

Clinical Case Study
of a Processed Food Addict aka – Peínamaniac:
“Weight Loss Surgery – Lack of Success.”

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Abstract

At 58, this patient finally went into treatment for the disease of peínamania – processed food addiction. After a long journey of active addiction trying every known approach, remedy, diet, and scheme known to man to ‘fix’ this thing, she finally made her way to professional treatment of an illness which very little is known about. Two years into treatment, the patient’s weight has come down from 89 kg (196 lbs) to 65 kg (143 lbs). The pt. is 171 cm – 5 ft 7”. She has now been stabilising at this healthy weight for the past four years. Mentally, her mind has stopped racing and she is learning how to live without a substance in her system to anaesthetise reality. Spiritually, she has come to rely on a Higher Power – an inner resource of strength that had been blocked. From the early days of treatment the patient reported, *“My weight just kept going down and my bingeing over time stopped 100 percent, allowing me to stabilize. More importantly for me, and I didn’t think anything could be more important than ‘losing weight’, I now experience peace of mind, (free from the negative voice, ‘our devilish addict personality’ (odap) that taunted me for years) and living a life I could not have ever imagined beyond my wildest dreams. Riddled with guilt, shame, and blame – no more! Today, I live with hope, love, gratitude and acceptance – I am finally free.”*

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Introduction

Compulsive overeater, emotional eater, chocoholic, anorexic, bulimic, out-of-control eater, junk food addict, sugar addict, food addict... This list is endless. What if there were an underlying cause to many of the disordered eating labels? Or if it were a precursor of many secondary diseases such as type 2 diabetes (t2d), or cardiac disease, prevalent in society today?

Processed food addicts, eventually forced to recognise and admit that processed food is destroying them and their lives, and that they will never have the ability to ingest processed food in a controlled manner, often ask, ‘Why Me?’ Why in the world, they question, do they have this reaction to processed food when just about everyone else on the planet can ingest as much and as often as they like? This question continues to consume researchers and social theorists trying to make sense of the bewildering array of physical and psychological symptoms evidenced in a minority population who cannot control their appetites for processed food. ‘One bite is too many and one hundred is not enough.’

The concept of processed food addiction, aka peínamania, is directly at odds with traditionally accepted methods, approaches, and theories that any odd or dysfunctional eating is caused by psychological and/or social factors.

The evidence supporting the disease addiction concept of processed food addiction – peínamania – as an addiction analogous to alcoholism and other addictive substances is presented here with an emphasis on the patient’s unsuccessful outcome from weight loss surgery. This case study is presented in a time-line format, with appendices being a key component when sharing information about the innumerable manifestations of this disease.

1. Case Study – A Timeline

The pt. was born in 1957 in Western Australia (WA) and has two siblings: an older sister and a younger sister. Both her parents passed away approx. 25 years ago. The pt. continues to reside in WA with her husband of 12 years. The pt. has four stepchildren, all adults.

1.1 Childhood to Pre-teens Years

The pt. shared she was born to ‘older parents’. Her father was a dysfunctional alcoholic, with sexual and emotional abuse tendencies towards her. Her mother was a very critical woman who suffered with type two diabetes (t2d). Moreover, the pt. reported her mother was co-

dependent with her alcoholic father. Both parents were apathetic and phlegmatic when it came to showing any affection towards her.

The pt. was the middle sister, saying she always felt like the odd one out. Her older sister appears to be a recreational eater (Raymond, 2019. p. 60), always going out to eat but able to control her eating. The pt. noted she was over-dependent on her younger sister, ringing her constantly to help sort out her problems.

The pt. met her husband of 12 yrs. on a Christian dating site. He was an army sergeant; however, in the early years of their marriage, he didn't work due to suffering from a sore shoulder, bad back, chronic tinnitus, and t2d.

The pt's. first memory of food was at three yrs. of age. She stated, *“I was eating bananas, and Mum expressed surprise, asking how could I eat so many. Albeit, my photos showed I was a normal weight from three to approximately eight yrs. old. Signs of being ‘plump’ started from age 12 yrs. as I saw myself as the little fat girl in the school yard. I stole food from others and in particular, I remember, stealing chocolate and the teacher confronting me; I felt enormous shame. My friend had processed food at her house, and I loved going there. I felt endless shame and humiliation about my weight and food in my primary years, starting my first diet – low carb foods and Duromine. I experienced puberty early (10 yrs.); was very tall and very heavy – 10 stone (64 kg) at 10 years old? My mother was always trying to control me and ‘fix’ my obesity which I resented; I just wanted her love.”*

Dr. K-L:

Importantly, like all chronic diseases, processed food addiction commences in the unknown stage when the potential processed food addict is unconscious of having the predisposition for processed food addiction. In the early years, the processed food addict does not necessarily ingest heavily or even regularly and does not suffer from withdrawal symptoms such as lower back pain, lethargy, heavy sweating, shortness of breath, chub rub, depression, anxiety, ad infinitum. The processed food addict in the younger years presents as everything is ok. They may be a little overweight or indulge more than others. However, in today's society this is becoming the norm. Hence, a doctor would likely give the person a clean bill of health without any suggestions that the person should stop ingesting processed food.

This is comparable to a person in the preliminary stages of cardiovascular disease who is similarly affected by the same illusion of healthiness. They feel fine, their yearly physicals are good with no atypical symptoms presenting, hence in the traditional medical model, there is no

cause for concern and ingesting processed food does not come into the equation. There are no signs they have a predisposition to cardiac disease. As the years go by, their cholesterol count may be high, or their blood pressure may rise, but they don't appear to have a degenerative disease – until the day they suffer a heart attack. Importantly, the cardiac disease did not begin with the massive heart attack; it began erstwhile when the person was undergoing undetectable cardiac symptomatology, which nevertheless initiated a lethal disease process. Today, however, there is genetic testing for inherited heart disease.

Akin to the cardiac pt., the processed food addict in the early stage of their disease experiences undetectable changes that could eventually cause her body to adapt to large amounts of processed food in her system. Over time, the pt's. body uses the processed food as its energy source. As her body adapts, she ingests more and more often and suffers withdrawal symptoms when she stops ingesting.

Perhaps eventually there will be genetic testing for processed food addiction and over time, this disease will earn respect as a chronic disease that gets worse over time. It can be treated as attested in this case study, but not cured.

1.2 Adolescence 12—19

In her adolescent years, the pt. remembers being 12 stone (76 kg) at 12 yrs. old. *“I remember thinking I will always have my weight go up a stone a year.”* During this time the pt. shared experiencing much shame and hopelessness, but feeling she had no control over what she ate or how much she ate. She recalled, *“I spent a lot of my adolescent years eating white bread and butter, watching romance movies and reading Mills and Boons. I then lay in bed and had an excuse to avoid life.”* Entering high school, the patient reported being approx. 80 kg (176 lbs) and at around 15 yrs. she grew into her body a bit and didn't look too bad. *“I was heavy but now not grossly obese.”* She also had her first boyfriend at 16 and was sexually active.

The later teenage years brought significant change as she left home and went to Perth to study mothercraft nursing. A rapid weight gain followed, and her weight increased to 101 kg (224 lbs). The pt. reported drinking and smoking from 17 yrs. in the nurses' quarters away from home. Her friends seemed to use first (typically, many addicts begin their partying with another substance, e.g., processed food, nicotine, marijuana, a variety of stimulants, and/or cocaine), and then get drunk. She remembers putting on a massive amount of weight – 25 kg (56 lbs), saying, *“There was always an abundance of food around in the dorms and dining room.”* She was now also going out for fast food takeaways, e.g., fish and chips, as well as drinking alcohol and just going out generally with her friends. She exclaims, *“I was*

humiliated by the nursing sisters, who continually tried to shame me.” The pt. declared alcohol played a part in her life at this time, but she did not identify as an alcoholic. She did however remark, *“I ate in the dining room, I drank and partied a lot.”* Between the ages of 16 and 19 yrs. the patient stayed around 101 kg (224 lbs).

She went travelling at 18 yrs. of age to New Zealand with a friend for seven months, reporting, *“I had a boyfriend for a short period, and we drank and ate a lot, however, I didn’t gain much weight because I was drunk but very food obsessed. I remember a friend’s mother cooking amazing meals but there was never enough for me. I got work and remember getting very drunk and vomiting strawberry wine all over the bedspread. Green ginger wine was my favourite drink of choice at this time, giving me courage when I was out in the world.”* After New Zealand, she returned home and got a job in maternity, revealing she went wild over food. *“I ate and stole chocolates that were gifts for the other nurses. There were boxes and boxes which I took home and ate. I could not stop.”*

At 19 yrs. the pt. continued to drink ‘quite a lot’ and decided to return to New Zealand with some other friends, disclosing that she was out of control and quite nasty towards them. She remembers driving drunk a few times and believed her friends only hang around her because she was a lot of fun to be with due to her humour, which was always fortified by processed food and drink. At this time, the pt. heard about SLAA – Sex and Love Addiction Anonymous and ended up attending.

1.3 Early Adulthood (approx. 20 yrs. to 28 yrs.)

At 20 yrs. and back in Australia, the pt. went to Weight Watchers and experienced her first successful diet – losing nearly 25 kg (56 lbs), which was greatly helped by a lot of drinking and smoking which enabled her to stay around 76 kg (168 lbs). She remembers being ‘crazy and angry’ at her mother when her meal was not ready, remarking her behaviours were out of control towards her family. *“I was very overreactive, angry and isolated a lot. I felt judged and horrible and took up smoking from 17 – 29 yrs. of age.”* Important to note here is the pt. swapped the witch for the bitch – she limited her processed food intake and instead filled up on alcohol and nicotine to shut off her thoughts.

Not long after losing so much weight, the pt. travelled to Europe where she ate a lot. Whilst on tours she shares that she was always trying to go into the food tent of the tour for more processed food. *“I did not put on a lot of weight, but I remember being restless, irritable, and very nasty to others while stealing my way around Europe.”*

Arriving home, the patient started working at a childcare centre, which she loathed. She found it hard to get on with others and felt her boss did not like her. This was underpinned by her being full of anger, frustration, self-pity, shame, and guilt, etc. She recalls eating on the way to work and feeling so full of shame and completely out of touch with who she was. *“I recall having feelings of just surviving and stealing the kids’ food they brought in for snacks and lunch.”*

The weight loss was not to last, as the pt. once again put all the weight back on after a horrible falling-out with a girl at work whose boyfriend liked her. She recalls feeling a lot of shame and was not able to take care of the children. As a result, with her weight gain, she isolated more and more from everyone, from life. She knew she needed to get the weight back off, so she tried to vomit using IPECAC but in her words was not ‘successful’, so she tried Weight Watchers again. One memory was when a man she liked visited her and she felt full of shame when he confronted her about her weight. She noted that lots of men showed interest in her, but she could not cope emotionally. Her thinking was, *“I worked in a horrible job I hated, and I was huge!”* The pt. then cut everyone out of her life and at the age of 25 she first heard about the 12-step group of Overeaters Anonymous (O.A.).

Now 28 yrs., the pt. secured a nursing job where she befriended an individual who proclaimed Christianity and led her to start asking questions about God. Even though she was quite obese, she enjoyed working in that job. From this meeting, she recalls having an experience with God when her mother had a heart attack and came to know the Lord. It was a huge ‘experience’ for her, and she reported being in shock and in tears for years every time she went to church.

1.4 Adulthood (29 yrs. Significant life changes)

At 29 yrs. the patient began psych nursing, reporting she caused a lot of turmoil with her fellow students. She was confronted about her behaviours by the whole class, which she found to be very shaming, stating, *“I was out of control with food and was very heavy, very obese actually. When I started my next diet, I gave up smoking and never smoked again from 29 yrs. I wasn’t a really ‘good’ smoker, maybe more habitual than addicted, or in reality it was more probable to have been another control method for my weight; obviously it didn’t work for me.”*

At 29 yrs. several major events happened. She decided to become a Christian, stating, *“God really cleansed me from stealing, and I also stopped drinking just prior to starting 12-*

Step models for food programs. I didn't have much interest in drinking then and wasn't obsessed about it."

The pt. began attending her first of many 12-step food programs – Overeaters Anonymous (O.A.), although she reports she could not relate to the '12 Steps' which appeared to be somewhat of a different language. However, she did manage to stay within the weight range of approx. 111 kg (245 lbs) by doing what the O.A. definition of abstinent was – eating only three moderate meals a day, but often feeling lonely and isolated.

1.5 Adulthood 33–47 yrs.: A myriad of 12-step food programs

During this time, the patient read a book about food allergies, e.g., carbs, which motivated her to once again lose all the weight. She felt life was pretty good at this stage, to the point where she even had boyfriends. She declared, *"I knew I was sick and very immature, and I could see I was really trying to live in an adult world while not having 'food' to anesthetise reality."* The pt. did not know how to function without processed food in her system in some way, shape, or form.

The pt. expressed how she was still obsessed with meeting someone and getting married – her Prince Charming who was going to help her with all her woes. Yet she was also still terrified of men. Her longest relationship was 18 months but during this time she kept picking up (ingesting processed food again) every few months exclaiming, *"These were the most terrifying binges on processed food I had ever experienced up until then. My greatest fear was putting weight. I was very fearful around food; just so food obsessed."*

After several years in O.A., at 33 yrs. her weight started to creep up again. She reported that over the years in O.A. she would return to bingeing over and over again until finally her weight increased to 118 kg (259 lbs). Renewing her resolve, she then *got back on track* (See Appendix D for an explanation of getting back on track from the patient's perspective) and managed to lose another 20 kg (42 lbs) by following O.A., dropping down to 95 kg (210 lbs) between the ages of 35 – 37 yrs. However, once again this was not to last.

At 37 yrs. old, the patient heard about another 12-step food group, Compulsive Eaters Anonymous (CEA HOW) where she lost 'all' her weight again and more. She dropped from 95 kg (210 lbs) to 61 kg (134 lbs). She was required to 'abstain', meaning she was only allowed to eat three moderate meals per day, and stated that, *"I often felt lonely and isolated, and I was actually 'white knuckling' my abstinence during this time. I had the physical cravings and mental obsession with me most of the time, although I was still allowed to ingest*

processed food. I was to come to know what this meant later on as I sought help to treat my disease of processed food addiction, instead of seeking help to 'LOSE WEIGHT' – treating the symptom and not the disease. I was not coping even though I was doing service in C.E.A. HOW (helping other compulsive overeaters) as well as doing church service."

Staying on the C.E.A. HOW program, the pt. announced she had her first major relapse when she went on holidays for a few days in Margaret River W.A. *"I picked up on the way down and once again the physical allergy kicked in and I could not stop. I started ingesting a food that was on the CEA food plan. My bingeing was the worst it had ever been since coming into the rooms of CEA HOW. I just could not stop. I then had another experience with God and surrendered."*

In her forties, the next 12-Step food program the patient attended was O.A. HOW where she also lost a lot of weight. During this period, she met a guy who was her fantasy Mills & Boons man. She found out he wasn't really and he ended up leaving her after 18 months. While with this boyfriend, the pt. decided to have some plastic surgery, getting a neck lift and her boobs and stomach done. The pt. reported how she grieved over him leaving at the time but over time, she was ok about it. The pt. recalls in her 40s she isolated a lot but remembers somehow going to an Alcoholics Anonymous (A.A.) convention.

Her life started to become unmanageable – her life 'going awry' as she puts it, so she then started on another food plan by a well-known food addiction counsellor whose clients were able to stick to the counsellor's specific food plan. The only requirement was she must abstain from sugar, flour, and wheat. However, on this 'food plan' she reports, *"I was becoming very sensitive to foods that were allowed on the food plan and my bingeing increased. I put on 7.5 kg (16 lbs). However, I then once again followed the food plan as guided, eliminating sugar, flour, and wheat again. I was then able to get my weight to hover around 68–70 kg (154 lbs), deciding this was working for me and I then was able to remain 'abstinent' on this food plan (meaning no sugar, flour, or wheat) for 2.5 years – only eating as directed."*

In this time, she went to Africa and stayed 'abstinent', i.e., continuing to abstain from sugar, flour, and wheat and becoming very obsessive over a guy she met. For the pt. it was touch and go as to whether she would move to Africa to be with him. The patient stated, *"I was still obsessed with finding my Mills and Boons Prince Charming who was to come and sweep me off my feet, take care of me ... my fantasy was always 'once I was slim, I would get*

married and live happily ever after... I just wanted to be normal – follow this food plan, keep my old way of life and sail off into the sunset with 'Him'.” The pt. shared that this was the first time she had stabilised on the food plan as she felt it was what her body needed physically. She also started reading literature from A.A. as she tried to ‘do’ the 12 Steps. Completing the inventory process she stated, *“I had a spiritual experience and I thought and believed ‘I am now healed’.”*

The pt’s. 40s and 50s were more focussed on relationships.

The pt. reported she isolated from men a lot and would not date them unless they were Christians, and these were few and far between. She didn’t want to be around men who were not of God and have sex with them, which was a problem, so she spent a lot of time at home isolating, trying to cope at work, and remembers being very angry a lot of the time. The pt. joined Christian single men’s groups but didn’t feel comfortable around them, finding she couldn’t relax and stating, *“I still felt fat in my head even though I was able to keep some of the weight off. When I was younger, I was able to relax around men. Drinking and ingesting allowed me to react differently but now because I have been eliminating sugar, flour, and wheat, and don’t drink anymore, I am feeling some emotional friction.”* Ultimately, the patient decided now that she was a Christian, she had to swap her Mills and Boons romance books to now only reading Christian books on men and relationships – books reiterating the message of waiting for your husband and trusting God. The patient states, *“My Christian life was very religious based, rigid and doctrinal when I think back. At this time because my food problems seemed to be under control, the only thing missing was my ‘man’.”*

During her time with the food addiction counsellor when she was still eliminating sugar, flour, and wheat as the food plan guided, the pt. shared she continued to meet potential men online. She seemed to connect with one of them. *“We laughed and talked for hours,”* and this developed into a relationship. While still ‘abstinent’ according to the food plan she was on, the pt. reported, *“I ended up agreeing to marry him. However, my ‘food problems’ came back once again with a vengeance.”*

At 51 years, one month prior to her wedding day, the pt. remarked she started to play around with food. She ingested a sandwich (food which was not on the food plan) followed by bingeing copious amounts on her honeymoon. Then over the next two years she was petrified she was on her way back up to 200 kg (400 lbs), proclaiming, *“I could not stop ingesting and my life was spiralling out of control. I could not think clearly or manage my*

emotions. I was acting like a crazy person and could barely cope at work and not at all at home. Many of my relationships were damaged, some beyond repair including my family relationships. This is another a horrible time in my life.” In summary the pt. states, *“I lost a lot of weight on this food plan but picked up a husband and went crazy for six years.”*

Hitherto, she was able to control her ingesting somewhat until she got married and picked up. The processed food addiction progressed to the point where she lost control, not only in over-ingesting but also in her life. Processed food was now dictating her every choice.

1.6 Adulthood Pre-Treatment for Processed Food Addiction (52—58 yrs.)

At 52, four years into her marriage, the patient explored having weight loss surgery. Proceeding with bariatric surgery, the patient lost only a few kilos in the early days, moreover, on day 10 post op, the pt. declared, *“I was ingesting chocolate ice-cream only 10 days after my operation. This nearly scared me to death, so I went back to Weight Watchers and lost about 10 kg (22 lbs). I was then able to lose weight, going from 106 kg (234 lbs). to 87 kg (191 lbs).”* Post weight loss surgery, 87 kg (191 lbs) was the lowest she went but she managed to stabilise around 85–87 kg (190 lbs) whilst still ingesting processed food.

The pt. also found out that weight loss surgery was not the answer she had been searching for, as the fateful day came again. Even though she’d had the surgery and her weight was down, she went back to drinking alcohol to control her craving for and ingesting of processed food, which was becoming out of control again. The patient reported, *“I would stop at the bottle shop and get wine, even though I was very fearful of alcohol.”*

Dr. K-L:

It is common in processed food addicts to return to alcohol. It is a liquid and easy to drink and digest (especially after weight loss surgery where the pt. cannot ingest ‘like they used to’). This gives the processed food addict the effect they crave when ingesting processed food, the bonus being the weight does not go on as much (Raymond, 2021). The only drawback with alcohol is it can be smelt on your breath; people can tell when you have been drinking and it is a lot harder to stay in control. At least with processed food the individual is still able to put up a façade of some semblance of control. Importantly, the pt. exclaimed, *“The face of the disease changed when I had weight loss surgery!”*

Anything that may give a processed food addict an illusion that this will help them to primarily lose weight with the bonus of reducing their appetite, hence keeping the weight off, is like an oasis in a desert. Just like any other approach, weight loss surgery may have benefits for some people. However, with a minority, no amount of physical or psychological procedures will ever

allow this individual to control their appetite, which means control their weight. It is analogous to cutting off an alcoholic's hands so they cannot pick up the drink to begin with. What weight loss surgery does is allow the individual to lose weight, but after a period of time, the mental twist and physical craving (Raymond, 2020^a) appear as they did prior to surgery and the individual is ingesting once again and wondering what happened. Then they go through the shame, blame, and guilt phase of addiction once again.

I have found weight loss surgery a perfect alibi for keeping a processed food addict in denial. However, this disease is chronic and progressive over any period of time. As this pt. attests to, *"I had the weight down, but my head was going crazy without the processed food. Alcohol helped me for a bit, but I knew if I drank too much I would lose 'all' control. That was the 'beauty' of processed food; I could ingest as much as I wanted to, albeit, put on weight but still 'fit into society', as the majority of people in Western society are borderline overweight."*

Through the decades, stereotypes are defined by social values; hence, stereotypes only change as per changes in social values. At present it appears social values about one's weight has changed substantially – what is classed as normal weight and what is classed as overweight, obese, or morbidly obese has changed dramatically to fit in with the stereotypical image of a person's body physique in the early decades of the 21st century.

The pt's. life was becoming more and more unmanageable as days, weeks, months, and several years passed after the weight loss surgery. She was in anguish over her husband's self-centred behaviours, as well as having issues with her 'new' stepsons; not wanting any of them in her home. She states that, *"I was incapable of giving them the love and acceptance they wanted. I was too sick!! It felt like a nightmare I couldn't get out of. I felt trapped, I continuously lived in fear, and was never sure in my marriage whether I should stay or just pack up and leave. There were times we seemed to be happy, but they were few and far between."*

2. Beginning of the End: Diagnosis and Early Phases of Treatment of Peínamania

2.1 Adulthood Phase 1. Fifty-eight years: The first month of consults and treatment

At 58 yrs. the pt. had her first consult with an addictions specialist (addictionologist) who specifically treats the disease of processed food addiction – peínamania. At the time, the patient had a USA 'sponsor' and was attending another food fellowship which just eliminated sugar, flour, and wheat. However, the patient reports, *"I was still bingeing, specifically on chocolate biscuits whilst I justified to myself at least it is not as bad as bingeing on Tim Tams and/or grazing on processed food all day which I did prior to weight loss surgery."*

2.2 First Consult: Addictionologist and the Patient (March 2015)

- Weighs 87 kg ‘and climbing’.
- Had weight loss surgery (2012) and doubts she could remain ‘abstinent’ permanently without experiencing an obsession to ingest or even go a day without thinking about food in some way, shape, or form.
- Weight range was from 69 kg to 107+ kg (height: 5 ft 7” = 170 cm).
- *I know I experience this absolute insanity in my head prior to a binge which I cannot stop. I have tried everything.*
- *I struggle with sleep as I work 12-hour nightshift and 12-hour day shifts.*
- *I email my ‘sponsor’ in USA my food plan (what I’m going to eat for the day) and yet I still ingest more food throughout the day every day. I can’t stop.*
- *I got married six years ago (2009).*
- *I currently am taking Sertraline (SSRI) 100 mg anti-depressants.*
- *I take sleeping pills – ½ tablet most nights. I am very fearful of coming off sleeping tablets.*
- *I am also ‘sponsoring’ another person in a food program (even though she is bingeing too).*

After this fundamental first consult, the doctor went over what ‘players’ are in her life to keep her disease active in accordance with ‘recovery soldiers’ and ‘disease soldiers’. These players are family, friends, colleagues, etc. who all have a part to play in where she is at today. Finally, treatment started with the embryonic stage of helping the patient understand the disease of addiction (broadly) and then specifically processed food addiction – peínamania.

2.3 Second Consult: Addictionologist and the Patient (March 2015)

- Got married and took on two teenage stepsons while trying to complete a master’s degree. Patient shared, *“I was obsessive about getting married. I still wanted to do it my way. I could say perhaps I am a processed food addict, but I am fighting to make my life manageable once I have the food under control, which does not last long these days.”*
- Patient shared in lengthy detail about the insanity of ‘this marriage’.
- Shared she was ‘clean’ (no sugar, flour, wheat) for 2.5 years with a food addiction/mental health counsellor, following the counsellor’s prescribed food plan.

- She stated, *“I am tired of hiding the truth of me actually bingeing and not being honest with the counsellor and my sponsor. They will just help me to get back on the food plan; I have tried to, but I can’t stick to it. I want to announce to the whole world including my sponsor and counsellor **I have busted**, the guilt of hiding the truth is excruciating; staying on my food plan is getting harder and harder.”*

Dr K-L:

Shame, blame, and guilt are what feeds the pt. continued restlessness, irritability, and discontentment, inevitably leading to ingesting again. The pt’s. pattern is hiding from the world what she has really been doing – trying to stick to the food plan but still ingesting – ‘grazing’ – on processed food. While the weight stays ‘ok’ according to the pt. she can hide her truth until she finally has a huge binge and then wants to tell the whole world she has busted. She then ‘feeds’ off everyone feeling sorry for her and then the counsellor and sponsor help her to *get back on track*, that is, ‘back on her food plan’ (Please see Appendix D). Additionally, in treatment there is a continuation of helping the patient understand more about the disease of addiction in its entirety while defining the four major relapse situations/events, the precursors for processed food addicts.

2.4 Third Consult: Addictionologist and the Patient (March 2015)

This consult the patient starts to ‘eliminate’ processed food and begins the process of understanding there is no ‘food plan’. Moreover, the top priority in treating this disease is eliminating processed food; learning how to eat three weighed meals a day plus one BGS (blood glucose stabiliser) prior to bedtime. From the beginning, the pt. is learning she is responsible for treating her disease and all its consequences. If and/or when she may ingest processed food again, it reiterates the fact that she is a processed food addict (not a weak-willed glutton) and is powerless over controlling it.

Adding weight to the above information, the specialist and the pt. go over her ingesting career, which supplies ample evidence of her efforts to try and control processed food (see Appendix H for pt’s. clinical information regarding the methods she has tried) but ALWAYS ingesting once again. Furthermore, continually smashing home the delusional thinking and denial of the fact that she is a real processed food addict in these early stages of treatment is vital to achieving permanent abstinence and a contented useful life.

New information for the patient includes:

- No need to email or phone anyone your ‘food plan’ or what you are going to eat for the day.
- Learning she does not play around with her meals – eating the food willy-nilly i.e., breaking up her meals and turning her lunch meal into a three-hour event (eating half now, a little bit in an hour’s time, and then finishing off when she ‘feels’ like it.
- No volumising, i.e., ingesting non-processed food in between meals or ingesting more or less than the required amount.
- If the directions required are not followed as directed and the patient starts to either over-ingest or under-ingest, then malnutrition may come into play as the body may not be getting enough OR too much ‘fuel’ for the pt. to implement a manageable lifestyle.
- Patient ‘likes her caffeine’. Learns this has to be eliminated as the caffeine ignites the physical allergy to ingest.

Dr. K-L:

If need be and the pt. takes an hour or so to eat breakfast, lunch, dinner – that is fine. It is important to remember this pt. is previously used to grazing – a little bit of processed food here and a little bit of processed food there. A muffin here with a cuppa and a biscuit or two won’t hurt. The patient is still getting a fix – the effect she is chasing but powerless to control it. Additionally, reintroducing caffeine (after it has been eliminated) is one of the first signs of relapse for a processed food addict.

2.5 Fourth Consult: Addictionologist and the Patient (June 2015)

- Pt. admits, “*I have been BINGEING*”¹ rationalising that she cannot eat a lot at one go because of her weight loss surgery.
- She is experiencing a lot of ‘free time’ between meals and is bored.
- Doubt begins to resurface with added rationalisations. “*I’m never going to get well! All the work I’ve done in the past – I have tried this diet, that diet, this dr, that specialist, naturopathy, prescription pills, you name it – and ultimately weight loss surgery (bariatric). If God gives me the gift to be abstinent then I’ll do it!*”

¹ BINGEING for this pt. is grazing on processed food and non-processed food throughout the day. This is typical of a pt. coming from weight loss surgery who in early recovery is unable to ingest the amount of food needed to function in her daily life. She is guided to sit down for her meal and even if it takes up to an hour or so to eat it, then that is what the pt. does. Addictionologist went over the processed food addict’s ‘obsession, delusion, and illusion’ trio that accompanies a processed food addict’s thinking, once again smashing her denial.

- The patient still wants to go on a food plan – someone ‘else’ to control her food for her which is impossible if one is a real processed food addict. This allows the pt. to put all the responsibility onto something or someone else so when she busts (relapses) it is someone or something else’s fault. This is a typical pattern to keep the processed food addict in denial and therefore she does not have to face the truth.
- Pt. declares, “*Dr. there is no food plan!*” Pt. is learning that we eliminate processed food which is similar for an alcoholic. No drinking plan: they eliminate alcohol. The patient begins to sob and shares she has been ‘grazing again’ – e.g., toast and popcorn for breakfast.
- Pt. is starting to build a trusting relationship with specialist and tells her, “*I tell myself I’m being good now as I am only grazing throughout the day; not bingeing like I used to.*”
- Pt. also reports she is constantly weighing herself on scales. Dr. says to get rid of her scales and only weigh once a month at a friend’s, family, or health centre outlet.

Dr K-L:

It must be remembered the weight loss pts. are learning how to ingest three meals a day plus a BGS prior to going to bed. They have had limited experience of doing this, as they have always only ingested or dieted. Unbeknownst to them they are being dictated to by the processed food as to when, what, where, and how they will eat. Similarly, for a patient coming from ‘bulimic’ diagnoses, it is very challenging to say the least to go from bingeing their guts out anywhere from 1–8 times a week or 1–3 times a day, to eating non-processed food meals only four times a day. There is a lot of free time in between meals. For weight loss surgery pts., they are learning how to eat the meals required for nutritional sustenance at four regular mealtimes.

Each patient may be suffering from the disease of processed food addiction, but their treatment is individualistic.

2.6 Fifth Consult: Addictionologist and the Patient (March 2015)

- Shared more of her processed food addiction history. Overweight as a child and at 12 yrs. declared she weighed 12 stone (76.2 kg).
- Still grazing – not much different from how it ever was, however, now is obsessively cleaning and decorating while still trying to stay abstinent.
- Feels her ingesting is husband-driven as he has coffee and apple pie!
- Disclosing she was in a lot of pain by trying to keep her weight between 85–87 kg (approx. 13.5 stone) whilst eliminating sugar, flour, and wheat but her ‘pay-off’ was

she could eat what she wanted to eat. *“I am finding my truth today. I don’t want to eat like I have been, and I also want to be 65–67 kg (approx. 10 stone).* This was followed by, *“I prefer to die than put all my weight back on”* (a common statement among processed food addict pts.).

Addictionologist introduces the pt. to the rhetorical voice and all the games it plays: ‘our devilish addict personality’ odap (Raymond, 2019). Patient reports she can most certainly identify with this.

2.7 Sixth Consult: Addictionologist and the Patient (March 2015)

Husband has gone away to a Christian rehab. She thinks her husband is a sugar addict. *“He has type t2d and is a very sick person – he doesn’t work as he is injured.”* She pauses and then comes out with, *“I didn’t love him, in fact, I rescued the family financially when I married him.”*

Specialist begins to give the patient options: *“You don’t have to live like this, you can change.”* This is new information for a processed food addict in early recovery, as they are being challenged to ‘change’ the situation. However, this challenges the pt. – she has options. Even though she claims this and that about her husband, it is ‘safer’ to stay in the marriage than to change it. Addiction is not played out on its own. Every processed food addict knows though that whatever they do or don’t do, they end up at home, as this is where everyone goes when there is no other place to go. They will always be accepted back into the fold, bingeing or not. This keeps them in denial and dependent on those who have been dancing with the addict’s disease. It also allows them to act independently. Even though she is still ingesting, she knows she will always be rescued (especially as she wears the financial pants). This permits her to go on ingesting as a way to solve her problems. Processed food addiction is a family disease AND a family recovery.

2.8 Adulthood Phase 1. Fifty-eight yrs.

Next six months of consults and treatment (April to December 2015)

Patient’s second month of treatment (April 2015)

The pt. eliminated all processed food for the first time and is experiencing full-on withdrawals: backache; itchy, diarrhoea, angry with husband, sobbing all week. She is still having trouble with the amount of food to eat and can take anywhere up to an hour to eat it. She is also very vulnerable, depressed, and irritable. Even though she vomited up lunch, she

is able to tolerate most meals better, declaring on the whole she is approximately 98% abstinent over her four meals, is getting used to the preparation needed, and is actually enjoying her meals more now. However, she still drinks caffeinated tea.

The pt. reported when she discussed ‘weight’ with her USA sponsor, the sponsor told her if she was that worried about weight, she needed to cut out her carb portion at lunchtime and she would lose more weight!

Dr. K-L.

This is typical of those who don’t understand the disease of processed food addiction. Weight is a symptom of this malady. Some people can control their weight. However, a minority of society who are processed food addicts will never be able to control their processed food intake (hence control their weight). This is analogous to saying to an alcoholic who does not want to get drunk every time he drinks to lay off the hard stuff. An alcoholic also will never be able to control their alcohol (in any way or form) intake, therefore neither can they control being tipsy or drunk.

Six weeks into treatment, the pt. has experienced being abstinent for 15 days. *“I am feeling free of food for the first time in my life. It is a miracle.”* As the rest of this month went on, the pt. acknowledged the majority of her days were good, but she had a bad day where she struggled a couple of times with food. She also cancelled a nightshift at work which helped, she believes. Moreover, the pt. is in the early stage of recognising odap and its whispering of lies, e.g., ‘You can’t possibly do this for the rest of your life!’

The pt. continued to experience two more weeks of abstinence but then relapsed. *“I went away with my husband and had coffee and cake – I feel so disrespectful to God. I feel terrible, devastated, guilty.”* Pt. then says she has decided to tell husband she *“can’t have a muffin with him at all.”*

Patient’s third month of treatment (May 2015)

The pt. eliminated processed food again and at three weeks of abstinence she shared she is still struggling to eat the full amount of food, sometimes ‘leaving a couple of bites on her plate’. Plus, she feels vulnerable and is getting sick of the food prepping prior to eating. Fears continue as she wonders how she can possibly do this for the rest of her life, and on top of this, she shares she is struggling at work as her job is becoming quite stressful.

Her relationship with her husband is still challenging now she is in recovery. *“His light was on until I am – he is a lazy b... and on top of that he doesn’t even work. I’m ready to leave my marriage again. I lay awake for three hours resenting myself as I had a stepson*

over and he shows no signs of wanting to be friendly or even speak to me. I couldn't be bothered either."

Another week passed and the pt. shared she is bored with food. *"This is boring, and I am still obsessed with food, but I have no desire to ingest."* She picked up again – relapsed at the end of this month.

Dr. K-L:

Just because the pt. is abstinent now, it does not mean she is cured. Like any chronic diseases, there is No CURE!!! Only remission. She is still learning and understanding the malady – her powerlessness, not only over processed food but also her life – relationships, work, family, etc. At this stage the pt. is given options. "If work is very stressful, you can take time off or leave?" She replies quickly and abruptly, *"I'm not giving up my job."* Notice there were two options given; the pt. only heard the latter: 'I am being asked to give up my job.' The pt. is unable to comprehend both choices and is unaware of this. Typically, and still in early days, it is important to be mindful that there are a vast number of defence mechanisms that have taken the pt. years to mastermind to protect herself. Generally, an addict thinks everyone is out to get them; they can't comprehend giving up their substance. It is like asking them to fly to the moon and back naked. They know only one thing; processed food is their everything (a second oxygen tank) and life without it will suck! However, the pt. is eliminating processed food as well as learning how to think, feel, and function in society without a substance in her system. This is very daunting to say the least for a processed food addict in recovery for this malady.

Important to note: second month into treatment, the pt. has now eliminated all prescription and non-prescription medications, reporting, *"I am sleeping quite well and actually feel better than before."* Furthermore, the pt. has started vit. B injections x 3 over a period of six weeks (one injection every fortnight).

Patient's fourth month of treatment (June 2015)

The pt. has now been in treatment and recovery for 3.5 months and is once again abstinent. *"I am experiencing some rebellion."* She is still having cups of tea with a dash of milk, like the 'others' from other food programs do, so pt. thinks 'I can too'. They also do night eating and the pt's counsellor who she worked with previously to treating the disease of peínamania said that is no big deal.

It is explained to the pt. that with caffeine in her system she will still have cravings for processed food. The pt. now agrees to eliminate all caffeinated and decaffeinated beverages.

Withdrawals have kicked in with feelings of loneliness and emptiness; all of a sudden, the pt. is missing her sister.

Pt's. weight loss continues, and she declares, *"It is slow weight loss despite my best efforts. I am now at 83.3 kg (a little over 13 stone). At least it is not going up."* The pt. is coming to terms with treating this disease and abstinence is a way of life, not a diet.

Notably, the pt. has been in treatment and recovery for 3.5 months. She states, *"recovery is boring"*. There is still a lot of resistance, as she is still trying to control her processed food intake as well as keep living her old way of life as a practicing processed food addict. The pt. states, *"I don't want to do what must be done to treat this disease and keep it in remission. I just want the weight to stay off and be able to snack 'every now and again'. I want to be like those who can control their ingesting and have a little bit 'extra' when they feel like it but don't get the crazy head like I do."*

Dr K-L:

Sharing with the pt. "If this was the case you would not be a processed food addict."

It was now time for the pt. to do some treatment writing, which I call *walk therapy* and not just *talk therapy*. Her writing is in regard to why she can't get away with one cake and one cup of coffee and then graze and keep going. The pt. states, *"I was playing what I call 'The Normal Eater' game."* (Please refer to Appendix C for the pt.'s interpretation of her normal eater game.)

Additionally, the pt. exclaimed, *"After bari surgery (weight loss surgery), the mental craziness in my head was still there. My processed food addiction has now begun to manifest in a different way. I can see, just because I had the surgery, I was still looking for a 'use'; just some type of relief, but I still don't want to be a processed food addict! I am afraid of what the disease tells me. I wake up in the morning and have horrible thoughts of the night before."*

Dr K-L:

Abstinence is a way of life, not a diet or a method of learning how to control and enjoy processed food. The pt. is still wanting something or somebody to fix her or 'it'. That is, to rely on people, places, and things to help her. Someone to do 'it' for her. Questions to the pt. include: "Did they work?" The pt's. reply, sighing frustratingly, *"No they didn't!"* (Please refer to Appendix H regarding some control methods used by the pt.)

Clinical Case Study – Peínamania

Eliminating tea and coffee and any extras added to the coffee, e.g., milk and/or sweeteners, is paramount for continued abstinence with peace of mind. A processed food addict's physiological makeup can easily detect any infinitesimal amount of processed food, caffeine, sweeteners, or addictive substance in their system. A study by Lenoir, et al., (2007) demonstrated rats that were already addicted to cocaine developed a preference for saccharine (artificial sweetener). Given a choice between saccharine or cocaine, 94% of the rats consistently preferred the sweeter taste of the saccharine than the cocaine. Astonishingly, Lenoir, et al., (2007) decided to increase the dosage of cocaine fourfold and yet the rats continued to have a preference for the saccharine, indicating saccharine is more addictive than cocaine in rats.

Hence, all these substances must also be eliminated, albeit clinically, it may happen after the pt. has been abstinent for a few weeks to start this elimination process. I sometimes primarily eliminate coffee and have the pt. move to decaffeinated coffee; then eliminate all coffee and move to drinking tea; then eliminate caffeinated and decaffeinated tea and move to 'clean' herbal tea. This is a process, and clinically I find each pt. is *individualistic* in how this detox takes place.

Patient's fifth month of treatment (July 2015)

The pt. reports she may still struggle with finishing a meal every now and again and still reminisces about her past... when she believed she could control it for 'those' 2.5 years, proclaiming, *"I was able to stabilise my weight between 72 kg and 74 kg (approx. 11.5 stone). Then two years later I got married. I picked up processed food, but I had started to play around with the food prior to the wedding, cutting down my vegetable and salad amounts and eating other products. I was full of self-justification, people pleasing and self-manipulation."*

Dr K-L:

In treating the disease of processed food addiction and staying abstinent permanently, there is no compromise or excuse. The processed food addict ingests because they suffer from the disease of processed food addiction – peínamania. The pt. continues to rebel, resisting the directions given by the addictionologist to treat this disease.

When the pt. won't work with the addictionologist and expresses quite a lot of defiance and doubt, I then suggest to the pt. that perhaps she may be best with the eating disorder and mental health counsellor in USA she did some work with. Or perhaps try another specialist or another approach. I referred pt. back to food addiction counsellor to try it again.

Clinical Case Study – Peínamania

It is a waste of the pt's. money and time to try and still do it 'their' way, or a combination of the doctor's way and their own way. That is like an individual coming to a specialist such as an endocrinologist for diabetes treatment and doing some of what they say, but still believing they alone can get their blood sugars to stabilise. This delusional thinking of a processed food addict is typical. Time will tell if perhaps they are not a processed food addict or a diabetic. In my understanding and experience, once an addict, always an addict; once a diabetic always a diabetic. Albeit the disease goes into remission, there is no reversal of this diagnosis.

The pt. took a 10-day break from the addictionologist and rang the counsellor who she had worked with before who helped her to get 2.5 years of abstinence by eliminating sugar, flour, and wheat. A very short time later the pt. rang back the addictionologist and stated, *"It wasn't for me, I need more than that. I can't stick to any food/meal plan. I thought if I just stuck to the food plan and eliminated sugar, flour, and wheat I could still eat a few other things as well such as nuts – foods that didn't have sugar, flour, or wheat in them just like I did before."*

The pt. learnt a valuable lesson here; her disease has progressed. Her tolerance for processed food has decreased (needing more of the substance to get the hit) and her withdrawal symptoms have increased (self-pity, heightened shame, blame, guilt, depression, anxiety...). She has since returned to treatment and is now once again abstaining from all processed food. *"This is clean and peaceful. It is much easier to stay abstinent as I am sensing it in my spirit."* The pt. then started a discussion with questions regarding the spiritual side of the disease and the notion of a Higher Power and/or God's will vs. her (pt's.) will. What does surrender mean?

Notably this month of treatment was constructive and productive; the pt. went back and tried her old ways and got to learn for herself that she can't control processed food by following any meal, diet or food plan or any approach cognitively or physically to fix her or give her control over ingesting. Patients have to do this at times because if they don't, just a smidgen of doubt in a pt's. mind will always come back and tempt them to try again as 'this time it will be different'. This too is delusional thinking for a processed food addict – making a normal eater out of a processed food addict. Science may one day be able to bring this hypothesis into fruition, but it hasn't done so yet.

Patient's sixth month of treatment (August 2015)

The pt. reports there is still a lot of animosity between herself and her husband. *"He still irritates me!"* The Dr. replied, "NO, it's really about you, more than about him; you can't change him, you can only change yourself." The pt's. retort, *"I am still finding all this boring and can't be bothered with it! It's too hard."*

Clinical Case Study – Peínamania

In treatment, the pt. is looking at the decision of surrendering to a Higher Power to restore her to sanity. Questions from the pt. include, “*I don’t know if I am able to turn my will and life over to God?*” Dr. replied, “What were you like when you were running the show?” Pt. “*I was immature, self-destructive, and a road going 6 ft. under.*” A reality check.

Dr. K-L:

Notably, in the upcoming period of time, though the pt. ‘took’ step three, she still had more relapses to experience as she hadn’t fully accepted she is a processed food addict, let alone suffers from this malady. This is typical of a processed food addict; denial, denial, denial, until the denial is smashed, and the pt. gets sick and tired of fighting the truth.

Additionally, self-pity plays a large part in the pt’s. life. “My abstinence is ok, but I am now having insight into my whole life as an active processed food addict, and it is very painful. I am still struggling with weight and very frightened of putting on weight.”

The pt. then relapsed, reporting, “The day I picked up I was at church with my husband, and he got a call from police as his son was served with a VRO (violence restraining order) and he has to go to court. I was very angry and sent my husband (paternal father) a very abusive message telling him, you have to separate from your son who is addicted to alcohol and narcotics. I then went and had a packet of chips, an ice-cream, a small bar of chocolate, a toasted sandwich, six lollies and then I stopped.”

Going over this with the Dr. the pt. said, “I got five months up in treatment and abstinence but can see my ego and anger came back in and I just said...I am sick of being a processed food addict!” The pt. then eliminated processed food for another three and a half days and on day four relapsed again, experiencing day four withdrawals. She then rang a recovery buddy but still went and binged. “I am getting careless, complacent, and lazy with my meals. I stole a can of fish from the cupboard at work and ate it like there was no tomorrow.”

Note here the inconsistency with this pt. believing she had a Christian conversion at 29 and vowing it helped her stealing antics and yet when it comes to ingesting, she was powerless to say no to even stealing a can of fish from work. When the mental obsession to ingest kicks in, a processed food addict has no morality or willpower to say no and will begin ingesting anything in sight – even non-processed food. This reiterates the disease of processed food addiction working independently of any religious connotations that are brought on by the addict.

Recovery from the disease of peínamania comes from a complete surrender from within. A conversion experience (may be a spiritual experience – an instant profound change in one’s outlook on life or a spiritual awakening – altered attitudes of one’s ideas, emotions, and attitudes which change over time (Alcoholics Anonymous, 1976)) arises from the processed

food addict needing a Higher Helper, and concludes with an altered perception of ‘knowing’ the Higher Helper has helped them recover from processed food addiction and is now able to say ‘no’ to ingesting in any way, shape, or form (James, 2004).

Religion cannot bring about this vital spiritual awakening for recovery. Addiction is more often than not seen as a sin in some religious circles. However, for the processed food addict, it is imperative they primarily come to understand the disease concept of addiction. It is not because they are a weak-willed glutton, or appear neurotic, unstable, or maladjusted to life, or because their thoughts and actions are not in sync with the moralistic tenets of society which they have the power to change. No; it is a disease which the processed food addict has no control over.

Additionally, we observe the pt’s. ‘self-blame’ once again for picking up. An individual suffering from this malady does not have the willpower to ‘stop it, fix it, or anything it’. The disease of peínamania can only be treated and it may take some pts. a period of time, depending on the chronicity of their symptomatology to accept this truth.

Patient’s seventh month of treatment (September 2015)

The pt. has now achieved nine days of continuous abstinence, voicing she is experiencing some tough days, was unable to attend a work course, and is now feeling guilty and very ‘foody’ (this is another way of saying she is quite obsessed with processed food, being uppermost in her thoughts at times). Notably, the pt. received her second dose of Vit B.

The pt. is once again feeling restless, irritable, and discontented. Food starts to look really good. *“It was a tough afternoon; I really just want to ingest.”* She then relapsed, again, having a slice of cheesecake at a shopping centre. *“I felt like a naughty child – but the peculiar mental twist you talk about kicked in and I couldn’t stop. I was irritated at my husband, and I think he now has to go!”*

Then the pt. questions her past again: *“How come I could stay on the previous food addiction counsellor’s food plan and do it easy for 2.5 years?”*

Dr. K-L:

‘Because in the earlier days of this disease – peínamania – you still had some level of control; the disease hadn’t progressed; you could still quit by your own means or employ others to help you do it. Yes, some of those approaches did work for a period of time but then they too stopped ‘working’, which is what the fight is about for a processed food addict: accepting this disease beats you. There is nothing you can do to change, fix, or remove it.’

This is an important area of contention that a processed food addict continues to think about. All she remembers is, ‘well I did it for 2.5 years before, so I can do it again!’ This line of

thought is subliminal; the pt. does not recall all the times she has busted prior to and after. All she wants to remember is the period when she thought she was gaining some control. Once again, this denial – delusional thinking – has to be smashed from the pt's. innermost self. Additionally, the pt. acts like a little god, dictating everything and everyone in her life. In the early stages of the pt's. recovery she blamed her husband for picking up – it was not her fault. This, too, is typical thinking for a processed food addict, blaming anything, or anyone therefore, not having to face and accept she has the disease, or that she is responsible for treating it. Neither her husband nor anybody else is to blame for this malady.

Discussing this more in depth, the pt. has started to identify and understand this now – it is not just knowledge in her head. The Dr. suggested she may like to take a time-out period from her husband and toxic environment. Once again, the pt. eliminated processed food and shared she is keeping an open mind about having a period of separation from her husband and will discuss it with him.

Patient's eighth month of treatment (October 2015)

The pt. reports being really troubled and not sure she wants to continue with treatment. She is also over her job and her husband and rebelling at having to go to support group meetings. *“I don't want to go to support group meetings for the rest of my life.”*

The pt. this month decides to bring up her past sex conduct – subliminally taking her mind off recovery and treatment (common in early stages), e.g., when she met her ‘Mills and Boons hero’ when she was younger. She said she couldn't pursue him at the time and so decided to stay single as she never felt good enough for any man. She shares that she now feels compassion for her own father as he had no insight into his alcoholism, finishing with, *“I am emotionally detached from men and my truth is I am really afraid of men.”*

The pt. has now had six weeks of continuous abstinence but starts reminiscing again about her past six years in relapse. The Dr. refutes the pt's. delusional thinking, stating, “No, that is not the truth. You have never been clean from all processed food, ever. In the past you only eliminated sugar, flour, and wheat but still ingested processed food. Hence, you kept relapsing. That is like an alcoholic reminiscing about being sober for six years when the truth is they only eliminated hard liquor (spirits), but still drank beer and wine.”

Pt. declares she is ‘foody’ this afternoon – telling herself it's not that bad. She then says to herself...one won't hurt, it's not that bad. She wanted coffee and chocolate biscuits and felt discontented with God. The pt. is using religion again to cover up her processed food

addiction. *“I think I am grieving not being normal when it comes to ingesting processed food; I thought God could heal me.”*

Patient’s ninth month of treatment (November 2015)

The pt. still thinks she can control processed food even after eight months of treatment and recovery. She is currently sharing her inventory of her resentments and fears – her past – with the Dr. The pt. says for the first time, *“I think I’m blaming my disease on my husband!!! I blame him for a lot of my stress.”* The pt. is getting more conscious of the part she has to play in keeping the addiction active as it was ‘always someone else’s fault’.

Patient’s tenth month of treatment (December 2015)

The pt. continued sharing her inventory but felt quite irritated for a couple of days as she gave her friend a Christmas gift but felt rejected.

Importantly now, the pt. is becoming aware of how the disease manifests for her as she begins to reminisce – euphoric recall once again – fantasising about going out to dinner with husband and the days she used to ‘be able to do it’. *“I have a fear I am going to pick up and ingest again. My emotional deformities (defects, flaws) that block me off from God are starting to kick in; I am very arrogant towards my husband and feel superior to other people. I don’t want to be a processed food addict. It’s not fair. I am feeling a build-up of tension. I just know this ‘feeling’ prior to relapse. I want to be a star with 10 yrs. of continuous abstinence and with lots of compliments coming in with my weight loss.”*

Dr. K-L:

‘It’s not the defects that make you ingest, or dysfunctional relationships, or work issues etc.; processed food addicts suffer from the disease of processed food addiction, that is why you ingest uncontrollably.’

Pt. reports she is isolating big time now (isolation is a major relapse symptom). Her denial of being a processed food addict reared its head again and relapse took place. She then eliminated processed food for another couple of days and bang – as she proclaims, *“I busted – relapsed – again big time.”*

In the pt’s. words:

“I talked myself into being in denial about being a processed food addict and having the disease of peínamania; I ended up bingeing last night. I then went to work at 2.30 pm and came home sick; it was Christmas Eve. I then picked up again – something small – fruit cake.

Come Christmas Day I continued to binge, starting at lunch; potato salad, two cupcakes, puff pastries, glass wine. To tell you the truth, I actually felt relief when I picked up. I now didn't have to worry about my food or being a processed food addict. I didn't have to weigh and measure and think about it. I could just eat – absolute relief!!!! I felt no consequences. I'm able to get away with it."

Dr. K-L:

Importantly here, the relapse (bust) happened after eight months of continued abstinence. She then proceeded to eliminate processed food for a further 'couple of days'. But once the physical craving was sparked off, it was only a matter of time before the pt. went into a full-blown binge, as attested by her words. The pt. is still in denial, thinking she can control processed food as she is only having small amounts; two of this, small amount of that, etc. The weight loss surgery played an important role in keeping the pt. in denial as she can't now ingest the copious volume of processed food she used to when morbidly obese. The pt. then justifies this by saying, *"I only ate small things – not that bad as it's not like I used to."* Over the next couple of days, the pt. still didn't feel bad believing all was ok, but she shared she started to isolate and did not want to talk to anyone. This is typical of a processed food addict; once they relapse, they isolate to hide the reality of what they have done or continue to do. This keeps themselves from seeing the truth and being responsible for the consequences.

The pt. continues, *"I then went shopping – and I had breakfast out. It felt so good; I felt normal. I had to go to work again, so I decided I would only ingest extra non-processed food (volumising) as I don't think I need to be bothered with weighing what I eat now. I then went to work, overeating on non-processed food and then I started rationalising with myself, 'I have a consult with Dr. (addictionologist) tomorrow so it is ok to binge'. I found a small tub of ice cream, a pie, kit kat; half bottle of diet lemonade and a couple of rum balls."*

Dr. K-L:

The pt. is still trying to prove she is different, therefore not a real processed food addict. Volumising is common in this phase of treatment and recovery as she is still trying to be somewhat 'normal'. Typically, volumising means the pt. will overeat (binge) on non-processed food. This still gives the pt. the 'effect' they are looking for and the ego that comes with it (I am now normal; I don't have to eat processed food; I can ingest as much non-processed food as I like as this also allows me to control my desire for processed food. I can live like this for the rest of my life as now I can control it just like other people so I will just make sure I only overeat on non-processed food). Similarly, an alcoholic may be under the same illusion. 'I will just drink non-alcoholic or lower-strength beverages, lay off the hard stuff.' Little do they know

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that sooner or later it will lead the pt. back to ingesting processed food (or drinking), which is indeed what happened. Once a processed food addict, always a processed food addict.

Going over the pt.'s last relapse, she is still blaming herself for 'picking up', believing it is because she got 'complacent'. Once again, this could not be further from the truth. It is important to yet again reiterate her powerlessness over processed food, this disease. She cannot cure it, control it, or whatever. The battle of wills continues. The pt. will either stay in control and make all the decisions, including whether or not she will ingest or give in to professional help and accept the things she cannot change. Moreover, we can note this has been a common pattern throughout this pt.'s history – until she finally accepts her truth. She is a processed food addict and nothing she can do will change this diagnosis.

New Year's Eve (31 December 2015), the pt. eliminated processed food once again, affirming she has been doing meetings every day (P.F.A. and A.A.), as well as talking to recovery buddies every second day. Treatment wise, the Dr. continued to reiterate the pt's. limits of tolerance and relapse. Her days and times between eliminating processed food and picking up again (relapsing) is narrowing. This is further emphasising for the pt. her powerlessness over this malady and that self-knowledge avails her nothing. 'If you knew you were a processed food addict you wouldn't ingest processed food. You would be able to say 'no' not today and therefore would not be powerless.'

After six days of continuous abstinence, the pt. relapsed again. *"This is a big-time bust and I believe I am now finally bottoming."* (See Appendix E for pt's. rendition of her relapses/busts) January 2016.

Moving past the festive season and now in January 2016, the pt. began to experience continued abstinence based on treating a chronic disease – peínamania – and not 'disordered eating' or believing she can adjust her behaviours, modify her habits or change her cognitive thoughts to control the mental obsession and physical allergy. This led to experiencing continual abstinence over the next several months.

However, for this pt. one of the most challenging stages of treating the disease of processed food addiction was to follow. The pt. is now learning how to live without processed food as over the decades, her body cells have adapted to the presence of processed food and become more efficient at using the processed food as her energy source. As time has passed, the pt. has adapted to having large quantities of processed food in her system, which has gradually allowed her body cells to work smoothly and efficiently even when processed food is present in her body in large quantities.

3. Adulthood Phase 2. Fifty-eight/fifty-nine yrs.

3.1 The next twelve months of treatment: January to December 2016

The pt., now at the three-week stage of continued abstinence, decided she needed to go to al-anon meetings to focus on her husband and his problems. This is quite typical of an addict in early recovery. They put their focus on someone else's problems (usually a family member), which denies them having to continually look and accept their own disease and the ongoing lifestyle changes that have to be made to keep the disease of peínamania in remission.

Furthermore, the pt. got an al-anon sponsor, once again more denial – going to al-anon when her primary disease is processed food addiction. This is analogous of an individual going to a specialist for cancer diagnosis treatment. One may specialise in carcinomas whilst another specialises in leukemia. Both specialists treat cancer, but each specialises in a different type of cancer. The patient is hesitant about leaving al-anon and her al-anon sponsor. The pt. is still looking for someone to help her while she is still trying to evade the truth of being a processed food addict. She is responsible for her recovery and no-one else can keep her disease in remission. Her recovery regime must be implemented by herself reiterating this disease is not psychological; it is physiological with a spiritual solution.

The pt. now one month continually abstinent, is now talking a lot about 'bargaining' exclaiming, "I am not as bad as everyone else. I can get away with sweeteners and decaffeinated coffee! Because I've had the weight loss surgery I can get away with it. My weight is staying down now." Th Dr. reiterates once again the mental twist that accompanies the disease of addiction. There may not be a cloud on the horizon, and everything appears to be ok and then the mental twist kicks back in and before the pt. knows it, she will be banging her head against a wall saying, how did I get started again. The Dr. reiterated the evidence in the patient's life of what happened when she relapsed at Christmas time, last year (December 2015) when everything seemed ok and then... the pt. relapsed with fruit cake. "The day before I ingested some fruit cake we were all enjoying Christmas and the lead up to it. Then out of the blue, I ate some fruit cake and the next day I finished off the fruit cake leftovers. I remembered I then decided to make everyone a cup of tea and fruit cake and then the mental twist kicked back in... 'I thought to myself, if I finish it all off now, it will be gone then I won't have to worry about it! even though I had a vague thought, it's not a good idea. Over the next few days I continued to graze on processed food and then finally binged! I felt ashamed to tell anyone, blaming myself once again for ingesting.'" when it is no one's fault "

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Dr. K-L:

This is an example of the mental twist that plagues a processed food addict prior to ingesting; it is underpinned always by the patient experiencing an illusion of what they perceived to be their reality. Twelve months ago, for this relapse the pt. thought for a few days she could control it, (minimal grazing, snacking) then bang!! Busted big time. Once more repeating, it is not the pt's. fault if they receive a diagnosis of addiction, cancer or type 2 diabetes. It is no one's fault; the disease has to be treated if they are to live long.

Over the next several months the pt. continued to stay abstinent, but 'doubt' was still always in the background.

Dr. K-L: clinically sharing the pt's. experiences over the next several months.

- Several times I have been close to picking up on the weekend. I was resentful at my husband but picked up the phone and spoke to someone instead.
- With acceptance it seems to come and go especially when I'm tired.
- I am starting to understand the denial that goes with me thinking that one day I'll be able to ingest processed food like everyone else. Food thoughts still come and go.
- At times the pt's. self-pity still comes in... pour me, pour me....or 'stuff' this, I want husband to rescue me – Mills and Boons fantasy.
- I was doing my inventory of my past resentments, fears and sex conduct but feeling restless, irritable and discontented. I'm depressed and feeling flat. I listened to some good Christian teachings to help me to get through this.
- At times my husband would still have toasted sandwiches and coffee and my mouth waters. I still feel vulnerable.
- I continued on with the process of the spiritual steps of P.F.A. and believe I felt a psychic change taking place. I then came through the spiritual principles 6, 7, 8 and 9.
- I started to experience more few food thoughts, so I decided to listen to some A.A. C.D.'s and attend a new church which I love.
- My husband is now away weekly as he is working at a farm up north of WA which helps. Although, I wish my husband would take care of his t2d as his blood sugars are array. His self-care is not very good.
- I do wish I could eat fried foods like my husband.

- I have decided over the last few months to start to sort out my finances with a financial planner so I can retire comfortably; my 60th birthday is approaching.

The pt. has experienced continued abstinence for seven months however, she shares she still has ‘euphoric recall’ with food thoughts and sometimes replays in her head the past coffee shops she used to frequent which still makes her mouth water. She affirms she still has food thoughts, but I want to get well, stating, *“I just don’t want to go through the emotional pain again of relapse.”*

Pt. has now been continually abstinence for nine months and in this period she went off to a religious retreat however, her good friend fell down and broke her arm. She also started the planning stage of going to the USA to meet up with some others from another food fellowship. We went over her itinerary and made a treatment plan for the pt. to treat her disease while she is away physically, mentally and spiritually.

The pt’s. treatment was stopped for four weeks while she travelled to the USA. Arriving home the pt. reported, “I was ok in Atlanta, although my abstinence was SLOPPY?” Note here this is the beginning of another relapse (either a pt. is abstinent or they’re not; either one is sober or they’re not) and here the pt. is justifying it. She further admitted she has started again to drink decaffeinated coffee as other people at the conference were doing it (more rationalisation) as well as eating outside her meals albeit, justifying it was ‘just’ some extra fruit which is non-processed food. Additionally, she reported she became once again very obsessed with food and very touchy stating, “While I was away I didn’t do any recovery meetings.”

Dr. K-L: Note here the denial kicking in: While the pt. had a ‘break’ from treatment and has a prepared treatment regime to follow whilst away, she decided she is doing ‘ok’ even though she has sparked off the phenomenon of craving. Notably, the pt’s. beginning of another relapse after nine months of continued abstinence reporting, *“I was busting/relapsing while away and on the way home but now I am back in routine – ‘back on track’. I am now once again attending food fellowship meetings where those also attending have de-caff coffee and milk with a few other non-recovery practices. I am ok though.”* Addictionologist stated, “if you are in the barber shop long enough you will get a haircut... and the patient did!”

4. Adulthood Phase 3. Fifty-nine/sixty yrs.

Next three months of consults and treatment. January 2017–April 2017

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The pt. has now been in treatment for processed food addiction for two years, noting she relapsed December 2015 (1st year) and December 2016 (2nd year). This is 12 months from her last year's relapse at this same time.

The pt. then eliminated processed food once again, and it was coming up to the same time where she previously has relapsed two years in a row (December 2015 and December 2016). It is now December 2017 and the pt. reported, *“I feel ok now as I have had another few months of continuous abstinent up and so I have made a decision to travel interstate to Tasmania. My abstinence became ‘sloppy’. In reality this was me slipping again (relapse) which led into more slips along the way. I decided to continue to drink decaffeinated coffee. I knew I was being careless and complacent. I blame myself for picking up – it is my fault!”* Once again, this is delusional thinking and a continual subliminal denial for an addict; still thinking they ‘should’ be able to control it ‘now’. The pt. still thinks her disease is her fault and she should be able to ‘fix’ it. (Please refer to Appendix E for Pt's rendition of her relapses/busts).

Coming into January 2018, the pt. shared she felt quite confused, as she tried to ‘work out why she busted...again!’ The Dr. explained to the pt. that just admitting she is a processed food addict and powerless over processed food is only the beginning to bring about physical abstinence. For continued, permanent abstinence and a contented useful life, it is just as important to accept her life had become unmanageable both in and out of the processed food with her in charge of it. The pt. still looking for answers retorts:

“If I surrender’ then that means I accept I suffer from the disease of peínamania and I’ll never pick again but, I don’t know how to do that anymore than I already have. Maybe if I ingest more – go on a really huge binge it will do it? I’ve already hit some horror bottoms and I feel like I am just a chronic relapser and I’ll never get well. My confusion is, if I totally get step one then I’ll never binge again which was my framework of thinking and trying to accept for well over 30 yrs. I’m now trying to throw that out and come to understand that I am actually suffering from a disease, a chronic illness and it is not my fault; I cannot stop and stay stopped from ingesting processed food. I am seeing I need a new perspective – the perspective from my specialist, my Dr. instead of me still trying to keep my old ideas which if I be honest have gotten me nowhere – just more pain. I am so exhausted – I have justified, rationalised and fiddled around with trying to accept my powerlessness and my unmanageable life for so long. Not to mention other food programs, weight loss gimmicks

and finite promises. I guess I just wanted a guarantee. I always felt shame because I couldn't stay on a diet.”

Dr. K-L:

Explaining to the pt. “You have been trying to treat the primary symptom of peínamania – weight. That is, you have been still trying to control your weight and using your weight as a barometer of your ‘recovery’. The subliminal thinking for a processed food addict is, ‘if I can just get my weight down then I’ll be normal and be ok’. This thinking has to be smashed as it is impossible for a processed food addict to control their ingesting of processed food hence impossible to control their weight.”

The pt. eliminated processed food once again staying abstinent for several more days. Then 6 January 2018 pt. relapsed again. Biscuits at morning tea and the pt. states, “I can't make any compromises at all. I want to get well...” so she made another decision.... The Dr. had the pt. do an inventory from the last time she took inventory but only from her last relapse up until January 2018. The main themes of this stage of the pt's. treatment doing an indepth ‘tenth’ step which brought up:

- Resentful at boss at work; he has double standards
- My recovery buddies – I feel rejected by them
- My husband – spiritually sick
- Fear of God – Not being “good” enough
- Fear of people – been hurt by so many – at primary school I weighed 118 kg (260 lbs)
- Feel a lot of shame – I'm not good enough – I'm not worthy of anything – love, peace, joy.

Mid. January 2018 pt. made a ‘life-saving’ decision as she called it exclaiming, “to fully recover from this disease I am leaving the food groups and the people in them who can get away with drinking caffeine and can ‘stick’ to a food plan and volumise now and again. I can't, I have to go to a fellowship analogous to A.A. where recovery is based on the ‘disease’ of alcoholism, not on willpower, or being able to choose to eliminate hard liquor but still be able to drink beer and or wine. I have to leave the food programs where people can ‘get away with’ processed food, eating between meals, volumising etc. I can't. I have to be around those that are like me; one hundred percent powerless over this disease and all its ramifications. I can't justify to myself anymore. I need not only the Dr.'s help but a support group that specifically is for me and my illness of processed food addiction.” From this decision the pt.

made in early January 2018, the pt. stayed abstinent stating, *“it is clean and quiet and I’m just doing what needs to be done – going to work; cooking, shopping and cleaning, as well as I swim three times a week for exercise.”*

At the end of January the pt. went on a holiday with husband for a couple of days reporting she was tired and not sleeping very well. She had a lot of head chatter which was horrific especially after a couple of weeks of a bit more peace. Additionally she and her husband were not on the same page most days sharing *“he is agoraphobic, restless, irritable and discontented most days and I was a bit reactive.”*

Managing to stay abstinent while on holidays, (February 2018) upon her return, the pt. shared, *“Not long after I came back from holidays I started to experience more food thoughts such as, ‘wouldn’t it be nice to go out and have coffee/dinner and be normal.’ When boredom set in, my food thoughts came in thick and fast, so I turned to prayer.”*

Staying abstinent, several more weeks passed, and the pt. shared she has started to take notice of all the chocolate and cake at work, stating *“it is a bit tricky with all this around here; gee it would be so easy to just pick it up.”* She then attended a work course sharing she started to once again reminisce about all the previous times going to work courses and conferences how she would binge to get through them. She shares she felt anxiety rise up as it was only a couple of months since her relapse over the Christmas/New year period. The pt. shared that her food thoughts were increasing by the day and she was in constant fear that she would relapse again and be back in the grips of the disease.

Dr. K-L:

Most important to note the pt’s. relapse symptoms were starting to come in thick and fast. Becoming aware of relapse symptomology, the Dr took the pt. back to the fundamentals of recovery that is, understanding the disease of addiction in its entirety. An addict does not remember, hence reiteration of the disease and continually smashing the pt’s. delusional thinking is paramount to permanent recovery no matter what stage of treatment they are at. Addiction – specifically processed food addiction, is the only disease to tell the processed food addict they do not have a disease. The famous words of people suffering from addiction is ‘this time it will be different’.

5. Adulthood Phase 3. Sixty yrs.

The Turning Point. April 2018

First and foremost, over the last four months since the pt. eliminated processed food in January 2018, there were a lot of relapse symptoms building. A processed food addicts relapse is not like walking out the front door and standing on a banana skin or stepping out onto some wet grass and falling over; it begins way before the processed food addict has ingested processed food.

Then relapse once again hit on 19 April 2018. This proved to be the pt's. last relapse prior to permanent abstinence from processed food. (Please refer to See Appendix E for pt's. rendition of her relapses/busts).

5.1 Adulthood Phase 3. Permanent Continued Abstinence

Coming through this relapse and now on the other side, the pt. declared, “I feel I have experienced a real shift as my reservations regarding my diagnosis have been lifted and I am feeling ‘lighter.’” Clinically, the pt. is starting to accept without any reservations she is a processed food addict and there is nothing she can do about this diagnosis. Additionally, the pt. now understands for the disease of peínamania to stay in remission, she must follow her daily treatment regime.

The pt. is now contemplating rationally about her recovery journey and in looking back she shares, “I was ok to get to a certain stage in my recovery where I would feel really good. I was not consciously aware that I started to disregard some of the treatment regime required to keep it in remission; I somehow got a bit careless. I also kept forgetting my last binge or my last promises and then I would pick up. I learnt that I have no defence in those strange mental blank spots that twists my thinking into believing over and over again, ‘this time it will be different.’”

The Dr. did an indepth consult with her in regard to how previously, she only ‘submitted to her disease and not surrendered to her diagnosis’ which is typical of processed food addicts in the early phases of recovery (Raymond, 2019). The pt. continues to stay abstinent however, she reports that odap is still not quite albeit is dissipating. She knows and understands in her innermost self she has turned a corner in accepting she is a processed food addict exclaiming, *“I feel tired and overwhelmed; it is an exhausting fight. I am licked – the game is up.”*

She has since joined a new church and on occasion can be food conscious – aware of what other people are eating, but there is no temptation today. This is the spiritual change that comes with acceptance. She is able to now think through what one morsel of processed food

would do to her. She remarks, *“I’ve done so much over the years.”* Additionally, as she now continuously eliminates processed food this has led her to an increased understanding of the concept of *“treating her disease.”* She states, *“ I now see I do have a choice – if a bit of temptation comes in, I know, that I know, that I know, right deep down inside me what the consequences would be if I ingested. I am not willing to put myself through that again. The relapses are horrific; it is much easier to treat my disease hence, I can now choose not to ingest processed food no matter what. If I was to ingest then that will spark off the physical allergy forcing me to ingest more, beyond any willpower I have to stop it. More importantly for me, I am continually reminded how the face of my disease changed since I had the weight loss surgery.*

Clinically the pt. is experiencing a spiritual awakening – an inside change brought about by pain and facing the reality of her situation; 100% powerlessness and whether in the processed food or out she was fighting a never-ending battle but would only progress as she aged. At this stage of her recovery, the Dr asks the pt. *“Is there anything you would like to share?”* The pt. replied, *“yes, I have a fear about relapsing – again! I don’t trust my willful, sinful nature; my lack of humility.”* Dr. once again brings the pt. back to the disease concept; it is not a moral, behavioural dilemma or lack of willpower. You will always be powerless over processed food and no amount of ‘good works’ will change this asking the patient if her perfection, good works, and moral teachings etc. saved her from this disease at any time previous to recovery and treating it?” The pt. replied, *“definitely not! I know I’m a processed food addict even over the last few weeks when temptations have come in and if I’m not solid in my recovery that is, attending my P.F.A. meetings, talking to my recovery buddies on a regular basis, keeping my treatment up as needed, then I may be tempted if I’m not 100% aware of my disease consciously and subconsciously. I know I am NOT ok if I don’t go to meetings which I experienced many times. Prior to my disease being in remission today, at one time, I remember I didn’t attend my self-help group meeting for over three weeks 😞 gasp!!! If I start to disregard my daily treatment regime then for sure I will pick up. I then will start to forget that I’m a processed food addict. I understand this is the same for anyone with a chronic disease, it must be treated on a daily basis. I also now understand I will always have a specialist who treated my disease of peínamania. Today however, I only see my Dr. if there is something that may inhibit my continued recovery. My Dr. is like my dentist. When I get a toothache, I don’t go to my recovery buddies, or a priest, or a dental hygienist, I go to the specialist, the dentist. I also understand the concept of ‘I am as sick as*

my secrets'. I cannot afford to let alone want to, have anything block me off from my newfound inner spirit. I know am not alone today." Please see Appendices E and F regarding the pt's. thoughts of her finally now understanding her malady.

5.2 Adulthood Phase 3. Dr and Patient: A New Way of Life

The patient is now coming up to her third Christmas in treating the disease; the previous two years she has relapsed. What changed? The pt. finally has one hundred percent acceptance of her disease and its manifestations and building on a quality of faith not experienced prior. When she was sick her 'God' was disguised under odaps half-truths and lies as a punishing God and that she has to spend the rest of her life in redemption for the 'sin' of gluttony. This could not be further from the truth; a disease is not a sin. Since processed food is an addiction (it certainly enslaves the processed food addict) however, the person is powerless to stop and stay stopped on their own hence it is a disease not a sin and is treated as such.

Her reality now is she has been implementing the spiritual way of life encouraged for recovered addicts, and now places the treatment of her disease before anything else in her life. Over this Christmas period, the pt. had an Xmas work function and decided to eat prior and then go. She is aware of experiencing a bit of social anxiety and very self-conscious which was also the case at a recent great niece's naming day. This is where the continued recovery lies for this pt. Learning how to live with other human beings – growing up and facing life on life's terms without a chemical substance in her system.

Post-Christmas (her first abstinent, Xmas and new year) the pt. shared she saw old behaviours from her disease come in i.e., wanting to feed people but she is now consciously aware of these actions and can lead her back to the processed food as per past experience. She is also becoming more aware of still wanting to control others especially her husband.

Notably, the pt. is now spending a lot *less* time in treatment in the clinic, and more time out in society learning to live her life without processed food – her clinic consults are becoming further apart. The pt. continues to understand she has the disease of peínamania and treats it, accordingly, once again she understands that is just like seeing her dentist; if she has a toothache, she doesn't try to fix it herself, or put up with it, she seeks help from her dentist. The same with processed food addiction, any manifestations of the disease festering, she sees her addictionologist.

5.3 Adulthood Phase 3. Post-Recovery 2019—2022

In recovery from the disease of peínamania, an important aspect to address professionally and clinically is post-recovery – simply helping the pt. continue to learn how to live life as a recovered processed food addict...

As has been attested here, recovery from processed food addiction doesn't happen magically, and it most certainly doesn't happen overnight. It takes time and effort – and it takes a professionally guided plan, so the pt's. effort and time is spent profitably. As the pt. is armed with understanding, which now gives her an ability to rationally look ahead of what will happen or be needed in the future. The magnificent beauty of being a recovered processed food addict is their life is so much more greater physically, mentally and spiritually then any time prior when the disease was active.

The patients weight has now stabilised at 63 kg for over four years. She continues to treat her disease, attend her self-help group meetings regularly and now helps other processed food addicts in recovery. This pt. has had a lot of healing post-recovery, in particular with her relationship with her husband who now also attends P.F.A.- Anon; a support group for family and friends of processed food addicts. Her work has been stable and her husband has also been working over the past several years. She is now looking at retiring in the near future and in the meantime has taken on some study in the hope of taking on a new vocation which will allow her to work at a much slower pace then what she has been used to.

Conclusion

There have been quite developed views on ‘disordered eating’ under many nomenclatures which centre on the assumption that the majority of individuals suffering from eating disorders have a definitive treatment regime, which typically overlaps with an assortment of psychodynamic approaches. Hitherto, processed food addiction was not seen as a chronic addiction with well-defined symptomatology and can be treated effectively and successfully. More often than not, it is generally passed off as a derivative of another label of disordered eating. For this minority population there had not been no effective long-term treatment with the individual which frequently leads to a hopeless outcome. More often than not, it could be quickly passed over as an eating disorder of some description and treated accordingly.

Today, processed food addiction – the disease of peínamania (Raymond, 2021) – has travelled down a previous well-trodden path with similar underpinnings to alcoholism (Raymond, 2020^b). The disease concept of alcoholism and drug addiction ab initio in the early nineteenth century, however, it was not accepted as a disease until 1956 by the American Medical Association (Leshner, 1987). This was quite a few decades post the late W.D. Silkworth, MD, positing the disease theory of alcoholism.

This paper presents a second case study of recovery whilst highlighting more about the disease itself and the myriad of manifestations and hidden subtleties of this malady. Notably, this paper highlights the fight between this pt. and accepting an addiction disease diagnosis. Finally I close on sustained recovery as the disease of peínamania goes and stays in remission, offering hope to many experiencing this disease but do not know they are suffering from it, or more likely in ignorance and denial of the existence of such a malady. I hope, just like alcoholism, drug addiction and other substances of dependence and abuse, this paper continues the unveiling of the most subtle addiction of all to date – processed food addiction.

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Appendix A: Patient Weight Age Timeline

Theoretical Timeline of Peínamania – Processed Food Addiction

Birth weight 9 lbs 1957. Big baby fed on lactogen full of sugar.

Wt. range normal from photos. 1961 (4 yrs.). First memory eating extra bananas.

Wt. unknown. 1963 (6 /7 yrs.). Photos show wt. started to go up.

62 kg (9.7 st.). 1966 (9/10 yrs.). Overweight – heaviest in class.

64 kg (10 st.) 1967 (10 yrs.).

76 kg (12 st.). 1969 (12 yrs.).

76 kg (12 st.). 1972 (15/16 yrs.).

101 kg (16 st.). 1974 (17 yrs.). Massive wt. gain (went nursing).

101 kg (16 st.). 1975 (18/19 yrs.) Went to NZ.

76 kg (12 st.). 1979 (22 yrs.). Wt. went down as went to Wt. Watchers. Lost 25 kg (4 st.)

82 kg (13 st.). 1979 (22 yrs.). Went to Europe and upon return put on approx. 6 kg (1 st.).

117 kg (18.5 st.). Highest Weight. 1980–1983 (23/25 yrs.). “After I returned from Europe I lost all control & couldn’t get back on W.W. plan. Gained 25 kg (4 st.). I tried Ipecac to vomit but couldn’t. I was in an awful job plus my drinking was became very unmanageable. I isolated a lot.”

117 kg (18.5 st.). 1983 (26 yrs.). Joined OA at this weight.

107-114 kg (17-18 st.). 1986 (29 yrs.). Started psych nursing at 29.

62-67 kg (9.5-10.5 st.). Lowest Weight. 1986–1996 Lost 20 kg (3 st.) approx. in OA over 10 yrs.

62-67 kg (9.5-10.5 st.). 1996 (39 yrs.) Went to CEA HOW and lost all the weight.

70 kg (11 st.). 1999 (42 yrs.) Had a full-on relapse in CEA HOW with increasing sensitivity and the obsession was powerful. So went to RFA and stabilised, eliminating sugar, flour and wheat on counsellor’s food plan for 2 yrs.

106 kg (16.5 st.). 2008 (51 yrs.) Got married and gained 30+ kg (4.5 st.) 70 kg – 106 kg.

87-89 kg (13.5-14 st.). 2009 (52 yrs.). Had weight loss surgery (bariatric). “I also went back to W.W. to lose a stone after weight loss surgery ending up stabilising around 87-89 kg. My bingeing changed its face here after having the surgery. Alcohol also came back in after the surgery.”

87–89 kg (13.5–14 st.). 2010–2015. “My weight started to go up again and I was then introduced to the processed food addictions specialist I heard about, Dr. Raymond.”

89 kg (14 st.). 2015. “My treatment start weight was 89 kg. In the first year my weight went down to 62 kg (9.5 st.).”

66–67 kg (10.5 st.). 2018. “Stabilised wt. nearly 4 yrs. at 66–67 kg. I can now eat all the food. I very rarely vomit & the chatter in my head continues to subside more and more each day – the greatest blessing of all.”

117 kg 1980 (23–25 yrs.). Highest weight and rising.

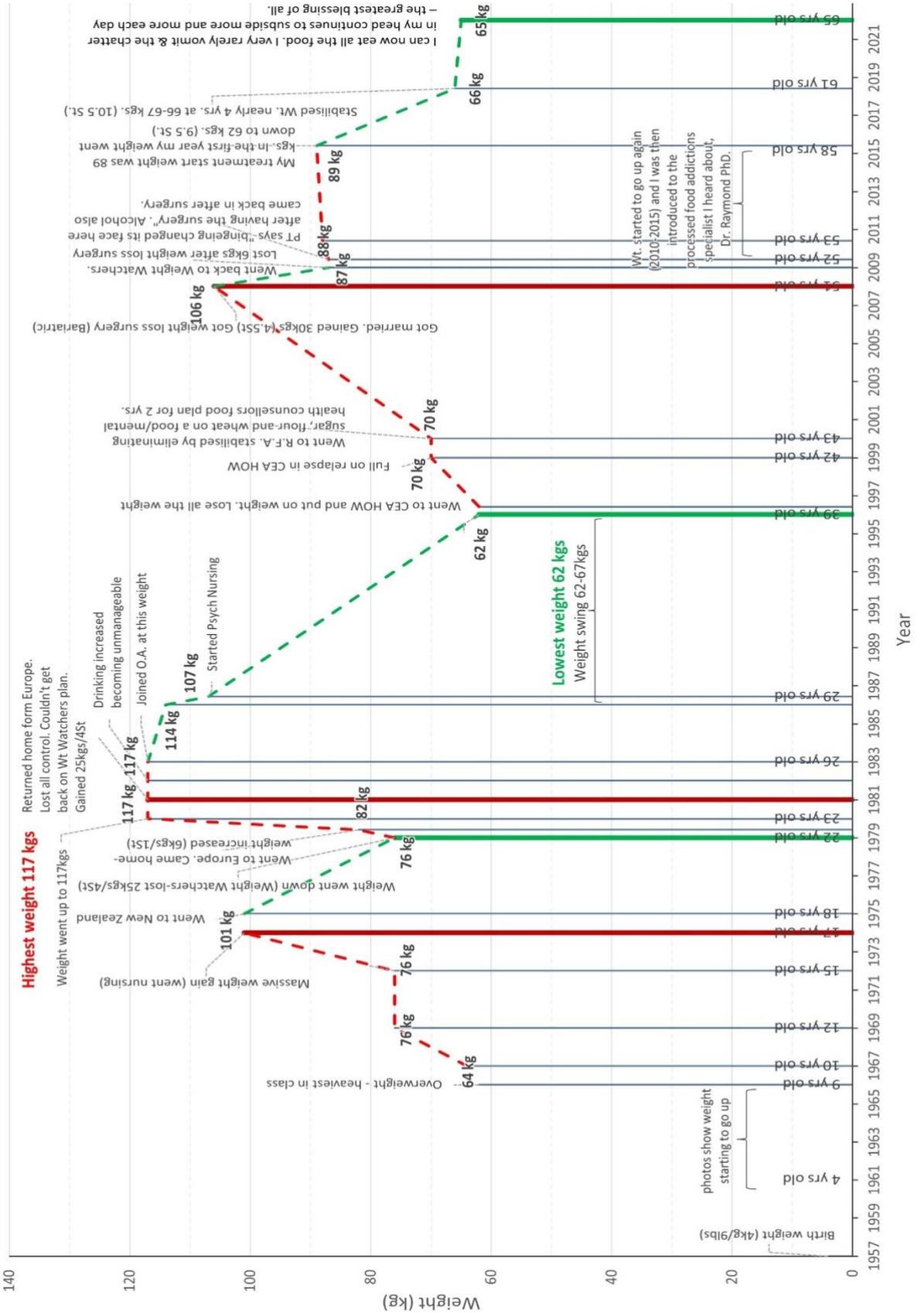
2015. Started Treatment With Addictionologist For Processed Food Addiction.

66–67 kg 2018. Patient has now been permanently abstinent since April 2018 and has stabilised at this weight with continued freedom from processed food addiction and increasing peace of mind.

Appendix B: Excel – Bar Graph Illustrating Patient Weight/Age/ Timeline

The patient has now been permanently abstinent since April 2018 (four years) and has stabilised at this weight with continued freedom from processed food addiction and increasing peace of mind.

Patient Weight Age Timeline



Appendix C: The ‘Normal Eater Game’

The patient’s narration of the “Normal Eater Game’. A game she ‘played’ to rationalise, self-justify, and keep up the denial of being a real processed food addict suffering from the disease of peínamania.

The Normal Eater Game

“I used to go into this mode once I had picked up and then I would say to myself, what’s the point now, I might as well just eat! I would go and have coffee and cake and a meal and just act like a normal eater. I’d organise it with a friend or my husband to pretend I was ok. It gave me a sense of power and control I suppose and even though I knew it was crazy, it gave me a sense of freedom after the rigidity from whatever diet or food plan I was on. I think it was mostly in CEA HOW days before being married, I can’t really remember clearly. With my husband, I used to go and have coffee and cake or go out for dinner and eat moderately and then of course it was no longer moderate and I ended with grazing and topping up all the time. It was always the beginning of more bingeing to come.”

Post-surgery. *“I was still bingeing but now in a different way as the amounts got bigger. I know I would have been full-on and eventually as bad as before if I hadn’t received a specialist’s help to treat my actual addiction – processed food addiction. I know today I am a processed food addict, and I am addicted to processed food which is my primary addiction; a close second I now understand would be alcohol and I still have a lot of ‘yets’ (meaning, I have not been charged for D.U.I. or lost my job or been to jail for drinking), however if my disease of addiction was not treated I know the alcohol would become just as important as the processed food was. Processed food wasn’t cutting it in the end, but together with alcohol, I got the greatest relief. After the weight loss surgery because I couldn’t ingest as much as I wanted to or had in the past, it was starting to become a real problem again, especially after the surgery and prior to professional treatment. I would want a bottle from the bottle shop on the way home from work and have a drink with my sisters at family functions. I would also take the dogs down to the park for a walk, taking a glass of wine with me or the bottle and hiding it from my husband and drinking it there. I only needed one glass to feel drunk or more importantly ‘eased’, although I had two accidents as I drank too much. I even drove the kids to the park two minutes away drunk. I was just trying to be normal; I loved the freedom, the experience, the excitement, the feeling. I felt relaxed and away from the stress.*

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“Today I know alcohol leads me to processed food which is also a sugar and carb (same as processed food), and it affects my brain the same way only it is more refined. Also, it gives me a quicker hit as it gets to my brain quicker than having to ingest (chew and then swallow the food). Ingesting takes a while to get the hit, alcohol hits straight away.

“If I had kept going the way I was I don’t know where I would be now...maybe loss of job, loss of marriage, loss of family, loss of friends, and heading up towards 200 kg. My ‘yets’ I was saved from. I know for sure I would have progressed to drinking more and more and I would have wound up in a lot more trouble I believe.

“I am so grateful to God that He answered my prayer of, ‘God, show me something new. What do I need to do?’ The Dr. (specialising in processed food addiction – peínamania) was the answer to my prayer. I am very thankful. I know I only have today and need to keep very vigilant in my recovery journey whilst continuing to grow spiritually, not stagnate.

“Today I am slim, and I don’t have to pretend to be a normal eater as I am normal, but when it comes to processed food and other addictive substances, I am different from others. I understand and accept I can never, nor do I want to, have a ‘small’ morning tea with my husband or anyone for that matter.”

Appendix D: Patient’s Presentation of ‘I’ll Get Back on Track’

“I’ll just have one binge and then I’ll get back on track. I did this all the time prior to 29 yrs. of age. It was horrible. When I got into the rooms of O.A. it got a bit better over the years. I lost three stone in weight and then I got into CEA HOW. This was my first taste of freedom as I only binged every few months, albeit, I can still see now I was ingesting processed food thinking I was abstinent. I would have a binge then get back on track.

“There was a lot of fear around it – vicious binges which were terrifying for me, but then the disease progressed after a 10-year stint. I went on holidays and picked up and had a three-day binge which took me back to pre-29 yrs. of age. It was the worst binge ever and was harder to get back on track after that first binge. What astonished me the most was up to 29 yrs. I had little slips but just got back on track. I had bigger binges after 10 yrs. of CEA HOW, bingeing for three days – it was horrific but then I was able to get back on track. I was then able to control my food intake and stabilised for two yrs. on a food addiction counsellor’s food plan and other 12-step self-help groups, FAA and RFA. I stayed clean (not ingesting sugar, flour and wheat) until I went to Africa. I then met my husband and got married. I can see today, getting back on track was me saying I got back in control once again.”

“It was even worse also post weight loss surgery. I would justify to myself, ‘at least it is better than the bingeing I did prior to my surgery’. I soon found out I paid a huge price – being an empty processed food addict (just eliminating sugar, flour and wheat, but nothing else changing which is comparable to being a dry drunk) and I couldn’t ingest the amounts I did pre-surgery. However, I was to find out it was a life of misery, waiting, just waiting until the time and day came and...bang. I would say to myself, ‘it will hurt me, I will cope, but I don’t care’ and then I would ingest big time. I then went back to alcohol as at least it would shut my head up. As the Dr. said many times, ‘Once an addict always an addict.’”

Dr. K-L

A real processed food addict never gets back on track (never regains control), as they suffer from a chronic illness – when it comes to ingesting processed food. Thoughts of being able to control and enjoy their ingesting is denial for a real processed food addict as they never will gain control. Most processed food addicts believe that if they remain abstinent for a lengthy period time, they could thereafter ingest normally. This case studies reiterates the truth over and over again, ‘once a processed food addict, always a processed food addict’. Beginning to ingest

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after a period of abstinence, they are in a short time as bad as ever. This is the painstaking process of treating processed food addiction. If a patient is considering stopping ingesting, there must absolutely be no doubt of any kind, or any lurking notion that someday, one day, somehow, they will be unsusceptible to processed food. Specialising in this field, a lot of my work is breaking down the processed food addict's denial of this deep-seated notion. For this pt., we see her 100% powerless over processed food and how unmanageable her life has been (even when trying to and achieving 'getting back on track'). However, note the time it took for the disease to go into remission. Analogous to other chronic diseases, a patient's treatment is individualistic, as symptomatology differs; however, they all suffer from the same disease, processed food addiction – peínamania.

Appendix E: Afterthoughts on the Patient's Relapses

The manifestation of the disease and the common thread of denial running through the pt's narration.

During the month of January, the patient got a huge realisation of the disease of processed food addiction, the cunning, powerful, baffling, and very subtle nature of this malady.

After relapsing through late December 2015 and into the early days of January 2016, the patient reporting her bust, shared:

“This was a huge bust – big time; I think I physically triggered myself and used it as an excuse. Yesterday morning, when I started the day with my usual prayer and meditation, I decided to listen to the same mental health addiction counsellor that I had previously worked with prior to my addictionologist. She was presenting a 20-minute special on staying abstinent and sticking to her food plan. I had high hopes that listening in would help me, as previously I had successfully abstained from sugar, flour, and wheat for 2.5 years. After listening to the mental health counsellor, I then had lunch which seemed ok but, in my mind, I was already there. I could ‘feel’ I was setting myself up to ingest processed food. I rang a recovery buddy, but I didn’t tell her the truth, that I just wanted to ingest. I felt huge anxiety about doing something I didn’t want to do but I knew I couldn’t stop myself. I then left a meeting early and went food shopping, picking up a chicken roll from the deli and went home. I was off again. I didn’t want to tell anyone; I didn’t want it to be true! I also then had a glass of wine and a sandwich. I tossed and turned and couldn’t sleep all night and I was so anxious, so, so anxious.

“I kept repeating, over and over and over again... ‘I am still doing this after 58 years....’ I feel I am licked this time – I just don’t know. I’m a processed food addict and I can’t have a coffee and cake like a normal person? I have to resign myself to eating non-processed food weighed meals. Shit!!!”

The patient then proceeded to eliminate processed food once again in early January 2016, reporting she was still overwhelmed at what had happened over Christmas 2015 and New Year’s Eve 2016. She declared, *“This time it will be different. I don’t want to go through that again!”*

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Working with the addictionologist and going over what the disease of processed food addiction was all about reiterated the hidden stages of addiction – how it was already manifesting in her youth. The patient reported her blood pressure was 160/120 and she was 18 stone in her late 20s.

Towards the end of January, (2015) the patient was becoming quite angry:

Patient (pt.): *“I feel very pissed off!”*

Dr.: What/who did you surrender to?

Pt.: *“I felt I had a spiritual experience like a fellow member had shared. But what keeps going around in my head is what my old USA food sponsor told me, ‘I was a compulsive overeater and not a real pfaddict.’”*

Dr: Let’s simply share on your previous experience with ‘processed food’ and addiction and not ever being able to control it long term with peace of mind and see what your thoughts are then.

Pt.: *“Well, while on the O.A. HOW food program I struggled to find clean food. I went to Margaret River (WA) for a holiday, and I decided to have chickpeas and then I began to binge; I couldn’t stop. This led me to reading the bible scriptures in Romans and I had a religious experience which lead me to a food mental health counsellor and I started to do her food plan. I thought I surrendered to accepting it. I got a sponsor (someone who I could email my food for the day to), attended the mental health food counsellor’s meeting loop with other ‘food’ addicts and started working the program as she and the others directed. I got clean (that is, not ingesting sugar, flour, and wheat) and felt free. I was able to stabilise my weight between 72-74 kg for a couple of years (2.5 yrs.) even going to Africa and managing to stay abstinent according to the counsellor’s food plan. Then at 51, I got married. I think then I was too immature to get married but I had an obsession to get married which was the icing on the cake for me; my will, I was going to get married by hook or by crook...”*

“I believe I surrendered, I felt it; I couldn’t stop eating and was powerless, but God led me to this new counsellor and her food plan. I started to learn about the Big Book of A.A. and even studied it myself and then I decided to go along on my own. So I started working with two original alcoholics in the USA. I was also playing on a Christian dating site on the internet. I felt just as obsessed about it as I was the food. It felt like another way to anaesthetise myself, similar ‘feeling/effect’ to ingesting. I was getting all this male attention – it was full-on. Am I ever going to get well?”

Dr. K-L: Yes. Accepting the disease of processed food addiction is not merely a compulsion, or a self-induced cognitive or behavioural habit, or the manifestation of growing up in a dysfunctional home, or sticking to a food plan/diet. It is an addiction, and one who knows anything about addiction understands it is more than just eliminating a substance – it is a whole lifestyle change.

The patient’s rendition of another ‘full-on’ relapse, Christmas Eve 2017

“It is Christmas Eve 2017, and I went to work and busted into processed food; I picked up biscuits at work – eight biscuits. Then on Christmas Day I made a toasted cheese sandwich that night. On Boxing Day (day after Christmas), I then said, ‘stuff it’ and ingested for the whole day on processed food. I then went to work on a night shift and grazed/picked at all the leftover food at work. Then on the way home, I stopped at a servo (service/gas station) and got ice-cream. Then I called into a bottle shop on way home and bought a couple of Coronas – alcohol – and came back in again. When I got home, I got on my knees. Then the next day I drank decaf coffee at work and then the next day had an abstinent day (no processed food or caffeine or anything). What confuses me is I know I am processed-food-free, until the next time I get complacent, then binge. My complacency is me running the show.”

Dr. K-L: The patient here still has a processed food addict’s mind.* She is still blaming herself for not being able to control her ingesting and she is trying to work it out psychologically what /how she can stop ingesting processed food. She does not yet fully understand the true concept of the disease of peínamania (Raymond, 2021). Important to note, this has been and continues to be the patient’s pattern and is typical of most processed food addicts: blaming themselves for having this disease and then trying to fix it ‘again’ themselves. This time it will be different, and the insanity is, it never is. For a processed addict there is always a ‘BUT...’ You will have noticed more patterns throughout this paper where the patient says, ‘I wanted to have that last binge before new year.’ This happened every Christmas for the last three years. She picked up again over Christmas saying, “I just want to be normal – like everybody else.” Lastly, please note the alcohol is back...again (Raymond, 2021).

*The mind of a processed food addict means the patient subliminally still thinks one day she will be able to control it. Accepting she is a processed food addict – the truth – has still not been smashed, which keeps the pt. in denial. Until she accepts her diagnosis of this disease, she will always be in danger of relapse. Her only chance of continued abstinence

would be on a desert island, but then someone might come to rescue her with candy, cookies, ice-cream, and fried chicken and ruin everything!

The patient's last relapse prior to continued abstinence and rebuilding a new life

Then the bust came; 19 April 2018. This proved to be the patient's last relapse prior to permanent abstinence from processed food.

“While away with my husband I had a slip – relapsed. I picked up hi-fat yoghurt. I was on a boat and was fearful of suffering from sea sickness so took sea sickness tablets which were really sweet and tasted like lollies. My lunch was ok but later that night I felt the urge – compulsive – and I picked up a handful of peanuts and two slices of bread. The next day (30 April 2018) I said to myself, I only had a little bit of a bust – I don't want to upset my husband; it will be my secret. I don't want to or have to treat my disease like the Dr. says. I think I can get away with it. My disease whispers to me all the time, just little titbits, for example it says, your friends have pizza and roasts, why can't you? My truth is, I still don't want to be a processed food addict and I hate I can't do anything about it.”

“I understand what is going on, I have no power over it, but it seems to be all subliminal stuff and I'm not conscious of it; however, I believe God will do what needs to be done in my heart to get what I want? Therefore God will do it all?”

Dr K-L:

Another large manifestation of this pt's. disease is the use of religion, which undermines her recovery. Typically, a processed food addict will blame a person, God, a higher power, or anything as the reason why they have kept relapsing. ‘God just hasn't restored me to sanity...yet.’ Meanwhile, the patient is still not taking responsibility for her illness. She has to take the measures necessary to treat her disease, and that is to be honest, accountable, responsible, and disciplined. This side of denial can go on for a long time until finally the pt. can come to understand that they relapsed because they are a processed food addict. Not because of a sin, or God, or any other human being.

Appendix F: Patient Interview

Dr K-L: Your disease has been in remission for several years now, what do you think has changed?

Pt. “I understand now what my spiritual malady was and is today. Primarily it was my dishonesty; my ingrained denial that I was a processed food addict that had to be smashed – and it has been. I now understand I suffered from the disease of addiction; where I am different from other people is I have a mental obsession so subtly powerful that could kick in at any moment against my will to ingest, followed closely by a physiological allergy of the body to keep on ingesting. The majority of society do not suffer from the mental obsession of the mind and physical allergy of the body like I do. Now I have been restored to sanity and the processed food continues to be eliminated, I can see how my denial was about me and me not wanting to accept I am a processed food addict and always will be. The delusion of believing one day I would be able to ingest ‘normally’ – control my intake – has been quashed.

Today, I have a Higher Power, God, who I depend on, paradoxically I receive my own independence back. I have also learnt in recovery about how important it is to establish my own personal relationship with a Higher Power. My faith is firmly based on quality – learning to trust God in all areas of my life. Previously, I had a quantity of faith, but that’s all it was. I know when I experience the RIDs (restlessness, irritable, and discontent) that I am blocked off from God’s help. Simply my dishonesty in its various forms including my self-justification, rationalisation, manipulation, and my pride had to be broken.”

Dr. K-L: What do you mean by ‘faith’ now your disease is in remission?

Pt. “My relationship with God is more intimate and personal. My character defects are dissipating as I treat my disease of processed food addiction every day. For an example of my defects being removed – I’m acting more maturely, more assertive (less controlling) and so much more guilt free as I am looking after me today and not trying to control the whole world – this is freeing. My shame, blame, and guilt for being an ‘addict’ has subsided and I understand many, many individuals the world over suffer from innumerable chronic diseases; addiction is my chronic illness. I did nothing wrong to be a processed food addict, I just am. Peace finally came with accepting the things I could not change, followed by being blessed with the courage to change the things I can, and ultimately as attested in my history, there is

a lot of wisdom I can now see which came from breaking down my denial that I cannot change the fact that I have this disease, but it can be treated.

“Career-wise I am at a stage in my life where I am looking into how I can best be useful and purposeful today. My life isn’t all about me and what I can get out of it. The biggest miracle is I have very infrequent food thoughts these days. I never thought it could be possible to be free of ‘the food’ in all its manifestations including constant thoughts regarding my weight, what I ate, when I ate, where I ate, how I ate, who I ate with, what I looked like, what I’m going to look like. Notice the ‘I’s’ here. This is my greatest miracle, to be free of that negative voice... I also had a lot of healing around my trying to be a perfect Christian. My head used to tell me, ‘If I am a ‘good Christian’ then this will happen and that will happen.’ Today, I know, God is one of love and no matter what I do, good, bad, indifferent, God still loves me.”

Dr. K-L: The way the disease ultimately manifested in this patient was through religiosity – having to be good, do good, be perfect, respectful, and take care of everyone. The lower voice was very threatening if she didn’t, and she would be punished. She also had ‘evidence’ to back this up, i.e., this god was already punishing her through being morbidly obese. Then every time the pt. did something wrong (or not perfect) it was because she couldn’t control her weight!! She was an imperfect Christian and human being, thus odap made infinite sweet promises to redeem her and make her more beautiful, loveable, and worthy of God’s love... on one condition, so long as she lost the weight *AND KEPT IT OFF*, which is impossible for a processed food addict to do. Yes, a processed food addict and a non-processed food addict can lose weight but a processed food addict cannot keep it off, as the mental twist of the mind to ingest continues to kick in (and as the disease progresses, more and more often) followed by a physical allergy of the body condemning her to keep on ingesting gets worse, never better. That is tolerance levels decrease and withdrawal symptoms increase.

Playing this ‘sinning’ card that either she was a good girl or a bad girl and had to be punished for her ‘sins’ kept her in bondage. For this pt. to continue to experience contented abstinence, this deep-seated notion of having to be a ‘good girl’ played masterly into her shame, blame, and guilt which had to be addressed.

Pt: “A lot of my shame was around my obesity – especially as a little girl – I was bad for being fat, hence, I was obsessed about losing weight and then at Weight Watchers I did lose a lot of weight, successfully it appeared. I was then a ‘good’ girl. I remember, people used to

call out of car windows teasing me about my weight. I can see I had built up a lot of defence mechanisms. When I was a reasonable body weight for 3 – 4 yrs. I got lots of male attention, although I couldn't receive it as I was too immature and anesthetised by processed food even when I wasn't ingesting."

Typically, I find for my pts.in recovery from processed food addiction, a large part of treatment is finding out what keeps them in bondage (keeps them in denial of the truth), keeping their addiction alive. How is it manifesting to keep the pt. in denial? We can correlate processed food addiction with the pt. always looking for an answer to 'fix' it. For this pt., Christianity came in. Religion is often used where people go to try and 'fix' their addiction, not understanding that it is impossible to fix. For this pt. the disease, lower power odap, played on her Christianity.

One example was when she 'thought' she experienced an answer to prayer with the mental health food counsellor. The pt. called this her spiritual experience – God's miracle – however, Dr K-L challenged the pt., asking, "How can it be a miracle if you are still in control of processed food? It would be a miracle if you were no longer a processed food addict and could eat what, when, and how you wanted. That is like saying to a diabetic who has now, by God's grace, found the ultimate food plan which will stabilise her blood sugars forever, and her pancreas has miraculously returned to normal functioning, hence her diabetes is now 'fixed'. The symptoms may have dissipated for now, but she will always be a diabetic, and will always have to follow her daily care plan. If the person with diabetes does not follow her treatment regime, sooner or later her blood sugars will go awry again."

The pt. also started to see how the disease had manipulated her whilst staying invisible, as she continually saw herself as the problem. She was the disordered person with shame, blame, and guilt and she needed to be 'fixed'. Christian principles and perfect adherence to some particular approach or gimmick will make her good and will fix her. Odap nailed this to the pt. whilst staying hidden – a shame-based voice, as she describes it: "*I was vulnerable to the fallen world. Why can't I just control it like everyone else. What is wrong with 'me'? I was an immature little girl and could not relate to guys as I was so shame based. I remember my sister telling my mother, 'She's never going to get married.' I was morbidly obese and the message that I received was, 'she's so fat, no one will want her', followed by continual self-condemnation, 'you didn't handle that situation too well you stuffed it up; you should have done that instead'. I always felt like I was being corrected. If I said something wrong, I beat myself up over it for a long time. Odap was always controversial – a dominant,*

arrogant, guilty, and outspoken reprimand; in actual fact, I was arrogant on my soap box as well – I was so intense especially while ingesting processed food. It anesthetised my emotions. If I hurt anyone, being anesthetised with processed food I did not know I did it. I believe it is like an alcoholic drinking; being anesthetised by alcohol, they do not know what they are saying or doing as the alcohol deadens and helps them to believe they are ok. It is everyone else in the world that needs to change.”

Dr. K-L. Why were you desperate to become a Christian?

Pt.: *“My mum was a lapsed Catholic. Her first marriage lasted nine months and then she left him. Then a new relationship began, and she lived with him and only married him because she said she had four caesareans and lost a little boy. This is what turned her (Mum) away from her faith.*

“For me, I was still this fat girl not only in my head but in reality too. I was drinking alcohol a lot more and put all my weight back on after losing it; I felt a lot of shame around that when I gained it all back again. I thought I must have been bad or something. My boyfriend was shocked when he saw me so obese. I remember at eight yrs. old going to Sunday school classes and at 10 yrs. I went to Sunday scripture classes. I didn’t fantasise about the perfect family, instead I fantasised about the perfect romance. I just wanted someone to love me!”

Dr. K-L: It important to note the problem with the disease of peínamania – processed food addiction – is that it is not simply an eating disorder, a compulsion, a psychological habit, or a manifestation of poor parenting, but it is a chemical thing and a whole life thing. Analogous to alcoholism – the alcoholic has a direct connection with alcohol and the disease of alcoholism. As Dr. Silkworth noted, “The alcoholic suffers from a mental twist and a phenomenon of craving which is so subtly powerful that no human being or anything can change it” (Alcoholics Anonymous, 1976). This is exactly the same for a processed food addict. There exists a straightforward connection between processed food, the mental twist, and the phenomenon of craving. This, coupled with tolerance and withdrawal symptomatology, is the hallmark of addiction.

Appendix G: Patient Recovery Journey and Final Thoughts

The pt. in this particular consult wanted to share that she got a flashback recently on just how sick she has been over the last several decades and wrote the below narrative:

“I always went back to this food plan I stabilised on for two and a half years – that is, I eliminated sugar, flour, wheat, and then I went to Africa, met my husband and got married. However, just prior to getting married I started ‘ingesting’ processed food again. Little bits at first, but then...I now see, as I understand and accept, I’m a processed food addict and I treat my disease as I learn how to live a spiritual way of life via the 12 steps of P.F.A. I will have a spiritual experience and my disease will stay in remission.”

Pt. still reminiscing, *“I think I have had a spiritual awakening (psychic change) but I can still get a bit confused about that – because I am free 99% of the time (feel really free). When I feel off the beam, I know it has something to do with my resentments or my complacency too, especially when I’m on holidays or a bit stressed with my husband. I’m still working on this as I learn how to be patient, tolerant, kind, and loving. I came in to get my weight down and control it, but now I understand that was the tip of the iceberg. There is so much more to living a spiritual way of life; a life I would never have dreamt of now that I am recovered and growing up.*

“I also got an understanding of the role odap plays in trying to doubt myself, my recovery, and what I was doing, i.e., that is going over how the disease (rhetorical voice) likes to stay invisible. I am further coming to understand the façade and all the half-truths and lies of the little voice that has whispered sweet nothing in my ears for several decades. The main hook for this devilish imp for me was to see my disease as just a weight problem all these years (something that she can control – as others seem to, right?). ‘It’ has had me believe I was the problem all along using shaming, blaming, and guilt to keep me shackled to a merciless life. I can now see how odap takes over and had successfully convinced me I was the problem and I had to fix it.

“Patiently and persistently, my specialist over many consults brought my attention back to how alcohol always led me back to processed food when I was younger and then after weight-loss surgery how alcohol came in again (Raymond, 2021). Yes, I can see I was in denial about not being addicted to alcohol/nicotine, saying I just used them to lose weight. However, every time I used them, my weight was out of control. They were my gateway substances back to processed food! Even though I said I drank to have fun, when drinking I

definitely didn't ingest nearly anywhere as much processed food in the early years and I found better still, alcohol was acceptable. It controlled my weight for a time."

The patient's last words – now recovered – her disease of peínamania in remission.

"Such a difficult journey and one I didn't sign up for! However, it has turned around to be a gift in many ways. It has brought great suffering but from that has come change in all areas of my life, emotional, physical, and spiritual.

"From a processed-food-addicted child with the isolation, misunderstanding, and pain that multiplies with the years, to the recovery I have today...really this is immeasurable.

"Not being able to stop eating, doing something against my will, and feeling utterly unable to control it. Now free in my mind, a normal body weight without the obsessional thinking around either. Truly a miracle!

"I had tried so many weight loss plans, bariatric surgery, medications, alcohol, psychological approaches, to no avail. Some short-term successes, even some for a few years, but always falling back into the insanity of thinking 'this time it will be different', 'one won't hurt', 'I'll start again tomorrow'.

"I'm a low bottom chronic processed food addict and today I understand this and that I have a disease that must be treated daily, the same as any chronic illness.

"Today I am recovered, not cured but recovered. If I continue to treat my disease and live a spiritual way of life I will hopefully continue to be of some use in this world and be able to give something back of what I have so generously been given."

Appendix H: Patient Clinical Information

<i>Father:</i>	Alcoholism, fatty liver; died of alcoholism – cirrhosis of the liver and emphysema.
<i>Mother:</i>	Type 2 diabetes, cardiac disease – died – heart failure.
<i>Sister (older):</i>	Type 2 diabetes; a processed food abuser but controls her weight; it too goes up and down like a yo-yo.
<i>Sister (younger):</i>	Weight problems (still to this day). She is losing weight; approx. 20 kg. Already, by being able to cut out junk food. She says she feels she is a bit sensitive to carbs and sugar but says she’s not addicted.
<i>Patient:</i>	Morbidly obese; rapid and excessive weight gain. Blood pressure 160/110 (Pt. declared ‘sky high in my thirties’). Pitting oedema of the ankles. Obstructive sleep apnoea – pt. excessively overweight.

‘Other’ diagnoses’?

Pt. states: *“I did not go to psychiatrists and ‘other’ professionals per se. I was a medical professional myself (clinical/psyche nurse). I knew though I could have easily been Dx (diagnosed) with Emotionally Unstable Personality Disorder (EUPD) or Dx with Narcissist Antisocial Personality Disorder (NAPD) from a psychiatrist in a heartbeat. This would have affected my career path. Really, I never went as I just knew they would not be able to help me.*

“The stress of getting married got me to see a G.P. and I was then Dx with adjustment disorder. I also saw GPs for ‘other’ medications.”

Medications:

Sertraline (Zoloft – antidepressant)

Phenergan (sleeping meds).

Children

“I didn’t have any biological children because I was too sick in the disease. I didn’t really want them as I was just trying to survive with the massive weight swings. I was also very immature and isolated myself a lot so the last thing on my mind was having children. I didn’t really like kids much as I was emotionally immature myself and so far removed from anything or anyone so they were just not on the radar.

“I was madly in love with all my nieces and nephews though and was very involved with them when they were young and my sisters were tolerant and loving towards me. I didn’t really have a lot of grief around being childless (as now I can see my processed food addiction took everything in my life). I had some envy at times but I really was wanting more for the whole package of family. I had some grief when my sister’s daughter was born but I just knew I would never be able to cope as I could not get out of bed sometimes depending on where I was with this disease. I was flat out coping with just going to work.

“My primary seeking of help was through religion and I came to Christ. In the early days of Weight Watchers, diets, and going to O.A. and CEA HOW, I was able to function a bit better as I wasn’t ingesting as much and I could still control my weight to a certain degree. I lost weight as I controlled the food a bit but I remained of course very immature, and controlling the food was all I could do. Definitely no recovery as I know it today. I was seeking to treat symptoms – the main symptom being weight. Little did I know I suffered from the disease of processed food addiction – peínamania.”

Control methods used to control processed food

As shared in pt’s. case study, with the ultimate being weight loss surgery – bariatric surgery.

- Tried to control the weight by using her own willpower, affirmations, and changing her thinking and behaviours. *“Always pointless as I invariably picked up again.”*
- Tried to have other people control her food via diets, food plans, weight loss surgery, pharmaceutical help.
- Early years, alcohol, nicotine, using ‘other’ substances and a myriad of weight control methods.
- 12-step models: used the numerous 12-step self-help food models as a psychological approach to control the weight.

- Got married (find a husband, who will make it easier for me to control the food).
- Religion.
- **Weight loss surgery – THE FACE OF MY DISEASE CHANGED SUBSTANTIALLY AFTER WEIGHT LOSS SURGERY.**
- Cosmetic surgery.
- Work/career.
- Diets, different food plans, Weight Watchers.
- Prescription meds.

Stealing

Dr. K-L.

Stealing is another manifestation of processed food addiction, with the majority of my patients stealing primarily processed food from anyone, anywhere, leading to stealing money, etc., to be able to buy more processed food and feed their addiction. Not because they are ‘bad/immoral’; because they are powerless to say no when the mental obsession hits!

“I was light-fingered from stealing in my younger years but got away with it as there were no consequences. My history of stealing in my disease was prolific with taking silly things I didn’t want or need and giving them away. I also stole in Europe and local stores, from family, my sisters in particular, friends, work, etc. My worst stealing was from a friend’s boyfriend in my 20s and then lying to her about it. The guilt stayed with me for a long time; it was so very painful.

“I was also arrested when 20 yrs. old for stealing and had to face court. It was such a horrible experience. I felt great shame and was taken home by detectives for some reason. I don’t really know. I think they must have felt sorry for me and then I had to appear in court. Ten years later I applied for a spent conviction and received it. I was relieved when my slate was ‘wiped clean’. Didn’t stop me from ingesting processed food though!”