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The Effectiveness of Overeaters Anonyms Program with Bulimia: An Exploration Study

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Abstract:

Overeaters Anonymous (OA) founded in USA 1960 (Wasson & Jackson, 2004). OA started effectively in Egypt in 2006. The twelve step program offers healing from the power of food over her head from 3 sides; physical, spiritual, and emotional aspects. The purpose of the study is to identify and describe the integral components of OA program and to specify how the current case operates in the recoveries of women had a bulimia. The prevalence of eating disorders among Western white women have been widely researched over the past decade (Ford, 1990)). While there has not been a great deal of research with non-Western women, existing research suggests a lower incidence of eating disorders in non-Western countries.

The purpose of the study is to identify and describe the integral components of OA program and to specify how the current case operates in the recoveries of a woman had a bulimia nervosa, according to DSM-IV criteria (APA, 2000). Moreover, the current study supported by a couple of interviews with an American lady and an Egyptian lady, both of them are attending the OA meeting continuously. Therefore, I am going to analyze those interviews to the check the culture issues factor in treating with OA program.

The study's results are following: First of all: The interaction with the sponsor; the data revealed that the clients have been involved in a long run interaction with her sponsor. Second: the clients described writing as a powerful tool that helps her to identify her feeling that triggered binge eating and purging. Third: The clients described prayer, meditation and spirituality as a powerful recovery tool. Fourth: Adherence to food plan 301 helped all the participants to lose weight. A client lost 55.5 pounds in a year. Moreover, client does not think about suicide now. The Egyptian clients feels today happy as client expressed "I am a human being and I deserve to be happy because God created me, I am so happy that I do not fight with food anymore and it does not have the same influence on me." Fifth: The most important benefit from the program is the emotion behind the food. How can the 12 steps program components help overeaters to control themselves in front of the food and how can they prevent themselves from bingeing? The program can succeed if it becomes a way of life. Sixth: How culture diversity impact on the way of recovery and OA meetings. Culture issues play an important role in treating all of the kind of eating disorders.

In conclusions, culture plays a vital role in the treatment process of the OA meeting in a western culture (American culture) and eastern culture (Egyptian culture). How the diagnosis and treatment of bulimia in eastern country different than a western country?

Keywords: *Bulimia nervosa, eating disorder, overeater anonymous, anorexia nervosa, cultural factor, Egyptian context*

1. Introduction

Bulimia nervosa is a bulimic syndrome that should be defined and diagnosed. Bulimia nervosa can describe by a compulsive desire to a large amount of food in a short period of time. According to DSM-V (2013) the essential features of Bulimia nervosa are binge eating and inappropriate compensatory methods to prevent weight gain. The DSM-IV determined the following criteria for bulimia nervosa:

- Criterion A: An episode of binge eating is accompanied by a sense of lack of control. An individual may be in a frenzied state while binge eating, especially in the course of disorder. The impairment of control which is associated with binge eating in Bulimia Nervosa is not absolute.
- Criterion B: Another essential feature of bulimia Nervosa is the recurrent inappropriate compensatory behavior to prevent weight gain, particularly self-induced vomiting, misuse of laxatives or diuretics, excessive exercise or fasting. The most common compensatory techniques are the induction of vomiting after an episode of binge eating. This method of purging is employed by 80%-90% of individuals with bulimia Nervosa who present for treatment at eating disorders clinics. Strong exercise or fasting a day or more is happening usually among the overeaters after a being eating to compensate it.
- Criterion C: Bulimic people place an excessive emphasis on body shape and weight in their self-evaluation. These factors play an important role in the self-esteem.

- Criterion D: Binge-eating and compensatory behaviors occurring twice a week for three months.

Prevalence and incidence are how frequency of mental and medical problems are measured. Prevalence is the total number of cases and incidence is the number of new cases. Among adults, Hudson, Hiripi, Pope

& Kessler (2007) utilized a population based National Comorbidity Survey to examine prevalence and found that for bulimia nervosa and binge eating disorder respectively, 1.5 % and 3.5% of women and .5% and 2% of men met criteria for these disorders during their lifetime. Johnson, Spitzer & Williams (2001) found that the prevalence of binge eating disorder was 3.3% during early adult hood and increased to 8.5% through middle adulthood. The DSM-V notes that although less is known for males, the 12-month prevalence rate for females with bulimia nervosa is approximately 1-1.5% and the female-to-male ratio is estimated to be 10:1, however males may be underrepresented in clinical samples (APA, 2013). Additionally, 12-month prevalence rates for females with binge eating disorder are 1.6% and for males it is .8% (APA, 2013). Woodside et al. (2001) examined differences in gender for the prevalence of disordered eating when individuals meeting only some of the criterion for eating disorders were included. They found that the gender ratio of male to female was 1: 2.9 when individuals meeting two out of the three criterion of either lack of control eating, binge eating, or compensatory behaviors were included.

Other cross-sectional studies provide support for the prevalence of disordered eating being greater among females than males. In a community sample, cross-sectional analysis showed men meeting full or partial bulimia nervosa criteria had a point estimate prevalence rate of 1.08% whereas women had a point estimate prevalence rate of 3.16% (Woodside et al., 2001). In a study using a national comorbidity survey of adolescents the lifetime prevalence of bulimia nervosa was .9% and for binge-eating disorder it was 1.6% (Swanson, Crow, Le Grange, Swendsen, & Merikangas, 2011). Carlat and Camargo (1991) analyzed 135 individuals with the mean age of 19.5 meeting criteria for eating disorders and found that the main cases of adult male eating disorders were predominantly bulimia nervosa and binge eating disorder. Adolescent boys, on the other hand, have a lower likelihood of developing an eating disorder in adulthood (Smolak & Murnen, 2001).

In a cross-sectional study examining the lifetime prevalence of any eating disorder in a sample of 1960 male and female adolescents, 17.9% of girls and 6.5% of boys endorsed disordered eating (Kjelsas, Bjornstrom, & Gotestam, 2003). Additionally, Swanson et al. (2011) found that the life time prevalence rates for males for bulimia nervosa, binge eating disorder, and subthreshold binge eating disorder was .5, .8 and 2.6 respectively, and the for girls the life time prevalence rates for males for bulimia nervosa, binge eating disorder, and subthreshold binge eating disorder was .5, .8 and 2.6 respectively. Cross-sectional research supports that adolescent girls are more likely to engage in self-induced vomiting than boys (Lock, Reisel, & Steiner, 2001).

The onset of eating disorders in individual's ranges from late childhood until late adulthood. The peak age of onset for bulimia nervosa is during adolescence (Bryant-Waugh, 2006) suggesting increased incidence of this pattern of disordered eating during this vulnerable developmental age range. Studies of incidence of disordered eating have been restricted to treatment centers and incident studies on the general population do not exist (Hoek & van Hoeken, 2003). For females age 20-24 an incident rate of 82.7 per 100,000 has been found for bulimia nervosa (Soundy, Lucas, Suman, & Melton, 1995). For males, the incidence rate is .8 per 100,000 (Soundy, Lucas, Suman, & Melton, 1995; Hoek et al., 1995). These numbers should be interpreted and generalized to community populations with caution due to the tendency of individuals with disordered eating to conceal bulimic behaviors and to avoiding seeking clinical treatment. This may be especially true for males.

Although there are gender differences in the prevalence and incidence of eating disorders, there are arguments that differences in the prevalence of bingeing and food preoccupation may be less gendered (Smolak, 2005). Male and female adolescents alike engage in these types of disordered eating thoughts and behaviors. Additionally, estimates of disordered eating may be biased as eating behaviors such as binge eating are more socially sanctioned in males. Furthermore, the lifetime prevalence of bingeing, vomiting, and food preoccupation may be difficult to measure as the presence of these behaviors may not be stable over time. Still, the presence of these behaviors may indicate the potential for patterns of behavior that contribute to considerable negative health consequences. Next, health consequences and costs of disordered eating will be discussed.

2. Mental Health Consequences of Disordered Eating

A preoccupation with food as well as bulimic behaviors such as bingeing and purging have been connected to the eating disorders of bulimia nervosa, binge eating disorder, and eating disorder not otherwise specified (APA, 2013). Mental health consequences of bulimia nervosa, binge eating disorder, and eating disorder not otherwise specified are serious. Retrospective studies find that children and adolescents who engaged in binge eating behaviors are at a greater risk to develop psychopathology and more likely to develop a personality disorder (Spurrell, Wilfley, Tanofsky & Brownell, 1997; Wagner et al., 2006). Swanson et al. (2011) found that 88% of adolescents with bulimia nervosa, 83.5% of adolescents with binge eating disorder, and 70.1% of adolescents with subthreshold binge eating disorder meet criteria for at least one other DSM-IV disorder.

Adolescents and adults meeting subclinical disordered eating criteria, who exhibit the same, disordered eating behaviors as those meeting criteria but at lesser severity of frequency, often experience psychological distress (Shisslak, Crago, & Estes, 1995). Additionally, binge eating in adolescence has been related to anxiety in adulthood (Johnson et al., 2001). Further cross-sectional studies using adult treatment samples corroborate these findings.

In a cross-sectional study Johnson et al. (2001) found that individuals with bulimia nervosa and binge eating disorder were more likely to have anxiety and mood disorders as well as experience insomnia and suicidal thoughts than women without these disorders. Additionally, individuals with bulimia nervosa may also engage in substance abuse, self-injury or both (Paul, Schroeter, Dahme, & Nutzinger, 2002; Dansky, Brewerton, & Kilpatrick, 2000; Holderness & Brooks-Gunn, 1994). Additionally, comorbidity of mood disorders such as anxiety and depression are frequent among individuals seeking treatment for disordered eating (APA, 2013).

Additionally, binge eating has high comorbidity with other mental health problems seen in adulthood. Data from the National Comorbidity Survey supports that between 60-80% of adult individuals ranging from any binge eating to meeting criteria for binge eating disorder also meet criteria for another Axis I disorder (Hudson et al., 2007). Binge eating is connected to mental health problems such as borderline personality disorder (Selby et al., 2009), as well as higher lifetime correlates of depressive symptoms, anxiety and substance use in adults (Grilo, White, & MacLient, 2009), insomnia, and suicidal thoughts than peers without these disorders (Johnson et al., 2001).

3. Physical Health Consequences of Disordered Eating

Many studies are cross-sectional and use adult treatment samples. For example, Johnson, et al. (2001) found that among adult female primary care patients diagnosed with bulimia nervosa and binge eating disorder, there was a marked increase in levels of disability, health problems, likeliness to have diabetes, in comparison to their female peers without eating disorders (Johnson, et al., 2001). Such findings provide evidence of physical health concerns connected to disordered eating. However, an increased focus in research is on how early problematic eating behaviors in adolescence and young adulthood manifest as health problems in adulthood.

Adolescents with eating problems that do not meet eating disorder criteria have been found to be at higher risk for health problems during adulthood. Individuals who never met full criteria for eating disorders but who endorsed eating attitudes related to bingeing, vomiting and food preoccupation thus demonstrated risk of future health problems related to these behaviors. Although many studies are cross-sectional and use adult treatment setting samples, one study has examined the health consequences resulting from these behaviors among a community sample of adolescents exhibiting disordered eating (Johnson, Cohen, Kasen & Brook, 2001). Among the broad number of health problems found in this study, adolescents with eating disorders were at greater risk for cardiovascular complications, infectious disease, chronic fatigue and pain, neurological symptoms after controlling for pre-existing health problems. Although disordered eating leads to general medical problems in adulthood, it is also advantageous to look at the health consequences of specific eating disordered behaviors.

Self-induced vomiting is one compensatory behavior indicated in the diagnosis of bulimia nervosa (APA, 2013). It is an unhealthy weight control mechanism utilized by individuals seeking to rid themselves of consumed calories. It was found that self-induced vomiting correlated with chronic respiratory illnesses, migraine or chronic headaches, neurological symptoms such as seizures, and chronic health problems (Johnson et al., 2002). Further studies also suggest that complications surrounding purging behaviors abound. Purging behaviors such as laxative or diuretic misuse may lead to electrolyte disturbance, (Mitchell, Hatsukami, Pyle, Eckert & Boutacoff, 1987;

Mitchell, Pyle, Eckert, Hatsukami, & Lentz 1983; Wolfe, Metzger, Levine, & Jimerson, 2001) and vomiting frequently can lead to dental problems (Milosevic, 1999).

Additionally, individuals who induce vomiting may run the risk of mild esophagitis and even esophageal rupture (Mehler, 2011). Food Preoccupation is a construct in which thoughts and feelings about food and weight management become so prevalent that they begin to interfere with daily life. Additionally, food preoccupation and eating alone to conceal unusual eating behavior was related to cardiovascular symptoms such as hypertension, chronic fatigue, chronic or frequent pain, frequent sickness and fair or poor self-reported health in adulthood

(Johnson et al., 2002). Binge eating is eating a large amount of food in short amount of time, and includes feelings of embarrassment and feeling out of control. Food preoccupation and binge eating have been connected to binge eating disorder and bulimia nervosa, and the endorsement of these constructs suggest risk for future health problems

(Johnson et al. 2002, Johnson et al.2001; Hudson et al., 2007). Binge eating is a disordered eating behavior connected to weight related problems, one of which is obesity. Medical complications for binge eating disorder have not been established except for those associated with comorbid obesity (Fairburn & Harrison, 2003).

4. Overeaters Anonymous in Egypt

Wasson and Jackson (2004) stated that Overeaters Anonymous (OA), an organization founded in the 1960, is an adaptation of the twelve-step philosophy of Alcoholic Anonymous (AA) to address compulsive eaters. OA started effectively in Egypt in 2006. Attending a Narcotic Anonymous (NA) meeting paved the way to build a new fellowship. OA is working on the same program (twelve step program like NA). It gives good results among the attendants. People wondered what the reason was. It was the support they get of the meeting. They are all alike, they share their thoughts and feeling that no one else would appreciated but them. So, client, the case, wanted to follow their steps, but on her illness. However, Client could not manage to do so because no one in NA wanted to help her as it was a different disease. However, Client did not give up, client was sure somehow that God will help her. Client could manage to find an old group of OA that has been gathering in Maadi (a place at Cairo), but it was for foreigners. Client on the spot asked Carol, an American was working at Cairo, to be her sponsor and client agreed. The lady was in the program for 17 years, and client worked the program many times and was staying in Egypt for some time. So, the American lady decided to open a room for OA in Egypt. Client has been a dream for many people.

However, no one really walked till end of the room consisted at first of client and her sponsor. People started coming in the meeting. They would read from the twelve step book, the meditation book, the story book to learn more, and be inspired with the former people experience in the program. In the meetings, they talk about their old days of eating and how food destroyed their life and mind. They talk also about how people would look at their problem as something so trivial without realizing the fact that they are divested, and

how food made them act like drunk people. Under the influence of food, they acted so strangely and how food was an obstacle hindering them back from achieving their goals.

The twelve step program offers the overeaters healing from the power of food over their head from 3 fold sides, emotional, spiritual and physical aspects. The beginning was with the physical side which attracts all people to this program. However, the program does not give any magical pills, diet programs or diet clubs. It shows them a new way to live with a new concept to food. They have to do it three zero one, which means three meals a day nothing in between one day at a time. Overeaters have to cut out sugar completely with all its forms because it has a very bad effect on them. It makes them so nervous and they need to concentrate on themselves. They are also asked to stop white flour because their body reacts to these two items differently than normal people.

As for the spiritual side, it helps overeaters to see and realize there is a higher power that controls their lives, and God has a plan for each one. Why do not they let God run our lives instead of ours? Overeaters' contact with their higher power also helps them to fill the hole inside of them. It is a hole of emptiness and hunger of love that happened to them accumulated through the years in the program. They know the unconditional love that God offers them and how he accepts them. The way they are with all their faults and if God with all his grace accepts them, the way they were should not they accept themselves.

The emotional part is organized gradually when overeaters follow the right steps of the program. They learn new ways in dealing with their life. For example, the current case, client, learned when client got depressed; client does not eat or pray. Client called her sponsor and got her out of her depression. This helps client to kill the ego inside of her. The entire group follows the motto that they stick on their refrigerator "Before you take this compulsive bite call your sponsor." The secret of the program is managing their food. The program also offers them tools that help them overcome their obsession of food. The OA program emphasized on:

1. To read in the twelve steps and tradition book.
2. To write the reflection of each day as to help them get rid of all the emotions inside of them. So, they will not have to eat.
3. To attend meetings.
4. To have a sponsor.
5. To do service the program because each overeater should give what you have to others and help them with it goes away.

5. The Case Study before the Program

The purpose of the study is to identify and describe the integral components of OA program and to specify how the current case operates in the recoveries of a woman had a bulimia nervosa. Moreover, the current study supported by a couple of interviews with an American lady and an Egyptian lady, both of them are attending the OA meeting continuously. Therefore, I am going to analyze those interviews to the check the culture issues factor in treating with OA program.

I worked with the current participant for few months at Cairo in Egypt. Client, a girl from Cairo and client met the DSM-IV criteria for bulimia Nervosa disorder. Bulimia nervosa affected all her life; client got divorced and felt depression. Client tried several times to suicide, but client failed. Client described her bulimia as her enemy that destroyed her life. Bulimia affected her physically, spiritually, economically, socially, and emotionally. Client was born in 1969 and joined O.A in 2006. Client had binge eating problem and it happened for her mostly in the middle of the night. Client had a depression; everything was so sad and client wanted to suicide. Client was eating a lot of food with no limit as if there were no limit neither coming from inside or outside. Client closed all of her senses and put them all in eating. However, client used to take pills that make her to purge. Client mentioned when client was young, client used to vomit a lot although, and client was not fat at all; client was so skinny.

6. Overeaters Anonymous Program

The twelve steps are not applied to all the same way. Sometimes they have to start by step four and five then nine. Client started from the beginning. In the all cases, steps ten, eleven and twelve are applied daily. In step ten, Client wrote daily five positive things, and five negative things that pass in their day. This method helped her to see the positive things inside because client lived each day and for sure client did positive stuff. The group started describing their feelings towards situations that happens in their day and to people they meet and feelings that hits their mind and how they deal with it. So, as to get rid of emotions that may hinder their recovery, in step eleven; they pray each day that God guards their steps during the day and helps them abstain. They can never do or abstain or reach abstain without the help of God. In step twelve, after reaching abstain and working the program, they become the walking message that God attracts other people to this program through them.

6.1. The First Step

The overeaters group admitted they were powerless over food and their life had become unmanageable. In step one; they have to avoid certain places, people and things to help them to be abstain. The most dangerous place is to avoid eating in front of the television because when people watching TV, they do not watch themselves eating. Moreover, while people watching the movie or anything in the television, they go grape things to enjoy them while watching. Therefore, the bulimic people should avoid the people whom they used to go out or binge food with them. They do this at least in the beginning to avoid relapses until they acquire solid ground. Bulimic people should also avoid going to an open buffet, and if they are invited to one, they should take an old member of the group to help them not eat. As for the things, it is not the solution to avoid looking to food commercials and the refrigerator. In case of the relapse, compulsive eating and the sticky note, the overeater should call his/her sponsor before the taking this compulsive bite. Eating is not the solution. In the admission of overeaters' illness in the first step, is embedded in this admission they learn. It is not shameful to admit their illness. It is just an idea to help them to deal with their reality. Client knew being abstain is a new way of life that client never knew before that. Client explored in the meetings and through her sponsor.

In this step, the program promises the participants if they follow this path, they will never fail. And the destructive ideas about themselves and the world will be changed gradually as they move on in the journey of the program. It tells them also, they are born with physical predisposition to eat compulsively and they are not like normal people when it comes to food. When are over indulged they cannot quit. Client said once “when I started to eat, I crave more, I do not get filled and no matter how adapt, I become of facing life problems.” I will always have this abnormal tendency.” The step also reminds participants that their old ways brought them to this point to the program. It also reflected to them how gloomy characters they are due to the unsuccessful trials. Doing a diet might seem easy to some people, but it is difficult to acquire a life style and this is what the program gives. This step also tells participants that their old ideas about perfect life are not by losing weight and acquiring the perfect one. Participants live this dilemma by their choice to avoid looking at their real problems.

6.2. The Second Step

Step two said “Come to believe that a power greater than ourselves could restore us to sanity.” In step two, participants learn more about themselves. Participants finally belong to something after years of isolation, after being alienated from society, and after people looking to them in bad ways due to our ways of eating or figures. There is a power greater than them; this power can be identified in two levels. The power of God as a device they cling to, to help them to manage their lives and food by praying each morning to get his blessings and help in their life problem. The minor power is the meetings and the help we get from the sponsor and the sharing’s of the fellows. The word sanity makes Client reconsider her past life. Client asked herself have I been insane. Yes, I have been insane when I crave certain food and travelled tens of miles to get it happening sometimes in the middle of the night.

Client accepted client has been insane in her irrationality towards food as a way to fill her times or to fill the gap of lost love inside her. Client has been insane when client ate frozen food or leftovers or burned food although client didn’t really feel the taste of it. Bulimic people fell into a circle when they get disappointed. They used to eat and when they eat, they feel they do not get their joy of food. So, they got disappointed. Again, client confessed client was insane in her search of perfect doctor that would save her from her dilemma. Client was insane in buying sports machines that costs thousands of pounds without touching it. Client was insane in trying to fast from food completely or getting rid of the access food by purging or vomiting. Client was insane in her thoughts of doing dangerous operations like stapling jaws or stomach. Client was insane in her way of managing her lives. How client get herself into destructive relations that hurtled her a lot and let it to do because Client thought she deserve it.

Furthermore, how Client failed to make respectable relations with her family and friends. How client blamed all the time for being the purpose of the sadness inside of her forgetting. The group participants said we were the main reason for our problem, our behavior; and thoughts are the reason for who we are in realizing this we start to accept and change. They realize they are irrational. They were insane in taking things to extremes. To them, the entire world is black and white.

This step taught client that she does not have to go to extremes in finding appropriate diets. All clients have to do is to eat abstain that is 301 and client will reach the ideal weight on the long run. Client relied on her God and sponsor thus the trust is built inside her. What suits her doesn’t suit someone else especially in diet programs. It teaches honesty with self as client will do the program alone. It helps her to apply what client learnt through the years about healthy food. In this point, client connected the past with the present and tell her that her previous years didn’t just fly away there is a use of them. It also helps her bread her internal intuition through her prayer to God.

Client prayed and waited for God’s answer that often comes in two ways either by messages from fellows or through her inside voice which is God. It also taught her the brilliant idea of the program which is just for today because most of us have a great energy of beginning anything but never completing it, but with the help of this idea, we can think of just today and anything in it and apply it to all our life. Like diet or following the suggested food plan or handling a relationship it helps the participant to obtain the essence of building. It helps them, when the obsession comes back, they do not panic it is so simple; they make it simple just pray and call the sponsor. It helps Client to overcome her control on things in her life and to let go let God. It helps them to remember where they come from and how they got to this point in their lives. Client describes her lost characters” It also helps to know I will never lose if I follow this path as many millions who followed before me. In this I give up and surrender to a higher power that leads the way.”

6.3. The Third Step

The third step’s principal said “Make a decision to turn over will and our lives to the care of God as we understand him. I can’t, God can; I think I will let God.” Before Client started step three, client prayed and said “God, I offer my will and life to you to do with it as you wish holding nothing back” In this prayer, Client makes the key, life changing decision that will lead her to recovery. Client learned if she wants to live free of this killing diseases, client has to accept help from a power greater than herself. From this time, client decided to follow his guidance in every way of her life. Client has learned that God has a plan for each one of us, and everything in the universe, and if we look around us, we will notice that this universe is ruled by a greater power. This helps her to relax and relay on this greater power to lead the way. As we understood him, tells that this is not a religious program. Any person with any religion is welcomed even atheists can do it. It is spiritual program not a religious one.

This step also adds in the building of bridges of trust not only with other people but with God as well. It helps us to get what we need from others’ lives or experiences and leave the rest. It teaches client to live the moment because every moment that passes never gets back. This idea also helps client to start eating slowly and to enjoy every bite. By this way, client will achieve two things client will enjoy the food that client used to swallow with no sense or feeling, and it will let a certain hormone get released from the brain that will help her to feel full in a short time. This hormone takes 5 to 7 minutes to be released. Client learnt when she says God willing,

client really mean it is not just a verbal word. Client learnt to pray each morning to know God's will for this day. The first three steps are considered the base of the program.

6.4. The Forth Step

The forth step's principal said "Made a searching and fearless moral inventory of ourselves." The fourth step is very important in developing the characteristic. It consists of 75 questions. It teaches client so much about herself. It tells her why client is this character now. It also tells client things that client does not know about herself. It exploits her way of thinking, acting, attitudes, personality and traits. It teaches her to accept herself. The way she is and to drop the criticizing lenses that client put on her eyes to herself and others. Client learns there is no fear of the truth as long as God is with her. Client learns in order to change her lives; client should drop fear. She learned that her mistakes are her teacher. Client learned committing a mistake is not the end of the world because she is human and client has the right to make mistakes, but she has to learn from it. Client learned that truth, and sets her free from the bondage of guilt.

6.5. The Fifth Step

The fifth step's principal say "Admitted to God to us and to another human being the exact nature of our words". In step five overeataters tell and narrate their wrongs with their sponsor or someone they trust, but it is preferable with their sponsor so as to know their negative traits. Client realized that her fear of future has moved her in various directions. Client thought she was trying to be in the safe side, but in the contrary she was destroying herself and her lives.

Again, in this step client learned to trust others which are a major default in her character and through steps client practice to get rid of it. Client learned to forgive herself by learning her motives in doing things in her life before the program. She learned how to grow because no pain no gain. In this step, client connected the past with the present. She started from the point client stopped growing before the begging of the struggle with the illness. Client learned to speak freely of her problems because her illness raised and she is as sick as much as the secrets she kept inside. Client learned that OA meetings and often said that "It makes me a narrow minded person." Client learned the magical word "I cannot, but God can, I will let God handle this." Client learned that she was harming herself in her old way of thinking.

6.6. The Sixth Step

The Sixth step's principal says" We were entirely ready to have God remove all these defects of characters". Client learned there is a great difference between saying I am entirely ready and being entirely ready; a great difference between saying and doing. Client learned that she is powerless in front of all her old ways of thinking and traits as she was powerless over food. The will to change is the base or the core of the sixth step.

6.7. The Seventh Step

The principal of the seventh step says "humbly asked God to remove our short comings." In this step, client learned to be humble, and there is a great difference between humble and humility as she lived her life; feeling humiliated because of her illness. Client learned that humble means to know herself who client is and learned to accept it. Client learned how to get rid of the negative traits in her character and it is not to struggle against it and not to act contrary to it. However, the program taught her a new way to write each trait on a piece of paper and to get down on her knees and pray that God removes miraculously. It happened as long as client believed. Client said "God this is me and this is my traits with your help only I can change."

6.8. The Eighth Step

The eighth step says "make a list of all people we had hard and become willing to make amends to them all." The purpose of this step is to see why Client is angry with those people. Client has harmed because she had internal feelings toward them either it is haltered, envy, misunderstanding or doubt. Client learned to pray to each character to get rid of the negative power inside of her to them. This step helped her to ask help again from God. Sponsor and other people, and this adds to her humbleness helped her in this step. Client put herself on the top of the list of the amends. Client amended herself from day one by two things, by working the program and doing a nice thing to herself each day, something simple like buying a flower or listing to music or any other simple thing or just relax do nothing and enjoy by this. Client's self-esteem is elevated.

6.9. The Step Ninth

The step ninth principal says" made direct amends to such people wherever possible except when to do so would injure them or other." Step nine heals the wounds. It makes client feel free from the feeling of guilt and being the reason of harms client did to others. In the amends, client achieved change. Direct amends can be saying sorry or paying back money client has stolen. In case if it is injuring them or hurting those persons, again will not be amends. Client considered their situation now if they are got married or so. As for the dead people client wrote letters to them or prays for them.

6.10. The Step Tenth

The step tenth principal says "continued to take personal inventory and when we were wrong, promptly admitted it." This step has many benefits; first she was asked to do a personal inventory every day in the way of emotional reflection. For example, I met someone (his or her name) today and I felt so and so or a situation happened and my feelings towards this is so and so. Doing this on a

daily basis helps to clear the mind and the heart of any resentment. It helped client more over to get rid of any anger inside her sole. Therefore, client would not have a reason for eating one more time. It helped client to see herself more. Through this step client grew more and realize more about her characters.

6.11. *The Eleventh Step*

The principal of step eleven says “sought through prayer and meditation to improve our conscious contact with God as we understand him. Praying is only for knowledge of his will for us and the power to carry that out.” This step is related to step three and seven; it helps to add to overeaters’ bond to God. It taught her how to pray each day to God to help her to follow his program. Client asked God and she waited for his answers in the meditations. She did every day relief. Reliefs are what client felt because she is depended upon God’s power not hers. It raises her humble attitude and raises her strength of faith.

6.12. *The Twelfth Step*

The principal of the twelfth step says “having had a spiritual awakening as the result of these steps.” Participants tried to carry this message to the compulsive eaters and to practice these principals in their affairs. As a result of the journey of the program she achieved a spiritual awakening. Client changed; she became a walking message, a message that changes the lives of dozens of people. It is a message that gives hope to people that still suffers. It raises her ability to give because client got cured with her service to others. Also in the twelfth step, she was introduced to the principles of each step. In the first step, she learned the principle of honesty as client admitted her powerless over food. So, overeaters should start to be honest with themselves in all their affairs. In step two, Client learned hope and to apply it in all her actions, and even in the loneliest moments, she reminds herself of the great truth. Client was not alone and even in the weakest moments if client believes there is help for her, client should ask for it.

In step three client learned faith. Client trusted God and believed in him as client understood him. Applying it in her life means, she is no longer going in life acting. However, Client feel like doing at any moment of life instead client asked God for guidance and strength in facing decisions.

In steps four and five, client learned courage and integrity as client faced the truth of her defect of characters. Applying this in her life means that she is no longer afraid to admit her wrongs and mistakes. Client has the integrity to show the world. Client accepted does no longer have to appear perfectly to the world. Client has now the strength to face the challenges of life. In step six, client knew now the necessity of willingness as client became entirely ready to overcome her short comings. Client learned the difference between self-will and simple willingness. In step seven, she began to understand the meaning of humility. It let her go of status-seeking of thoughts and action by which client belittled herself and others. Trusting God is to remove her shortcomings.

In step eight and nine, Client looked at the damage that she has done to others and started amending it. Therefore, client applied the principle of self-discipline and loved for others in all our actions. Self-discipline made her less likely to hurt others and quicker to make amends when she did. Also as for the love principle, she learned to accept others as they are client took these principles not only in OA, but to all at home, school, and work. Slowly but steady, client found that she is building the best relationships with each person client knew. In step ten, client discovered the value of perseverance in working the twelve steps and this means to do the things that brought her healing. Client practiced this principle by seeking an awareness of God’s presence in all our affairs and continuing to nurture her spiritual sensitivity through prayer and meditation. In the twelfth step, Client learned the principle of service enables her to let go of her need to control people and simply allow their higher power to serve others through her.

7. Findings

- First: The interaction with the sponsor, the data revealed that client has been involved in a long run interaction with her sponsor. Sponsor is a person who has successfully applied the strategies of the twelve step of OA to his or her own eating disorder. Client ’s sponsor served as a mentor who understand food problems and guide her to apply the twelve steps and learn to meet life’s challenges without being eating or purging. Client has a deep and supportive relationship with her sponsor and this is an essential component of her success.
- Second: Client described writing as a powerful tool to identify her feeling that triggered binge eating and purging. Moreover, it helped her to develop her understanding and insight through personal efforts and facilitate the assimilation of new information through her own efforts.
- Third: Client described prayer, meditation and spirituality as a powerful recovery tool. Her belief in the higher power was an essential part in her program the led her to feel satisfaction and security. It helped her a lot in overcoming the compulsive ideas about food, binge or purging.
- Forth: Adherence to food plan three zero one helped all the participants to lose weight. Client lost fifty-five pounds in a year; you can feel the difference between her picture before and after the program. Client lost that pounds and she still is trying to lose more. However, client does not know how? Maybe it is a steady period in the program but client becomes so happy now more than before. In addition to, client does not think about suicide now. Client feels today happy as client expressed “I am a human being and I deserve to be happy because God created me, I am so happy that I do not fight with food anymore and it does not have the same influence on me.”
- Fifth: The most important benefit from the program is the emotion behind the food. How can the twelve step program components help overeaters to control themselves in front of the food and how can they prevent themselves from binging? The program can succeed if it becomes a way of life. However, they are presently practicing the program in Cairo. There were five or six people in the group now, and there are other five or six people come and go. And some people travel or some

people cannot follow the program because all of what they want is to lose weight. Although they might misunderstand the concept of the program they still want to achieve the perfect body. There are two men in the group of OA in Cairo right now. However, according to the culture women were powerless. It is not common in Egypt to criticize men body. Therefore, men do not care more by that like women do. There is an idiom in the Egyptian culture says.” Man has no defect except his wallet.”

- Sixth: Culture issues play an important role in treating all of the kind of eating disorders. It is obvious in the conducted interviews the difference between the American and the Egyptian view. For example, when I asked the American client if there is any one charge on the meeting and plays the president role, she answered “there is no one charged on that.” On the other side, she answered she is the president for that place in Cairo. The oriental mind does not believe in the group like the western culture. People in Egypt are more individual than in western culture.

What surprised the author, OA at Fayetteville has no men. There is only one man who attended a meeting. I asked him to do an interview with me but he never shows up and refused to do that. On the other side, OA at Cairo has two men and they attended the meeting regularly. Although Egypt is an oriental society, but men taking care more of how they look than men in USA. According to my understanding, American women like the man who does not care a lot of how he looks? She motioned one time about the man who attend their meeting and said he said he comes just because he fat and cannot find a woman accept to marry him, but client believed he is lying and this is not a truth because women do not think of that about men.

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