

Dor's Story

Somebody must have known that I would make lemonade out of all those lemons I accumulated. That's my idea of a spiritual solution: when everything fails and you can't help yourself, take what you learned and help somebody else.

Ever since I was little, I have craved things: licorice, chocolate, pasta, oatmeal, peanut butter, cigarettes, cheese, coffee, alcohol and so on and so forth. I was always looking for something that would change how I felt. I also had a lot of health problems: ear infections, drippy allergies, belly aches and agitation, and ultimately hormonal complaints. I was said to be "high strung". Early on I made no connection between all these cravings and my health problems. My doctor shrugged his shoulders and told my mother, "She just operates in fifth gear," handed her a prescription for barbiturates (I was 13) and directions for an ulcer diet.

As a young adult, the story continued with anxiety, depression, cigarettes, alcohol, a psychiatric hospitalization, more allergies, insomnia, dependence on benzodiazepines, and disenchantment with the medical system. I was not easy to live with, and there were serious consequences in my relationships, especially my marriage.

While I didn't get addicted to anything that destroyed my life, I always felt captive in a defective, comfort-seeking body. Quitting this or that never really helped because as soon as I removed one item, another would bump up into first position. This played out to the patently ridiculous when I quit cold turkey everything I knew was bad for me and found myself feeling just as addicted to granola as I had been to cigarettes! Even the most brilliant practitioners could not make sense of my experience, but the one who came closest was Bob Atkins, the diet doctor. After numerous failures with conventional medicine, I decided to go to the biggest quack I'd ever heard of. Atkins believed that blood sugar was at the root of all evil. As soon as I eliminated all refined carbs, I got relief from the near suicidal depression. It wasn't a complete cure; I was still sick all the time, but eating a diet of protein, high quality fats and fiber, and no refined carbs made life manageable.

The story of the Suppers Programs is essentially the lessons I learned that did not help me but which I knew would help somebody else as long as there was a good match between problems and solutions. Mind you, all the things I learned were good things to know, but they were very good solutions to problems I didn't have. This issue of poor matches between problems and solutions has come up over and over in my own experience and in conversations with people who struggle valiantly to get well.

Since no conventional treatments resolved the health problems or the cravings, I took up holistic health practices. I cleansed my liver, purified my kidneys, learned how to grow food organically, bought the best water filter, meditated, prayed, worked a 12-step program and did my daily readings, usually in the bathtub where I was the closest thing to relaxed that I experience. I went to therapy, went to doctors, went to alternative practitioners. I counted breaths, didn't count breaths, noticed my thoughts while I did or didn't count breaths. Meditation was a nice idea, but the truth was that I was calmest in motion, when nobody was trying to make me turn off the motor in my foot. I became the most beautiful deep breather and visualizer of tranquil places, but the buzz inside my head was out of reach of the best practices. I developed an eye-rolling contempt for people who held themselves up as spiritually superior to me by virtue of their meditation practices. Hah! I thought. They too have diagnosed me, by judging me spiritually inferior. How enlightened is that! I was a sane person in a crazy body. This went on for 30 years.

Divorced and middle-aged, I returned to school to get a counseling degree. I took the addictions classes because my life was filled with drinkers and people with softer but

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troubling addictions, and I loved them. At the same time, a friend I adore relapsed after 12 years of sobriety. It was crushing. It made no sense – except that she had that same kind of body I had, always scanning for the next snack, cigarette, or soft drink. Between grad school and my friend's treatment, I got an insight into the disciplines that have grown up around the treatment of alcoholics and people with mental health issues. I had finally found something useful to do with all the data I'd gathered that was fascinating but not all that helpful for me personally. I suspected I could help people who were earnest about making diet and lifestyle changes to improve their health.

Here's what I learned over the years:

Health care decisions are based on which door you walk through first and your insurance. The doors I had walked through brought me to one psychologist, two psychiatrists plus another psychopharmacologist, an internist, a cardiologist, three holistic MDs, an assortment of talk therapists and social workers, a spiritualist, the rooms of Al Anon, and a few other places I've lost track of. Behind each door were people who had the vocabulary to explain my problem in the languages of their disciplines. Behind each door I made some improvements, but hale health and happiness remained out of reach.

I learned that if the salary of the person whose door I walked through depended on my having a certain problem I was likely to get that label. I learned that I was anxious, depressed, suffering from adjustment problems. I had chronic fatigue syndrome, a mitral valve prolapse, low blood sugar, a hormone imbalance. I was a universal allergy reactor and a host for too much yeast and other organisms. I was showing signs of menopause at age 32 and one doctor told me my adrenal glands were exhausted. People treated the piece of me that related to their discipline and income source. I learned all this because I had good insurance and a generous husband. I got a lot more excellent education but the health problems and the cravings persisted.

I learned that a therapy, no matter how wonderful, will not help if it's not a good match for the problem (like taking antibiotics for a virus, a great solution to a different problem.) None of the therapies I had tried were bad therapies; they just didn't address my core problem. All of the practitioners did a good job recognizing parts of me that they could competently treat, but still the solutions were little more than piecemeal symptom management.

This was a hard-won lesson: Experts disagree with one another so their value to the rest of us remains limited. With good insurance and time on my hands, I read about and tried a wide range of conventional and non-conventional treatments. I learned that experts with degrees and long lists of publications to their credit were in complete opposition to other experts with the same degrees and equally impressive credentials. My current doctors clucked their tongues over my previous doctors' work, each subsequently indicating I was a treatment failure through decreased ability to make eye contact with me. Diagnosis rich but solution poor, I had no one managing my whole case, and I became the case manager of me. I became the expert. Nobody had more to gain or lose. Nobody was more familiar with the symptoms.

I learned that although diet and lifestyle changes helped, they were not my total answer. Whatever my problem was, it was more than could be corrected through right living. For my self, I had to keep looking. Nevertheless, I learned that there is a gap between what everybody knows and how we live. Everybody knows that diet and lifestyle change are key elements to solving the major health scourges, including addiction. But people hardly know how to prepare real food anymore. And even swimming in good information, our eating

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habits and sedentary ways have led to an epidemic of diabetes and obesity. Some very strong forces were transcending the information.

So I learned that having good information is not enough. The whole culture needed whatever it takes to apply what we already know but ignore.

In many ways, I'm the luckiest person alive. I had insurance. I could afford good food and I had the time to cook it. I lived in a town with excellent recreational facilities and a wonderful library. And I knew no matter which direction I fell in, I'd never hit the ground because there were too many friends in the way, ready to break the fall. So I learned that there is no substitute for a supportive community.

As time went on, I resigned myself to finding spiritual solutions, which to me meant finding some value in not being able to solve my problem. I decided to accept feeling sick, anxious, and depressed and to figure out a way to make these lemons into lemonade. Once my focus shifted to helping people with addictions, I got my own spiritual interpretation of all these painful lessons. For years I'd been sitting in the bathtub pondering how ideally suited I was to doing something, but I didn't know what. Once I yelled at God, "Talk English!" The message was coming through loud but not clear. It took formally studying addiction and watching a friend's relapse unfold before I finally understood where all this would lead. It led to the food supply.

My education taught me that any addiction is a problem of the body, mind, and spirit. Whether the problem is food, booze, or drugs, there are physical, mental/emotional and spiritual causes and consequences. As I read books and peopled-watched, it became clear that our most expensive addiction was to the food supply itself. Our treatment culture does a good job with the mind: we have lots of support groups and information and we're taught cognitive behavioral strategies. In terms of spiritual needs, miracles take place every day in the rooms of the 12 step programs. But whose job was it to take care of the body? Not doctors, they deal with drugs and symptom management. Where were the advocates and free-to-users groups to heal our broken bodies and screaming cells with the one thing that provides lasting cure: wholesome food. How were we supposed to manifest lasting lifestyle changes if the disciplines and support groups that deal with the problem treat the physical body like an "outside matter"? Basic human nutrition – let alone brain nutrition -- was barely on the radar screens of the professions that counsel people with mental health problems and addictions. This is a form of insanity.

God started speaking English someplace around Glens Falls on the New York State Thruway. A friend was driving me to the high peaks of the Adirondacks, and I had five hours to do school work. I had brought a bag of books and articles on alcoholism to write an 8 to 10-page paper on stabilizing blood sugar as a means of reducing cravings. This was my idea of good vacation reading. By the return trip, a 75-page thesis on treatment failure was flowing out of my pen. It didn't matter that my College of New Jersey program didn't require a master's thesis. It was being written even if my long-suffering professor and I were the only ones to ever read it.

Thence I set out on a journey to find who "owned" the body in the treatment field. I asked every psychotherapist and psychologist I met if they knew of a support group that supported people's physical body needs. No. Using the language of the scientists, I told myself, "Having a physical body is a necessary but insufficient condition for having an addiction. But it IS necessary." My textbooks based on the currently favored models did not deal much with the body. And when I found snippets of information on things like nutrition

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or biofeedback in the text, I checked to see if they were referenced in the index. No. If someone wanted to find this information again, they'd have to comb the pages.

The next leg of the journey took me back to the bath tub, where I do some of my best work. I scoured the book *Alcoholics Anonymous*, affectionately known as the Big Book, page by page, recording references to problems involving the physical body. If you read it with your metabolic glasses on, the Big Book reads like an Old Testament record of cravings, allergy-like problems, and cake and coffee stories of bodies suffering from poor insulin regulation and assorted endocrine disruptions as well as starving brain cells. First drinking stories teemed with tip-offs to biological type of alcoholism, and stories of forgotten bodies emerged from in between the lines of spiritual awakenings. It was strange to learn that nutritionists have understood the common thread of blood sugar, alcoholism, and mood chemistry for decades, but it never made it into the big literature on alcoholism or other addictions. Even Founder Bill W could not persuade the new keepers of AA to disseminate information on nutrients and blood sugar; he tried in the 1960s.

Throughout this process, I was also reading books by doctors and psychologists who had included the physical body in non-pharmaceutical ways in the treatment of addicts and people with mood and eating disorders. They seem to cluster in families. Common among their recommendations were dietary guidelines for repairing the cells of people whose bodies were broken by years of poor nutrition and drinking, nutrients for restoring neurotransmitters, and behaviors that stabilize blood sugar and restore digestive function.

I dove into nutrition and went too deep. Darn, meal time is not just about food. Too focused on nutrients, I needed help with this part. A guest speaker had come to teach my grad school class on prevention. She was the head of our municipal alcohol and drug alliance. I asked her what she would change if she had a magic wand. Without skipping a beat, she said, "I'd have them all do whatever it takes to sit down regularly to home cooked meals." She didn't mean nutrition.

In the back of my mind a tape was playing of something my mentor told me long ago. The healer who saw me through the darkest hours of my illness said, "Your solution to all problems is to cook dinner." He wasn't wrong. We were working with Bob Atkins for a non-profit organization that supported innovative medicine. When we needed volunteers, we invited 50 people to dinner. I cooked; they volunteered. When I didn't know where to go with lingering health problems, I created a monthly dinner and speaker meeting for complementary health care practitioners. It ran for eight years. When my son got to the age when kids start drinking, I invited his friends over and fed them. And whenever my depressions went on for more than a few weeks, I invited a large group of people to dinner and started cooking.

Though the menus have changed over the years, the family table has always been the heartbeat of the household. And friends have always been welcome. Our table is the classroom for lessons in nutrition and values. It's the stage where problems are solved, love is expressed, and thoughts and feelings are shared. And it's the one place where we daily express our gratitude. With this in mind, I plied myself to the task of creating family tables, first for alcoholics and then for anyone whose health and mental health challenges related to poor blood sugar regulation and unstable mood chemistry.

Around that time, my own health problems forced me back into treatment, and, after 30 years of bizarre medical issues, I was diagnosed with and treated for heavy metal poisoning. The \$20,000 out of pocket was well worth it. Yes, I paid for it myself. The system that reimbursed me for decades of treatments that didn't work did not reimburse

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me for the one thing that did. My treatment, chelation, was not approved for my problem, mercury toxicity.

With my own problem mostly resolved, I continue reading about innovative treatments for alcoholism and the cluster of other health problems related to blood sugar and mood chemistry. I struggle with the lumbering disciplines that treat us. I won't wait for the medical profession and other disciplines to scientifically prove that repairing cells with good nutrition is critical to healing people with addictions, or that eating nourishing foods and making lifestyle changes are important. I'm not waiting for science to prove that each addict is a distinct individual with a body and a history and that his or her problems must be dealt with at the level of his or her personal, natural reality. I'm not waiting for the insurance system to figure out a way to turn a profit supporting lifestyle change so that people can manifest these changes. I am not willing to hang around for science to come up with a deeper understanding of information we already know and don't apply. I'm just going to begin.

I found there are actually several treatment centers with excellent long-term success rates treating people with eating and mood disorders and addictions. They address the body at the level of cells and they treat addicts as biological individuals. But I couldn't find a support group for people who can't afford expensive treatment centers, or to support people in all three areas -- body, mind, and spirit -- once they're out of institutions.

So I started to create it on paper.

In December, 2005 a departing dinner guest, whom I didn't know, overheard me talking about how I wanted to help alcoholics. She was attending the final meeting of the group I'd run for eight years for practitioners of complementary health care. I was giving it up to do my internship. "I'm going to be helping alcoholics," I was saying.

"I'm an alcoholic in recovery," she shared, joining the conversation. "What are you going to do for us?" Cindy was proud and curious. I had not broached the subject with my own alcoholic friends because I was gun shy about saying anything negative about AA. But here was a woman who'd just eaten dinner at my table. She was willing to break her anonymity to find out what was going on. I gave her my stump speech on how the body had been left out of the body, mind, and spirit equation by the conventional treatment models and the support groups.

Cindy bought the idea. She volunteered to read everything I'd written and critique it from the point of view of a devoted AA member. The phone calls and e-mails flew between Princeton and Somerset as we wrote, scrapped, revisited, and improved each part of the developing literature. And, of course, she couldn't help but find herself in the pages as explanations for her continued cravings and mood swings emerged. We agreed to do a pilot project with her AA friends over the summer.

I took all her notes and e-mails on a Christmas trip to the Adirondacks with another friend driving. There is something special about me and the New York State Thruway. I had another one of those moments, after which life is not the same. I realized I was already in the middle of writing the manual for Suppers. The fact that I still had two children at home, graduate school to finish, a school garden to run, and clients to serve made no difference. I was not dealing with a negotiator.

I did my internship hours in a local mental health agency where they let me teach wellness and prepare food with the clients. This gave me one-on-one and group time with the

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neediest population, people with a wide range of mental health diagnoses, about half of whom also had a history with alcohol or other drugs and most of whom had food issues. Half of the clients on any given day in partial care carried that tip-off weight around the middle that suggests trouble with blood sugar, and many were on meds that increase the risk of diabetes. In general, their nutritional status was very poor.

While doing the research for my groups, I learned that people with family histories of mental health diagnoses, alcoholism, and obesity are far more likely to suffer blood sugar regulation problems than the general population. But addicts and people with brain disorders have a double whammy: not only are they more likely to be susceptible, they are less likely to have the wherewithal to make and maintain the needed diet and lifestyle changes. Nevertheless, we began. I brought in fresh and packaged foods and we read labels. We did meditations for five months until finally one day nobody left the room in the middle for a cigarette. The clients got used to arriving for lunch to big bowls of salad at their places to eat while they were hungry and before the rest of the meal was served. Many asked for individual counseling to help with overweight, a problem that got worse for many on medication. In the end, a majority of clients rated the wellness group the most useful.

The following summer, Cindy and I started the pilot project with a group of AA women in Somerset. One was a vegetarian. She already knew everything I was teaching. She represented the interests of vegetarians in our process. This was really important input. It forced us to be scrupulous about non-judgment and to keep our focus on biological individuality and whole foods rather than advocating for any particular diet. The vegetarians continue to provide the service of keeping the program really clean about non-judgment. Suppers meeting format accommodates all kinds of dietary preferences now because of their early input. Another member was more interested in health issues and cravings. She thought the group had potential for people who hadn't hit bottom and gone the 12-step route. One told me she was less interested in the food and more interested in the spirit and community of the tables of Suppers for Sobriety. "I didn't grow up eating family meals. I already know what food is good for me; it's what's happening at this table that's important to me." That was Ann. She provided good reinforcement for me because I tend to over-defend the orphaned body in the equation. She reminded me that we all have inseparable bodies, minds, and spirits, and they all deserve equal play. The research supports her view that there's a lot more than nutrition going on at family tables. The research is clear that the more often families eat together; the less likely the kids are to smoke, drink and do drugs. But here we are in the information age. And while I see masses of information about the importance of good food and family tables, I haven't seen the grass roots movement that's going to make up for a generation of lost cooking skills, lost table-side communication skills, fast food, and junk values. My conviction is that without this piece, alcoholics, diabetics and anyone with blood sugar-related illnesses don't stand a chance.

This is the year 2009. Since we first started posting our stories, the members have taken over the program design which is steered by their failures and successes; I have become the shepherdess of the process. We call what we do "nutritional harm reduction", a gentle process that lets people change at their own pace. At every meeting, we are reminded that healing for the greatest number takes place in an environment of non-judgment, where we keep the focus on our personal needs by doing experiments with whole food, where no particular diet is deemed universally superior and where, in honor of our roots in the 12 steps, we practice anonymity and protect our members from all commercial messages.