THE ACT OF SURRENDERING THE THERAPEUTIC PROCESS

by Dr. Harry Tiebout, M.D. rewritten for compulsive overeaters (information on who Dr. Tiebout was on next page)

In the compulsive overeater, there are two qualities which are characteristic of their personality: Defiant Individuality and Grandiosity. This may very well explain the well known fact that the overeater is, among the not-so-sick, the most UNREASONABLE and STUBBORN about seeking help or being able to take it even when he seeks it. Both of these qualities operate in unconscious layers of the mind and the influence of both must be defined as: That quality which permits the individual who has it to snap his fingers in the face of reality and live on unperturbed. It has two special values for handling life situations. In the first place, Defiance, certainly with overeaters, is a surprisingly effective tool for managing anxiety or a bit of reality that is so often a source of anxiety. If you DEFY A FACT AND SAY IT IS NOT SO, and you can succeed in doing so unconsciously, you CAN EAT TO THE DAY OF YOUR DEATH, forever denying the imminence of that fate. It is a trustworthy shield against truth and all its pressures. In the second place, defiance masquerades as a very real and reliable source of inner strength and self-confidence because it says in essence: "Nothing can happen to me because I can and do defy it."

Grandiosity, as structured in the psyche of the overeater, springs from the persisting infantile ego which, as in other neurotic states, characteristically is filled with feelings of omnipotence, demands for direct gratification of wishes, and a proneness to interpret frustration as evidence of rejection and lack of love. On the one side, the defiance says it is not true that I CAN'T MANAGE EATING. On the other side the facts speak loudly and with increasing insistence to the contrary. Again on the one side, grandiosity claims there is nothing it cannot master and control; on the other side, the facts demonstrate unmistakably the opposite. The dilemma of the overeater is now obvious. His unconscious mind rejects, thru its capacity for defiance and grandiosity what its conscious mind perceives. Hence, realistically, the individual is frightened by his eating and at the same time is prevented from doing anything about it by the unconscious activity which can and does ignore or override the conscious mind.

With submission to a diet, which at best is a superficial yielding, tension still continues: "There'll come a day when I lose the weight, then I can eat....". With surrender, on the other hand, when the ability to accept reality functions on the unconscious level, there is no residual of battle, and relaxation with freedom from strain and conflict ensues. THE TOOLS OF THE OA PROGRAM are therefore designed to induce surrender to the fullest degree possible so that defiance and grandiosity actually cease effectively to function. When that happens, the individual is wide open to reality: He can listen and learn without conflict and fighting back. He is receptive to life, not antagonistic. He senses a feeling of relatedness and al-one-ness which becomes the source of inner peace and serenity, the possession of which frees the individual from the compulsion to eat. In other words, an act of surrender is an occasion wherein the individual no longer fights life, but accepts it. WITH SOME INDIVIDUALS, THE SURRENDER EXPERIENCE IS THE START OF GENUINE GROWTH AND MATURATION. With others, the surrender phase is the only one ever reached, so that they never lose the need to attend meetings and rely on outside reminders in their daily existence to supply necessary impetus to the surrender feeling, as far as food is concerned.

Dr. Harry M. Tiebout, was a devout believer in AA, even though he didn't suffer from alcoholism himself -- he just specialized in treating it. Dr. Tiebout was the first psychiatrist to put his stamp of approval on the A.A. Twelve-Step program of treating alcoholism, and he had nothing but praise for the Twelve Steps as a treatment program for alcoholism.

Dr. Tiebout felt that he was an early pioneer in coupling the principles and philosophy of Alcoholics Anonymous with psychiatric knowledge of alcoholism. He was a strong supporter of A.A. throughout his life, and he persistently worked for acceptance of his views concerning alcoholism by the medical and psychiatric professions.

Dr. Tiebout was chairman of the National Council on Alcoholism (which later morphed into the NCADD) in 1950, and served on the Board of Trustees for Alcoholics Anonymous World Services, Inc. from 1957 to 1966.

Dr. Tiebout was also Bill Wilson's psychiatrist, and he treated Bill for many years. In the mid-nineteenforties, Bill went into a deep fit of chronic clinical depression that lasted for more than eleven years.

The complete collection of works entitled <u>Dr. Harry Tiebout Papers</u> is available on line for reading.