silkworth famously exclaimed, "Something has happened to you I don't understand. But you had better hang on to it. Anything is better than the way you were." (Alcoholics Anonymous, 1988: p.14).

Spiritual experiences, (conversions) to free an alcoholic from alcoholism have been reported for centuries. In the book, *The Varieties of Spiritual Experiences*, by Harvard University psychologist and philosopher William James there are examples of how religious conversions are associated with the psychic change taking place; an alcoholic is freed from alcoholism to a life of sobriety (James, 1985: pp. 197-199). Similar to the spiritual conversion experience by Bill. The spiritual approach was identified as the missing piece to Dr. Silkworth's theory of alcoholism, and yet, for this spiritual experience to take hold, the patient had to be in a state of hopelessness with no other human solutions available to produce the desired psychic change. Coupled with Dr Silkworth's primary methodology of redirecting alcoholic patients from trying to find out 'why,' 'how' or 'what' caused their alcoholism and its devasting consequences, to the desperation and need to understand that the patient is fundamentally suffering from a physical malady and a mental obsession known as alcoholism. After experiencing the psychic change which freed him from alcoholism, Bill continued to see Dr Silkworth, who was, at the time, the Chief Medical Officer at the Charles B. Towns Hospital in Akron, Ohio. Furthermore, Dr Silkworth encouraged Bill to share his experience – of what happened to him – with other patients suffering from alcoholism.

For the next six months, Bill worked with alcoholics at Towns Hospital, primarily preaching his religious experience, however, none of these alcoholic patients stayed sober. Dr Silkworth shared with Bill that it appeared he was doing things the wrong way round and with

the wrong emphasis when talking with other patients. Silkworth is quoted broadly to have told Bill to stop preaching to the patients about his spiritual conversion and instead share with them how hopeless they are feeling, reiterate the fact that they are suffering from a disease, and if not treated they will go mentally insane or die! Silkworth believed that only after these facts were forced home, the patients then would be willing to listen to a narrative regarding a spiritual remedy.

1.3, A Brief History of Alcoholics Anonymous (A.A.)

In May 1935, Bill ventured to Akron, Ohio on a business venture which didn't eventuate. Finding himself in a bar and feeling sorry for himself, he had two choices - one was to join the patrons in the bar, and the other was to find himself another alcoholic to 'work with'. He found a payphone and dialled a few numbers, finally finding someone who knew an alcoholic who had been trying to do everything to 'stay' stopped from drinking but to no avail. Bill met Dr Robert Smith (aka Dr Bob, who was a member of the Oxford Group in Akron) the next night and Dr Bob sobered up. Several weeks passed and Dr Bob attended a medical conference out-of-town and ended up drunk. Once again, Bill sobered him up and his last drink was June 10, 1935 - this was the foundation of A.A. Two years later, with 40 more cases of alcoholics from both Akron and New York who had become sober, there was a rising awareness that their method of 'treating' alcoholism was working.

In the years to come, 'other' alcoholics came to understand the fatal nature of their disease and those who successfully implemented the simple spiritual program of that time – Dr Silkworth's theory on alcoholism, coupled with the need for a psychic change – remained sober. This ultimately led to the decision to document this program of recovery - "Alcoholics

Anonymous" (fondly known as the Big Book of A.A.), which was published in April 1939 (Anonymous, 1957). The program A.A. was established in 1935 and adopted the principles from the "Oxford Group of the day.'

In 1949, a significant recognition was given to the still growing and advancing social movement, with the American Psychiatric Association not only recognising A.A. but also alcoholism as a disease. Following this recognition, A.A. received 'The Lasker Award' from the American Public Health Association in 1951 in San Francisco. A membership survey in 2014, reported A.A. had more than 115,000 groups globally (A.A. General Service Conference, 2014). More importantly, as stated in the Big Book regarding the Lasker Award . . . "Historians may one day recognize Alcoholic Anonymous to have been a great venture in social pioneering, forging a new instrument for social action; a new therapy based on the kinship of common suffering; one having a vast potential for the myriad other ills of mankind." (Alcoholics Anonymous, 1988: p. 573).

Dr. Silkworth's theory of alcoholism, coupled with the six steps The Oxford Group implemented, brought out the 'conversion experience' as an approach to treat alcoholics, which has worked and continues to work to this day.

2. An 'other' ill of (hu)mankind – Processed Food Addiction

2.1, What is processed food addiction?

Raymond (2019: pp. 15-16) defines processed food addiction as the following:

> *Processed food addiction is a treatable, chronic biochemical condition of the brain, coupled with a physiological condition of the body, linked to psychological, social, and spiritual manifestations.*

> *People with the disease of processed food addiction experience a mental obsession of the mind, coupled with a physiological powerlessness known as the phenomenon of craving, this in turn, makes the person continue to ingest processed foods no matter the circumstances.*

This definition is analogous to Dr Silkworth's discovery about alcoholism in the early 1930s - that alcoholism is a treatable condition, with systemic manifestations. Moreover, a minority of individuals suffering from processed food addiction are also under the 'spell' of a mental obsession coupled with the legendary 'phenomenon of craving.' Likewise, history repeats with the illness of processed food addiction, as Dr Raymond discovered.

2.2, A Processed Food Addicts Vignette

The following vignette is the personal experience of one of the authors (Dr Karren-Lee Raymond). Her full recovery from processed food addiction, with complete one-hundred percent abstinence at the core and following the approach advocated by Dr Silkworth for alcoholism, parallels the journey of Bill W. It highlights the need to consider the diagnosis and treatment of processed food addiction in the same vein as alcoholism.

Growing up I (Karren-Lee) always felt I was 'different' to the other girls. No one would have 'picked' me to be a processed food addict. I went on diets with my girlfriends; we bought lollies at the local milk bar on the way to school and lived on take-aways during the weekend, especially at the roller-skating rink. However, when I was nine-years-old, I had my picture taken with my sister in my bikinis, and she commented on me having 'tree trunk thighs'. I was aghast! I remember thinking I had to lose weight and yet my nickname at school was 'toothpick', as I was so skinny already. But according to me, what I saw in the mirror was another whole image, which was reiterated by a negative voice confirming I was 'fat' and I HAD to lose weight. This negative voice continued to and reaffirmed I had to diet to 'lose' weight – but only off my thighs.

When I was 16, I remember going to a friend's place and his mother making us cinnamon toast. From the first taste, it went through my body (my whole being was lit up just like how an alcoholic feels upon tasting alcohol) and I felt a million dollars – savouring the taste and feeling confident and accepted, like I was finally fitting in. So, I asked Mrs. Doe (pseudonym) for the recipe. I remember returning home and making the cinnamon toast as I was shown. Then I made another, and another, and another until I had ingested four slices. I 'felt' this wasn't right, but I felt better whilst eating it, and after I ate it. My life was all about hiding what I ate, wanting to eat more, then going on a diet to lose the weight that always seemed to only go on my thighs. From this dieting (starve myself and 'control' what I ate), I started to lose control, which then led to the vomiting, laxative abuse, exercise abuse, then alcohol, drugs, and amphetamines to control my weight – but nothing worked for long before I ingested again.

As my disease of processed food addiction progressed, (I didn't know I suffered from an illness back then) I ended up in my first anorexic clinic after a near fatal suicide attempt at 21 years of age. From here began the professional merry-go-round to 'fix' me. I received one diagnosis after another, including anorexia, bulimia, compulsive bingeing (binge eating disorder it is known as today), depressive disorders, and schizophrenia, with innumerable hospital visits, in-and-out of anorexic and bulimic clinics, psyche wards, and mental institutions for different lengths of time with many more 'meds' prescribed to 'fix' me. Financially, I was blessed to have a boyfriend, who had a substantial professional career and 'stuck' with me throughout my ingesting career while I kept trying to find 'an answer – the cure'.

In 1989, I attended Overeaters Anonymous and there was a 'guest speaker' from Alcoholics Anonymous sharing the disease of alcoholism. I could not believe what I was hearing. Her name was Sheila W. What this lady shared was *me*, only with processed food instead of

alcohol. At the end of the meeting, she needed a lift home, which I offered as no one else was able to. I ended up staying at her place until four am the next morning while she told me about her 'illness' the disease of alcoholism. I related to every word she said, only my substance was different. It was my story – feeling utter hopelessness, helplessness, and no willpower when it came to staying stopped from ingesting processed food. I also felt immense mental exhaustion from trying to 'fight' this 'thing' that seemed to have so much power over me; as they say in A.A., the disease of alcoholism is 'cunning, baffling, and powerful' (Alcoholics Anonymous, 1988: p. 58). Well, that was my disease with such a subtle edge to it.

Sheila suggested I get a copy of the 'Big Book' (Alcoholics Anonymous, 1988), which I did. My husband (the boyfriend I married) drove me all over Brisbane until I finally found one. Although I didn't read it until several days later, when I finally opened it up randomly, the words on this page fell out. . . .

"*The fact is that most alcoholics for reason yet obscure, have lost the power of choice in drink. Our so-called will power becomes practically non-existent. We are unable, at certain times, to bring into our consciousness with sufficient force the memory of the suffering and humiliation of even a week or a month ago. We are without defence against the first drink."* (Alcoholics Anonymous, 1988: p. 24).

Everything flashed before me. I had found an answer – I had the same illness, only I had the physical craving and mental obsession with processed food. I, too, had lost the power of choice in ingesting; my will power was non-existent. I, too, try as I might, never remembered my last 'binge' and how horrific it was to stop myself from doing it again – it was pure mental torture.

Over the next several years, I attended A.A. meetings, while also researching, reading, and studying everything about the disease of alcoholism, Dr. Silkworth's writings, The Oxford Group contributions, the A.A. movement, addiction in general and started implementing the spiritual medical model. An older mentor of mine would repeatedly say, 'the heart and soul of recovery from addiction is accepting the disease concept of addiction.' How true that was for me. I was not different.

In 1994, I finally went into a rehab for addiction, including processed food. Fortunately, the rehab was all about elimination of the substances, abstinence, understanding the nature of my illness, and then implementing a spiritual approach to bring about a spiritual awakening (or 'psychic change'), which underpinned permanent abstinence and a content and productive life. I have since dedicated my life to shining a light on the reality of the disease of processed food addiction – the fact that processed food addiction is an illness.

2.3, Clinical Experience at K-L A with my patients.

Obesity is highly correlated with poorer mental health outcomes (Pereira-Miranda, Costa, Queiroz, Pereira-Santos, and Santana, 2017; Wu and Berry, 2017) and a substantially diminished quality of life, whilst continuing to demonstrate strong associations with the leading causes of death worldwide, including diabetes, cardiac disease, stroke, and some types of cancers (Upadhyay, Farr, Perakakis, Ghaly, and Mantzoros, 2018). Although science and technology have advanced exponentially over the last century, when it comes to 'battling' the current obesogenic environment, no mainstream treatment has been effective long-term as Marks, states, (2015: p. 471), "progress has been frustratingly slow". For a *portion* of people, obesity

symptoms and secondary complications which have also shown to be highly correlated with processed food addiction, continue to progress (Raymond et al., 2016).

Implementing and refining Dr Silkworth's approach to processed food addiction has been a challenge albeit, no more of a challenge compared to the century old search for understanding the powerlessness, hopelessness, and despair of an alcoholics plight. The 19th Century produced the 1820's temperance movements, followed by the 1840's Washingtonian Society, and not long after the many and varied Fraternal Temperance Societies and Reform Clubs (White, 2014). In line with Dr Silkworth's theory of alcoholism, the answer I have found and applied successfully is processed food addiction: a chronic illness manifesting itself as a physical allergy of the body, coupled with a mental obsession of the mind; the true processed food addict experiences a craving to processed food beyond their mental control and cannot commence to ingest processed food without developing this phenomenon of craving. What's more, patients are deemed hopeless as they are absolutely unable to stop and stay stopped from ingesting on the basis of self-knowledge and or willpower which ultimately will lead to insanity or an involuntary death (Raymond, 2019).

Unfortunately in fields of the medical, professional, and health communities, it appears there is insufficient accountability, creating a weak point in not understanding the real issues. Processed food addiction is an insidious disease – like a cancer that kills from the inside out, with the irony being, processed food addiction kills from the outside in. Fundamentally, processed food addiction is also strongly tied to many medical conditions such as type 2 diabetes and mental health (Raymond & Lovell, 2017) analogous to obesity which the medical field hitherto view as primary diseases. However, in this realm for all intents and purposes, the medical, professional and health communities cease to look at *processed food addiction* as an illness, but

rather focus on the secondary disease process which stems from processed food addiction, discounting (or more likely not aware of) the processed food addiction malady, as they laboriously treat the symptoms of the secondary diseases.

Take for example, if a patient has pneumonia, the physician doesn't treat the high temperature and then ask the patient to monitor the pneumonia. Unfortunately, this appears to be the case with a potential processed food addict – the treatment response tends to be to medically take care of the secondary disease symptoms such as blood pressure, weight, or blood sugar levels, and then asking the patient to monitor their food consumption.

3. Processed Food Anonymous 21st Century Analogous to Alcoholics Anonymous in the 20th Century.

3.1, History Repeats

In the years that followed, I continued to be an avid student of anything to do with food programs and approaches to address anything that talked about, researched, or tried alternative therapies to do with food and addiction, 12-step models, self-help groups, mutual aid fellowships, and the like. The largest and most successful 12-Step program founded from A.A. to date is Narcotics Anonymous (N.A.). Founded in California 1953, it too was based on the same 12 spiritual principles of A.A. (Narcotics Anonymous, 2008). Very recently, a large intervention review comprising of 27 studies with 10,565 participants was conducted to assess outcomes between peer-led AA and professionally-delivered treatment facilitating AA involvement in the attainment of specific outcomes including: abstinence, reduced drinking intensity, reduce alcohol-related consequences, alcohol addiction severity, and healthcare cost offsets. Not surprisingly, the research graded manualized AA/twelfth step facilitation (TSF) interventions as

being more effective than established treatments, such as Cognitive Behaviour Therapy for longer term abstinence. Moreover, AA / TSF was noted to most likely reduce substantial costs in health care among those persons with alcohol use disorder (Kelly, Humphreys, and Ferri, 2020).

Similarly, over the decades, numerous 12-step food programs have emerged, all trying to implement the original 12-step model of A.A. The first of these 12-step food programs was Overeaters Anonymous, founded in the 1960s, and others followed, including Food Addicts Anonymous, Compulsive Overeaters Anonymous, Food Addicts in Recovery Anonymous, and the list goes on (Raymond 2019: p.162). However, through my own experience and clinically treating patients who have since recovered from processed food addiction, I continually come to the same conclusion: Just like alcoholism, the substance that 'sparks' off the physical craving for alcohol had to be eliminated; so too does the substance that 'sparks' off the physical craving for processed food.

With processed food addiction, there is an addictive process at work, comparable to the process at work when dealing with alcoholism. Unfortunately, instead of treating the addiction at hand, professionals have focussed on the individual's behaviour or cognitive processes when it comes to eating such as controlling the ingesting of 'certain' types of foods, implementing cognitive, behavioural and new-age approaches, ingesting only three moderate meals a day, increasing the amount of physical exercise, reading self-help literature, attending health retreats, taking medications to 'curb the appetite', following the latest diet or food plan keeping alive the subliminal illusion of control, or suggesting hypnotic cures, ad infinitum.

Over the decades, there have been some food fellowships that have tried to eliminate just sugar, refined carbohydrates, or sugar, flour, and wheat, all generally claiming; *Food* addiction is different to alcoholism because we have to face our demon every day. One can't just stop eating!

This statement is erroneous as alcoholics still have to drink every day; they must eliminate all alcohol. The processed food addict quite rightly has to eat every day, but they must eliminate processed food. The debate then turns to what constitutes processed food.

In 2009, the NOVA classification system was introduced for processed food (Monteiro. 2009; Monteiro et al., 2018). Based on this classification, which is recognised by the World Health Organization, Food and Agriculture Organization, and the Pan American Health Organization, there are four categories of processed food: unprocessed or minimally processed foods, processed culinary ingredients, processed foods, and ultra-processed foods. Apart from the overlap between these four categories, which is a cause of confusion for professionals and consumers, categorising processed food can promote the perception that some processed foods are "better" or "worse" than others – allowing processed food addicts to justify consuming processed food (that all they need to do is avoid the "bad" processed foods) and permitting professionals to recommend controlled or limited consumption, rather than eliminating processed food.

Alcoholics of the day understood what alcohol was, however, it didn't stop the various movements encouraging drunkards to abstain only from strong distilled spirits such as whisky, and instead drink wine and beer only (White, 2014). Today, I believe processed food addicts also know what processed foods are that must be eliminated. However, this is where diets and food plans come into the picture. The addict is always looking for someone else to 'control' and 'take responsibility' for their addiction, with the underpinning hope that somehow, someday, and in some way they will regain control of ingesting processed foods like the rest of society. This 'false hope' is what has to be smashed. It is similar to telling a patient with cardiac disease that soon they will be able to run a marathon, or a patient with diabetes that one day they will be able to control their blood sugar. Dr Silkworth was able to smash home to the alcoholics they had an

illness, one that did go into remission as long as the addict followed the Dr's instructions whilst implementing a spiritual way of life.

Another similarity between alcoholism and processed food addiction is that, in the early days, even the majority of those close to 'skid row' had difficulty accepting their fate - only the most desperate and hopeless could accept this bittersweet truth. In the early days, Dr Silkworth dealt with rock-bottom cases, the most desperate and hopeless, who had no other means of getting well. Once the alcoholic could come to understand the fatal nature of their malady, after detox, they could begin the treatment of the disease. This is also what I found in clinic. Once the processed food addict accepts the truth and their subliminal illusional, delusional thinking is smashed, then, and only then, can they accept the prescription to treat it and in the long run, take responsibility for treating their disease themselves.

No human being wants to think they are physiologically and mentally different from their peers. No one wants to accept: (1) they are a processed food addict, and (2) they have to do something about it – that is, take responsibility for what they are ingesting. This is human nature and happens with all chronic illnesses. The diabetics and the cardiac patients all have to undergo their required daily treatment to keep their disease in remission. The only way an addict will continue to treat their disease is IF they accept the disease concept of addiction, otherwise the same subliminal message continues to be played over and over again: "One day, I will be able to eat like normal eaters."

The question that needs to be addressed is: "Why do only 'some' people resume somewhat of a 'normal' life when only sugar, flour and wheat are eliminated?" They follow the same 12-step model as A.A. and yet some are still restless, irritable, and discontent. This comes back to Dr Silkworth's 'original' theory, which addressed the 'disease' of alcoholism. Thus,

where the a myriad of food programs address the symptoms (e.g., what food or food categories to eat, what diet to go on, what pill to take for depression, anxiety, or stress), they keep a smokescreen on the reality that the processed food addict is suffering from an illness, a fatal malady that has to be treated every day. Any form of control will eventually lead them back to processed food, (if they are a real processed food addict) once again sparking off the phenomenon of craving; then the merry-go-round of binge, diet, starve, and control begins again, with an even greater desperation.

4. Discussion and Conclusion

The purpose of this paper was to assert the reality of processed food addiction – a progressive illness with many secondary complications. Additionally we aimed to highlight the similarities between processed food addiction and alcoholism. We highlighted similarities between the disease of alcoholism and the disease of processed food addiction, and, in doing so, we not only argued the need for this approach, analogous to Dr Silkworth's approach to alcoholism, be applied to the diagnosis and treatment of processed food addiction; what's more, be given greater consideration and acceptance.

We also presented a vignette of an individual who came to understand her disease of processed food addiction through the A.A. approach. Her personal experience (as in similar to Dr. Silkworth and Bill with the disease of alcoholism) became the foundation for academically gaining the qualifications necessary to bring this to the fore; successfully treating other processed food addicts and getting them into recovery whilst managing secondary complications. For example, several patients experienced unsuccessful outcomes with weight loss surgery, (which could be restated hypothetically, as drunkard surgery, chopping off an alcoholics arms so they

can't drink), regaining their weight physically, whilst mentally finding it ever-more challenging to face each day. Other examples include, processed food addict patients presenting with severe type 2 diabetes symptomatology who have now come off medications, HbA1c readings have normalised (below 6.0%), with symptoms abated. All of the cases have lost considerable amounts of weight and kept it off, coupled with a psychic change – experiencing an altered attitude, an inner emotional rearrangement if you will, brought about by accepting the hopelessness state of mind and body they first presented with.

Today's established theory of alcoholism as a physical illness with a definitive set of symptoms proffered by Dr. Silkworth in the 1920s, coupled with The Oxford Group tenants, is what led to the acceptance of an illness that was thought to be fictional and a treatment approach that has remedied several million cases of alcoholism over the last 80 plus years. Out of this legacy came the social movement of A.A., which relieved the enormous remorse and guilt experienced by alcoholics suffering from what was deemed to be a hopeless state of mind and body. The therapeutic structure (founded by an experienced physician coupled with a spiritual underpinning) not only endures today but has been the basis of many other '*ills of mankind.*'

The same path has been taken now for processed food addiction pioneered by Dr Raymond. In line with Dr Silkworth's approach, the conceptualisation and successful management of processed food addiction needs to involve the *recognition that processed food addiction is a disease, not just a mere habit or weakness of will, and it entails the same mental obsession and physical allergy for alcoholism.* As attested here, the real processed food addict's only remedy is entire abstinence, therefore not sparking off the phenomenon of craving.

Paradoxically however, the majority of society today are *not* processed food addicts, but processed food abusers akin to there are considerably more alcohol abusers then alcoholics. The

compulsive eaters, psychologically dependent, food mis-users and or abusers as well as those suffering from binge eating disorders, bulimia, anorexia, and the like have been and continue to be successfully treated by various professionals. It is this 'minority' group that hitherto has been unaccounted for. Scientific approaches, 21st Century hoped for cures and 'new' treatments will continue to be thrashed around however, this only persists in 'feeding' the real processed food addict more excuses to think that one day there will be a cure or something to make them normal, as the processed food addict painstakingly continues to travel down this dubious path evermore edging closer to an involuntary suicide.

This path of *self-knowledge will fix it* has been tried and tested countless times to no avail as shared in this paper, Roland Hazard, Bill W., and the processed food addicts vignette presenting with a hopeless state of mind and body. Unfortunately, in today's society, 'quick fixes' for weight gain and excessive processed food consumption are widely promoted and available . However, these quick fixes and their promises of sustained outcomes actually hinder the experience of a hopeless state of mind and body that is required for a processed food addict to reach out for help. All these short-term fixes simply allow the processed food addict to continue to deny the reality of their disease. Self-knowledge (as in 'knowing' one can't stop – is addicted) proved to be futile for the alcoholic in the 20th Century. The same applies to the processed food addict in the 21st Century.

Of patients I have treated: six cases have between four and five years of continual abstinence with peace of mind and have recovered, (recovered meaning, continuous abstinence and over time experienced a psychic change), another four cases with between two and three years (recovered), several cases between 12 months and two years (recovered), and three cases with 3, 2 and 6 months respectively in recovery. Additionally, several cases have relapsed either

by going back to ingesting processed food or by starting off trying to control non-processed food which inevitably leads back to ingesting processed food. These patients have since returned to treatment and are now once again moving forward from the preliminary stages of 'initiating' abstinence to the more permanent stage of recovery, 'sustaining' abstinence as they come to terms with the disease concept of addiction and the lifestyle changes that are required.

Implementing Dr Silkworth's approach in a clinical setting with processed food addicts, I have found the critical step to recovery is acceptance of the 'fact' the processed food addict is actually suffering from an illness that no amount of willpower or self-knowledge can change. Despite this, there is a resistance to accepting processed food addiction as a disease; a professional diagnosis is needed together with an individualised and holistic approach. I wholeheartedly believe as I paraphrase Dr Silkworth's statement in McPeake, 2012 "if each community had one trained addictionologist devoted to the treatment of processed food addiction the medical profession and its many arms could "actually solve the entire problem."

In conclusion, bringing the approach first pioneered by Dr Silkworth almost a century ago into the processed food realm, we need to understand processed food addiction as an illness with a physical allergy and mental obsession as a starting point. The inception of a similar fellowship to A.A. Processed Food Anonymous (P.F.A.) which focuses solely on the disease concept underpinned by the processed food addict's utter hopelessness and desperation. This fellowship had similar beginnings to A.A. and has been operational for the past four years attesting to positive long-term permanent recovery outcomes; a support group I encourage my patients to attend.

There is need for research to understand processed food addiction, clinically validate the disease concept of this malady, and perhaps contribute a missing link to the global effort in

addressing the obesity epidemic. Furthermore, a matter of urgency to posit is the 'aftereffects' of the impact from Covid-19 on processed food consumption. News briefs already expound the diminishing produce in the processed food aisles of supermarkets. It is time to be aware of this cunning, baffling, and powerful malady, silently and subtly like the grim reaper, taking lives in society. We did it with alcohol, drugs, and nicotine, now it's time we do it with processed food addiction – a questionable 21st century cognitive, behavioral phenomenon – *no more* – a 21st century addiction phenomenon – that is treatable.

The authors declare that there is no conflict of interest.

5. References

Alcoholics Anonymous (1976) *Dr Bob and the good oldtimers.* New York: Alcoholics Anonymous World Services, Inc.

Anonymous (1957) *Alcoholic Anonymous comes of age.* New York: Alcoholics Anonymous World Services, Inc.

Alcoholics Anonymous (1976) *Alcoholics Anonymous* (3rd ed.). New York: Alcoholics Anonymous World Services, Inc.

Meadows A and Daníelsdóttir D (2016) What's in a word? On weight stigma and terminology. *Frontiers in Psychology,* Article 1527 https://doi.org/10.3389/fpsyg.2016.01527

General Service Conference (2014) *Alcoholics Anonymous 2014 membership survey*. New York: Alcoholics Anonymous World Services, Inc.

Anonymous (1984) *Pass it on: The story of Bill Wilson and how the A.A. message reached the world.* New York: Alcoholics Anonymous World Services, Inc.

Bill W (1988) *The language of the heart: Bill W.'s Grapevine writings.* New York: AA Grapevine.

Brownell KD and Gold MS (2012) *Food and addiction a comprehensive handbook*. USA: Oxford University Press.

Bruinsma K and Taren DL (1999) Chocolate: food or drug? *Journal of the American Dietetic Association.* 99(10): 1249-1256.

Fitzpatrick M (2012) *Dr. Bob and Bill W. speak*. Center City, Minnesota: Hazelden Foundation.

Hebebrand J Albayrak Ö Ada R Antel J Dieguez C de Jong J Leng G Menzies J Mercer JG Murphy M van der Plasse G and Dickson SL (2014) "Eating addiction", rather than "food addiction", better captures addictive-like eating behavior. *Neuroscience and Biobehavioural Reviews* 47: 295-306.

James W (2004) *The varieties of religious experiences*. New York: Barnes & Noble Books.

Jellinek EM (1960) *The disease concept of alcoholism*. New Brunswick, NJ: Hillhouse Press.

Kelly JF Humphreys K and Ferri M (2020) Alcoholics Anonymous and other 12-step programs for alcohol use disorder. *Cochrane Database of Systematic Reviews 3*. Article. No.: CD012880. doi:1002/14651858.CD012880.pub2.

Kurtz E (1991) *Not-God: A history of Alcoholics Anonymous*. Center City, Minnesota: Hazelden Educational Materials.

Marks DF (Ed.) (2015) Special issue: Food, diets, and dieting. *Journal of Health Psychology.* 20 :469-472.

McPeake JD (2012) *William D. Silkworth, M.D., and the origin and development of Alcoholics Anonymous (A.A.)* Dublin NH, 03444:The Dublin Group, Inc.

http://www.dubgrp.com/content/william-d-silkworth-md-and-origin-and-development-alcoholics-anonymous-aa

Monteiro CA (2009) Nutrition and health. The issue is not food, nor nutrients, so much as processing. *Public Health Nutrition* 12: 729-31.

Monteiro CA Cannon G Moubarac J-C Levy RB Louzada ML and Jaime PC (2018) The UN Decade of Nutrition, the NOVA food classification, and the trouble with ultra-processing. *Public Health Nutrition* 21: 5-17.

Moubarac JC Parra DC Cannon G and Monteiro CA (2014) Food classification systems based on food processing: Significance and implications for policies and actions: a systematic literature review and assessment. *Current Obesity Report* 3: 256-272.

Narcotics Anonymous (2008) *Sixth Edition Basic Text, Narcotics Anonymous*. Narcotics Anonymous World Services, Inc. ISBN 9781557767349

O'Neil M (1998) William Duncan Silkworth, MD (1873 – 1951) The roundtable of A.A. history. Available at: https://silkworth.net/silkworth/silkworth_bio.html

Pereira-Miranda E Costa PR Queiroz VA Pereira-Santos M and Santana M (2017) Overweight and obesity associated with higher depression prevalence in adults: A systematic review and meta-analysis. *Journal of the American College of Nutrition.* 36(3): 223-233. https://doi.org/10.1080/07315724.2016.1261053

Raymond K-L (2019) *Processed food addict: Is this me?* Australia: KLWR publications.

Raymond K-L Kannis-Dymand L and Lovell GP (2017) A Graduated food addiction classification approach significantly differentiates depression, anxiety, and stress among people with type 2 diabetes. *Diabetes Research and Clinical Practice*. 132*:* 95-101.

Raymond K-L Kannis-Dymand L and Lovell GP (2016) A graduated food addiction classification approach significantly differentiates obesity among people with type 2 diabetes. *Journal of Health Psychology.* 23(14): 1-10.

Raymond K.-L and Lovell GP (2016) Food addiction associations with psychological distress among people with type 2 diabetes. *Journal of Diabetes and Its Complications.* 30(4): 651-656.

Silkworth WD (1939) A new approach to psychotherapy in chronic alcoholism. *Journal-Lancet,* 46. Available at: https://aachilternthames.org.uk/silkworth-new-approach-psychotherapy-chronic-alcoholism/

Upadhyay J Farr O Perakakis N GhalyW and Mantzoros C (2018) Obesity as a disease. *Medical Clinics of North America.* 102: 13–33.

Vaillant GV (1995) *The natural history of alcoholism revisited*. London: Harvard University Press.

White WL (2014) 2nd ed. *Slaying the dragon: The history of addiction treatment and recovery in America*. USA: Chestnut Health Systems/Lighthouse Institute.

World Health Organisation (2004) *ICD-10: International statistical classification of diseases and related health problems*: *tenth revision* 2nd ed. ISBN-13: 978-9241546492

Wu Y-K and Berry DC (2017) Impact of weight stigma on physiological and psychological health outcomes for overweight and obese adults: A systematic review. *Journal of Advanced Nursing*: 1-13.