

MOTION SUBMISSION

Move to approve a mental health literature proposal to be submitted to the OA World Service Office Publications Manager for consideration.

CURRENT There is no OA literature aimed at fellows in recovery living with long-term mental health difficulties such as depression, bipolar disorder and schizophrenia.	PROPOSED New OA literature specifically designed for fellows with mental health difficulties and their sponsors, similar to AA for Alcoholics with Mental Health Issues – and their sponsors
PRIMARY PURPOSE Fellows with mental health difficulties have additional barriers to overcome in order to access the programme. This leads to an increased risk of relapse. Mental health literature would provide tailored experience, strength and hope for fellows, as well as insight and understanding for sponsors.	
INTENT A new piece of literature will provide much-needed information about and representation of our most vulnerable fellows. The more diverse and inclusive our literature, the more likely we are to achieve our common purpose of helping the still-suffering compulsive overeater.	
RATIONALE <ol style="list-style-type: none">1. There is a stigma around mental health medication, and fellows often keep it a secret.2. Many psychiatric drugs cause weight gain, which can lead to shame and feelings of failure whilst working a twelve-step programme about food addiction.3. Sponsors may not understand how living with long-term mental health conditions such as depression, bipolar disorder and schizophrenia can affect their sponsees, leading to frustration and an abstinence-threatening breakdown of the relationship.	
IMPLEMENTATION The OA Literature Proposal Form, along with six personal stories, is submitted by the Chair of OA Foot Steps to the OA World Service Office Publications Manager DeDe Moss: ddemoss@oa.org	
COST: None	TIME FRAME: Proposal deadline is the 1st of April 2023
SUBMITTED BY: James M. Seconded by Claire H.	DATE: 28th of March 2022



OA Literature Proposal Form

NOTE: OA literature proposals may only originate from a WSBC or BOT Committee, or any registered service body.

Name of Committee submitting the proposal: (if applicable)

Signature of Committee Chair:

Date

Print Name and email address:

Name of OA registered service body submitting the proposal: (if applicable)

Signature of Service Body Officer:

Signature

Title

Date

1. We propose a piece of OA literature to address the following topic or topics:

Mental health, medication and recovery.

2. We foresee that such a piece of OA literature would be targeted to the following audience or audiences (newcomers, longtimers, professionals, the media, etc.):

Newcomers, longtimers, sponsors and professionals.

3. We foresee that this new piece of literature will impact its intended audience in the following ways (include how this piece will fill a need that is unmet by existing OA literature and how the Fellowship will be affected by having this literature available):

Fellows with mental health difficulties have additional barriers to overcome in order to access the programme. This leads to an increased risk of relapse. Mental health literature would provide tailored experience, strength and hope for fellows, as well as insight and understanding for sponsors.

- There is a stigma around mental health medication, and fellows often keep it a secret.
- Many psychiatric drugs cause weight gain, which can lead to shame and feelings of failure whilst working a twelve-step programme about food addiction.
- Sponsors may not understand how living with long term mental health conditions such as depression, bipolar disorder and schizophrenia can affect their sponsees, leading to frustration and an abstinence-threatening breakdown of the relationship.

A new piece of literature will provide much-needed information about and representation of our most vulnerable fellows. The more diverse and inclusive our literature, the more likely we are to achieve our common purpose of helping the still-suffering compulsive overeater.

4. This new piece of OA literature would have the following format (book, booklet, pamphlet, stories, reprint of Lifeline articles, etc.):

A pamphlet containing information for medical professionals and fellows, as well as personal stories sharing the experience, strength and hope of members with mental health difficulties, similar to AA's pamphlet: [AA for Alcoholics with Mental Health Issues – and their sponsors](#)

Pam

From a very young age, I knew something was wrong with me. I had what is best described as crazed thoughts. I was depressed, suicidal, angry, unloved and very alone. All these thoughts were always in my head, no matter what the circumstances around me. I attempted suicide at eight years old by taking a handful of pills, but unbeknownst to me they were antacids and had no effect. The intent was there. During those times, the sixties, there was a tremendous stigma around mental illness, so my parents decided it was simply a behaviour problem and used beatings and verbal abuse to try and change me.

I soon found salvation from the insanity I felt in food. Food made me feel loved and I loved it back. Meals made me feel normal and accepted and were a temporary reprieve from the hell I lived in. The battle with weight gain and loss started in my teenage years when I discovered there were pills that would make me skinny as well as feel happy. They were readily available and I kept the weight off.

I had a miserable life of chaos and turmoil as I struggled through three marriages and divorces, two kids, multiple jobs and failed friendships. All because, according to everyone around me, there was something wrong with me. I didn't know how to act. I broke down and finally found a doctor who would listen. He diagnosed me with depression and prescribed an antidepressant.

It did work, but as soon as I felt better, I thought I was cured and stopped taking it. A lifelong pattern started of taking medication when times were bad but stopping when I felt normal. At the same time, I was dealing with my weight, but most of the antidepressants caused weight gain. At 360 lbs I had gastric bypass surgery and lost 200 lbs, but gained most of it back through what I describe as emotional eating. I tried everything to lose weight. Anything available I would try and buy. Shakes, bars of meal replacements, hypnosis, etc. and all through this fighting with my mental illness.

After two nervous breakdowns which required hospitalizations, I just gave up and let the chaos take over my life. I was diagnosed with Bipolar Disorder, all my medications were changed and I discovered talk therapy. I was also invited to an OA meeting and, although I was sceptical, decided to try it out. After all, what did I have to lose? That was a year ago and I can't begin to describe how much my life has changed. I have discovered that there is a way to have peace and harmony in my life. I'm so inspired to get up every day and live life. I go to meetings, practice the steps every day, read the literature, pray, do outreach and finally love myself for the first time in forever.

I do have to work hard to be abstinent because of the tremendous pull of the impulsive way I think, but I'm doing it. I no longer feel hopeless and helpless. I know I have a future and that recovery is on the horizon. I'll never be 'normal', but I've found a place I can call home.

I thank God for my life and I thank God for OA.

Sarah

"I am so blessed to have found the solution in the twelve steps and extensive help from my support network of professionals too."

Both of my parents were addicts wrapped up in their own relationships and substances of choice. They were too much for me. I felt I had to be there for them, and I didn't know who I was underneath the role of helper. I learned how to be a good girl, yet I rebelled too. I rebelled with food. I stole chocolate and sweets. I thought this was fun and it gave me a thrill because I got away with it. However, I can see now that I was powerless over sugar. Food took all my feelings of inadequacy away. Food was always there for me. However, I never got enough. I was hungry a lot of the time. I needed more. Always more. I now realise this was a spiritual hunger.

Five years ago I was physically attacked and also seriously hurt in a road collision in the same month. This shook me so badly that I thought I wouldn't make it. I was completely and utterly broken. I couldn't walk properly for two years and underwent extensive physiotherapy. I wanted to die because the physical and emotional pain was unbearable. I didn't want to be attractive to men because I thought it was my fault that I was attacked. If I put on weight then I would be safe. I kept eating junk food and putting on weight. I needed food more and more. I shut out life trying to be safe.

I was diagnosed with PTSD and prescribed medication for my condition, but I felt like I would be judged by people in the fellowship. I felt ashamed that I needed extra help, that I should be able to navigate this on my own. I have been told that to be on medication was not pursuing a real spiritual solution. This is just not true. My medical needs are an outside issue (tradition ten) and no one has the right to judge me or anyone else.

I genuinely needed the medication and it has helped me maintain emotional stability. I am weaning off my medication now as I feel much better being abstinent in OA. I have seven months of abstinence and my life is transforming from the inside out. I am a truly content person. I don't have to eat to cover up my true feelings. I am learning to be the authentic person I was always meant to be.

I am so grateful to OA for giving me a new way of life. I am on step twelve and look forward to paying back what was so freely given to me. Now I know that outside help is always there when I need it. I am blessed to have found the solution in the twelve steps and with extensive help from my support network of professionals too.

Annie

"You are not alone; there is hope."

I do not remember a time in my life in which I was not compulsively eating food with sugar and flour ingredients. I was sneaking food from the cookie drawer and walking quietly and quickly to my room to shovel it in my mouth. My mom used to watch my sisters and me at the dinner table and comment when she thought we were eating too much. I usually didn't stop eating until I was so full my stomach hurt, or my mom stopped me.

I also do not remember a time when I didn't have depression and anxiety. I was a very sensitive and quiet kid. I worried constantly and panicked in stressful situations. I had a few friends but was mostly isolated from the world unless I was playing sports. Even on my sports teams, I was quiet. In school, I would steal food from

the cafeteria because I didn't like my mom's healthy lunches. I would eat sweets and flour products instead of her lunches.

My first addiction was food and I used it to numb my depression and anxiety. When I got to high school the food was not working because the pain was too great. At this time, I started drinking and this worked better. I became more social and started behaving in ways that were hurtful to others and detrimental to my well-being. I tried to kill myself in college because I was so depressed and in so much pain, I couldn't take it any longer.

When I was twenty-five, I was considering killing myself again due to the pain associated with depression and anxiety. My mom suggested I see a therapist and I told the therapist I wanted to stop drinking and didn't know how. She pointed me in the direction of AA and I have been sober since.

About a year into my sobriety, I started to get very depressed again and saw a psychiatrist for the first time. I was prescribed medication and it worked well. In sobriety, I have been hospitalized four times. I share this because there is hope for everyone. Today I am happily married, have a great relationship with my family and have friends. I do not feel alone because I am loved and like myself for the most part. I am a work in progress, but I am grateful for AA and OA for helping me to change and grow. I need to work hard daily in my twelve-step programs by journaling my gratitude list, praying, speaking to others on the phone and attending meetings. Due to twelve-step work and therapy, I have not been hospitalized in many years.

I try not to carry shame for my addictions and mental illness. They motivate me to work harder each day to heal and treat myself and others with dignity and respect. Today I am grateful for all that I have in my life. I take my medications as prescribed, attend meetings, go to therapy and pray to my Higher Power to do their will. I have found that I appreciate the life I have more every day because of the dark times. You are not alone; there is hope.

Alba

"Medication and working the program go hand-in-hand to help me live a healthy, balanced life."

I have been a compulsive overeater for as long as I can remember. In early 2021, during the pandemic, I was morbidly obese, suffered from high blood pressure, had non-alcoholic fatty liver, endured pain in my knees and ankles, lived a life of isolation, and suffered from life-long depression and anxiety. My 28-year-old niece had died as a result of the disease of compulsive overeating. I knew that my obesity placed me at risk of dying if I were infected with Covid-19. Yet I continued to overeat.

During a routine follow-up appointment with my psychiatrist, he noticed I was more anxious than usual and recommended adding a new medication to my treatment. The result was life-changing. I had been so accustomed to some of the symptoms of my mental illness that I did not realize I could feel better until the new medication began to relieve these.

I was watching a television program about very morbidly obese people and their search for a surgical solution when I heard the doctor tell a patient she was "delusional." It was as if a light bulb had been turned on; for the first time, I realized I had been delusional. I had lost a family member to compulsive overeating, I was suffering the physical, emotional and spiritual symptoms of the illness, and my life was at risk in light of the pandemic, yet I was still overeating. This was a turning point that led me to Overeaters Anonymous and on my journey to recovery.

I believe this realization would not have been possible without the adjustment in my mental health medication. The medication allowed me to think more clearly and to have enough energy to begin searching for a solution to my problems with living — the source of my food addiction.

Working the program has allowed me to no longer depend on 64 pounds of extra weight to “protect” me from life. I have released those and have more to go. As a result of a better connection with my Higher Power, working with my sponsor, the steps, and the fellowship, my anxiety has also improved. One of the many gifts I have experienced.

I now believe good communication with both my medical doctor and psychiatrist is key to my well-being. I continue to take my psychiatric medications and believe that medication and working the program go hand-in-hand to help me live a healthy, balanced life. I no longer have ankle or knee pain, I have energy, and friends, and am happier than I was before. I am very grateful for all these blessings.

Marcy

“Temptation is powerful in the hands of the lost, and so our minds as compulsive eaters, alongside any mental illness, take us in all sorts of directions away from abstinence.”

I was likely born addicted to food, but between then and now, often by my own choices, this predilection blew into full-scale compulsion and obsession, night after night of bingeing, my psyche twisted more and more around how to get that next fix of sugar or white flour. My life was stunted by long-term habituation. Thanks to OA, I have been abstinent for three years, surrendering about 80 pounds of physical weight; more important, I have received from my HP and our Fellowship a miraculous reprieve, freedom from bingeing without living, one day at a time. For many reasons now, my psyche is untwisting, and I am learning myself for the first time. One important reason has been medication. My meds are part of my action plan for self-care and healing.

Accepting life on life's terms may tempt us into a passive or potentially dangerous "naturalization" of our addiction. I think of Jane and Michael, wide-eyed and hallucinating as Mary Poppins pushes her spoons full of sugar. Now there's a picture of the food addict's fine line between pharmaceutical and street junk! Unsurprisingly, we want the sugar rather than the medicine itself. We do not even consider the need for spoons (and "having spoons" is a figuration both of mental health and OA's new way of living). We erroneously think, "I'm recovering from compulsive eating, and so now I don't need med X to support my mental health. I'm healed! Time for a fantasy life of untreated mental illness." Part of this reflex to stop our meds comes from the pink cloud of recovering, such good feeling, such self-possession, that we think this phase of our development is complete. If I gave up sugar, of course, I should now give up all chemical forces on my brain. I forgot the key role in recovery that meds play, unsweetened with fantasies of natural or normal lives. This is our impulse; our addictive minds-- without the support of medications to treat our comorbid conditions that underlie food addiction-- bid us change things up, reinvent chaos, and keep introducing chaos back into our lives. We do have this disease. As my sponsor says, "while we're swinging from idea to idea [to differ from tried-and-true abstinence], our disease is lifting weights in the next room." Temptation is powerful in the hands of the lost, and so our minds as compulsive eaters, alongside any mental illness, take us in all sorts of directions away from abstinence.

I nearly fell for this. During the Covid pandemic of 2020-22, several friends in the program suddenly thought their programs were easier, pared back to human nature, so they wouldn't need their prescriptions. I take two meds (called SNRIs) for severe anxiety related to autism, so, of course, I thought perhaps I should come off at least one, plus the steroid I take for an autoimmune disease. Now I can tell I was a hapless, sniffling child with neural chemistry that needs gentle and constant redirection. Within four weeks, I could tell the difference in

my program. Suddenly, a cocktail at the end of the day made sense as a way to relax. Then nightly THC edibles seemed like better serotonin uptake inhibitors. Over the next three months, I slipped from my food plan, then a second time.

Probably I felt bad that I was still *imperfect while abstinent*. My own addictive mind was shaking up with angst about what, in 2021, was an already capsized life: the loss of my father and sister-in-law, a devastating house fire, and intense teaching at my Midwest university. Even with a postdoc in rehabilitative psychology, I did not fathom *how important is a slow, careful change in med use, discussed repeatedly with a sponsor and HP*. We need, as a friend from the program taught me, the reprieve of a second thought, and for this, our minds must be cleared from the wreckage of our pasts and the confusion of action and purpose that our mental illness often brings. It is crucial to our development that we stay honest and willing to make many difficult changes, not changing everything at once. That is what my alcoholic foods had seemed to promise, upon a time.

My SNRIs represent slow, real self-care, no sugar coating, and so I had to adjust my behaviour *beyond the food* to include medication. Like I defer decisions around my food plans to a trained nutritionist, so do I defer now to my physicians about medications. My dependence on other quick fixes has fallen to the wayside, for this grasp of the spoon, and my program is stronger again. In three years, I have helped myself and stood in my own way, but I lean toward the truth of my addictive nature: I am not running my life as I fantasize and demand.

Almost as miraculous as my abstinence, now that I am able to see my own autism more clearly, I can understand my own fit in a tough, neurotypical world better, and so, taking the same exact doses of medication, my anxiety has been lifted from me. Without the meds, I was walking a dangerous path of self-will. With abstinence, my meds seem to work *better* for me, and if they weren't, I'd be in my doctor's office to discuss it. Our medication-- along with physical exercise, medical treatments, spiritual life-- is a surrender to spoons without sugar. And I know I would prefer to have more spoons.

Anonymous

'I am thrilled to have met people with bipolar disorder who live in recovery.'

My adventures as an obese compulsive overeater began in my childhood. At first, it was fun to eat a little too much at those holiday meals, or when my mom had prepared something good for dinner. But then, cookies and milk as an afternoon snack became important around the time I was seven, and I would eat them throughout the afternoon after school. I wanted something to comfort me when I arrived home because school was a place where I was teased for crying easily, being overweight, being intelligent, being a slow runner, and later, for wearing glasses. I knew I had "emotional problems"; after all, the school psychologist had told my parents that, but I had hopes that I would grow out of my problems, eventually. It wasn't until eighth grade that I began to suspect I might not do so.

Food became was my very best friend. My response to my mother's comments about my weight was to go on my first diet at fifteen. One of the high school cheerleaders noticed my weight loss and complimented me on it, but I wasn't able to sustain my momentum. However it wasn't until after my second diet, a liquid-fast diet I undertook in my early twenties (which led to a period of uncontrollable binge eating), my first suicide attempt at twenty-three, and my diagnosis with bipolar disorder type two at twenty-seven, that I realized my life was not going to turn out as I had hoped.

Dieting was a waste of time. I only gained back what I had lost and more, and I hated being hungry. Exercise was too uncomfortable, and I didn't like purging. The over-the-counter diet pills, whose active ingredient was caffeine, made me anxious. I "fixed" this by overeating. My psychiatric medications gave me cravings for carbohydrates. They caused me to gain weight as they managed my symptoms, so what was left for me to

do? I decided to think of myself as a “big, beautiful woman.” I gave up trying to get to a healthy body weight for many years. Down in my heart, I couldn’t accept my body, and I was deeply embarrassed by my weight as I talked the talk of fat acceptance. I didn’t understand that I was thinking about food most of the time and that the foods I wanted to eat the most were addictive, until well after I came to the rooms of OA.

Meanwhile, I tried many medications for my bipolar disorder. When I was hypomanic, I would pick fights with the man who is now my husband, and when I was depressed, I would stay in bed. I tried going to community college and was asked to withdraw from classes because I was disruptive. Eventually, I wound up in an outpatient facility for psychiatric treatment. While there, I met a woman, and we became friends. One day, she started bringing her own lunch to the facility. She was eating healthy-looking food and she didn’t talk about dieting, yet as time passed, she was losing weight. I was curious. She told me about OA and offered to take me to a meeting. I went.

I thought those meetings were a little odd. I wondered what the twelve steps posted on the wall had to do with weight loss. The steps seemed to be a self-improvement program. Okay, that was cool, but why was God mentioned so often in them? Why did they say something called the third step prayer once, that sounded like it came from the King James Bible? (When that happened, I wanted to run!) If I had asked these questions, my friend would have explained our program, but I didn’t want to look like a fool for not knowing. Besides, there were people there of a normal body size, who spoke of things like licking off the foil lid of a yoghurt container, and of having once been 80 pounds overweight. I could identify a little. I decided OA was an odd diet club, but I decided to try it. Six months later, I had only attended meetings sporadically and didn’t work the steps. I left.

Six years later, my friend asked me if I wanted to go to OA again in a gentle voice. Later, I learned that she was alarmed at my overeating and my size (somewhere over 300 pounds). I found a sponsor and returned to treating OA as a diet club, despite working the steps with a variety of sponsors. I had a physical recovery, and that was all. I talked about my bipolar disorder a little, and when I did, I played my “victim of mental illness” card. Although I found some sympathy, I also used my illness to keep others away. Today, I thank my Higher Power and OA that I didn’t run into anyone telling me, “No medication above the neck” (meaning, “Don’t take any psychiatric medications”), or else I would’ve become very ill. I understand that others have encountered this idea from their sponsors. Telling a mentally ill sponsee to discontinue their psychiatric medications puts their health at risk. It reveals ignorance and the presence of a stigma against those life-saving medications. Moreover, it is contrary to our tradition ten, which states, “Overeaters Anonymous has no opinion on outside issues, hence the OA name ought never be drawn into public controversy.”

Moving in and out of relapse, I stayed for eleven years. Eventually, I grasped to my core that the basis of our program is indeed spiritual; however, I was afraid of any Higher Power. I didn’t believe one could restore me to sanity, for I was definitely insane. For the second time, I left, vowing to never return.

Four years later, I returned, and this time, I am here to stay. My compulsive eating was worse than ever before. It still took me thirteen months before I surrendered completely and accepted that I am a compulsive eater and food addict who can’t control her eating, her life, and her emotions. I found a sponsor who, happily for me, was experienced in sponsoring people with mental illness. I am grateful to her and to my Higher Power for bringing our paths together. I have been blessed with abstinence for nearly eight months. I am working on step nine while living in steps ten, eleven, and twelve. I am putting out my name as a sponsor because I want to give to others what was lovingly given to me. Best of all, I understand that while I might not ever be completely restored to sanity in the psychiatric sense, I have been restored to sanity around food. My unconditionally loving, caring, and faithful Higher Power has led me to a form of psychotherapy that is teaching me how to manage my mental illness with behavioural changes as well as medications. There are special focus meetings for people with mental illness. Thanks to the COVID pandemic, there are online video meetings now, where I have found two special focus OA meetings for people with mental illness. I am thrilled

to have met people with bipolar disorder who live in recovery. I have friends in our program now, who I call and text. I attend an OA meeting nearly every day; sometimes I attend two or three. I look for similarities when I hear others' shares instead of telling myself that others will never understand me. I avoid playing my victim card.

By the way, HP has removed fifty-four pounds from me this time (so far), but that's not why I'm here. I'm here for sanity. Thank you, OA, for holding your door open for me.

Submit to the Conference Literature Committee trustee chair
by April 1 of each year
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