

## Weight / Loss

By Carmela McIntire

Our marriage was a threesome: Alex, me. Alex's weight.

How I loved Alex, the most attractive man I had ever met. Kind, smart, he understood to his core the panic, fear, and anxiety that fuel compulsive overeating, a man who shared the binge-eating I had tried to hide for years. But binge-eating cannot be hidden; it is writ large on the body, proof of the secret habit that is never secret. I carried twenty to forty extra pounds at various times, never at a stable weight, despairing that I could ever change, even as I knew that hiding, as well as the weight itself, kept me from living as fully as I longed to.

Overeaters Anonymous saved me. Now that I had a program to assist me day by day, now that I had OAers for support, I could keep anxiety and panic and fear—and their expression, in bingeing—at bay. I loved OA. And I loved Alex, whom I met at an OA meeting, smitten as I never thought I could be, with a six-foot two-inch man who weighed at least 400 pounds. Alex defied any stereotype of the very fat. How handsome and fastidious he was, his russet hair and beard neatly trimmed, his crisply pressed pants and guayabera shirts always in shades of blue, from navy to robin's egg, intensifying the color of his warm blue eyes. Articulate, at ease with serious conversation and raucous or gentle humor, there was none of the clownishness meant to assure others that he wanted the role of the jolly fat guy, the life of the party. No more hiding for either of us, I thought.

Three days after that OA meeting, as I readied myself to phone him, to "share Program," but really, I wasn't sure what, he called me. "To share Program," yes, and to invite me to dinner and a movie the next weekend. Ten months after our first encounter, we married, joyfully, unbelieving still at having found one another. I was sure that one day at a time, with abstinent eating at home, with both of us attending meetings, I would continue to work the Steps with my sponsor, and that Alex too could defeat whatever it was that kept him fat.

In the lead-up to our wedding, Alex worked like mad to finish his very long doctoral dissertation in international relations, his topic the invasion of Grenada. Eventually, it grew to 700 pages. I remember that he printed out the final draft on the technology of the era—a daisy wheel printer. "Well," he said dryly as the printer chugged out each page, "Nothing succeeds like excess."

Succeed it did: we became that rarity, an academic couple employed at universities in the same city. In response, our deep gratitude. But in the nail-biting weeks before the doctoral defense and the formal letter of employment, Alex's weight soared, so that in our wedding photos his midsection had ballooned, his head disproportionately smaller than his enormous belly, his pallid cheeks puffer, his eyes almost hidden in his plumped-out cheeks. He got bigger throughout our marriage, then smaller, then bigger again. OA and AA literature at our bedsides, our conversations about "one day at a time," his constant encouragement to me in maintaining my abstinence, my careful planning of meals, the absence of any

kind of snack food in our home other than fruit and vegetables, meant that his bingeing happened elsewhere. Before we met, I had played that game too: eating in my office with the door closed, a Do Not Disturb sign in place, hitting a grocery store or 7-11 to cram in food with one hand while driving, then disposing of bags and wrappers and crumbs before arriving home. But Alex was careful, so careful. Only once during our marriage did I ever find a sign that betrayed him, a receipt left in a pocket for an extra-large deluxe pizza. No, not a lipstick-stained shirt collar or stray blonde hair on a lapel, but a trace as painful as the discovery of another lover.

Eleven years and one child after our wedding, I could see ahead only repetition of the cycle of gain, loss, hidden bingeing. Had I been naive, that with my support and love, Alex too could break the cycle, could manage the insidious inner need to eat compulsively? He tried, as he had tried before we met. We went to OA meetings together. At home and out for dinner, or at social events with friends, we planned our food intake. We stayed abstinent. Whenever I lapsed, however ashamed I felt, I told him; we talked through whatever had triggered my rush to food. I could count on him for genuine insight on my behalf. He still talked to his sponsor, the ever-patient Janet. He lost the pre-wedding weight; the puffiness in his face disappeared. But there the loss stopped. The cycle of gain and loss began anew. Though he remained the OA partner one dreams of, supportive, understanding, he did not confide in turn. He did not apply to himself the insights he shared with me.

Alex liked his doctor. Throughout his medical history, he had usually encountered condescension, badly hidden contempt, exasperation, the assumption of laziness or stupidity, or both. Doctors had barely given him their full, thoughtful attention. Whatever ailed him was ascribed to weight; doctors looked no further. In contrast, Dr. Mark\* treated him like a partner in his care, listening with an open mind. Though not a bariatric specialist, he wanted to work with Alex to get his weight under control. Extended, supervised fasting meant drinking prescription high-nutrition powder mixed with water several times daily. Over the a course of several months, Alex lost a hundred pounds, exercised every day, seemed to glow with health. One afternoon we took the only bike ride of our marriage. I loved that bike ride, about a half-mile through our oak-shaded neighborhood; I might have beamed the entire time, glancing back to see Alex pedaling behind me, waving when I turned to look at him.

But our adventure with normal weight did not last. The cycle of gain and loss, the gains ever larger, the losses smaller, resumed. Dr. Mark did not give up. At his strong recommendation, Alex chose surgery, a procedure developed at East Carolina Medical School, The Greenville Gastric Bypass (GGB). Though bariatric surgeries had been done for years, the Greenville Gastric Bypass was the result of twenty years of refinement of the procedures, including the gastroplasty and the bypass. Both worked by reducing the size of the stomach to a very small pouch. The larger portion of the stomach is bypassed, no longer storing or digesting food. The small intestine is also divided, connecting to the new stomach pouch to allow food to pass. Eventually the stomach acids and digestive enzymes from the bypassed stomach and the first portion of the small intestine mix with the patient's food. Fewer calories can be ingested, and because food does not come into contact with the first portion of the small bowel, absorption is decreased. The small size of the stomach pouch means that the patient experiences satiety very quickly, hunger decreases. Rapid weight loss ensues, especially for the first year. Most patients lose 100 pounds or so, rapidly, reaching a stable weight in about two years.

We three went to Greenville, living in a motel near the hospital for three weeks. At our family visit to meet with the surgeon, Dr. James\*, and the nurse practitioner assigned to monitor Alex's progress post-surgery, I could see that the doctor and the staff liked having a highly educated patient with knowledge about the procedure and post-bypass life. The psychologist had reported he found Alex an excellent candidate. Smiles all around, as Alex introduced his normal-weight wife, who confirmed her support, and his sweet, eight-year-old daughter. We completed the picture of Alex as an exemplary patient.

I hid my misgivings. Years before we met, Alex, fat from early childhood, had had much experience with weight loss, medically supervised and otherwise, including a long fast at Duke Medical School in his twenties, in which he'd lost so much weight that he had required skin reduction surgery. The pale red surgical scars on his upper arms and legs testified to that episode eloquently. The history of his cycles of gain and loss, written on the body. Diets, OA. What ailed him? I knew he had told Dr. Mark, "For me, there is nothing like the relief for anxiety provided by eating a sleeve of crackers."

He had told me many times that sometimes he found himself in the position "of eating or having eaten without making any conscious decision to do so." Once, in the pew at our church, we sang "Alleluia, Sing to Jesus," from our blue Episcopal hymnal. Alex had leaned over to point out a phrase: "robed in flesh." I knew instantly that he meant it as the memoir we had talked about writing together, about struggles with eating and weight and spirituality. To me, though, it implied that the "robing" was deliberate, a decision to clothe himself in the fleshy garment needed for protection, for occluding his inner life, perhaps even from himself.

He would not look. Long after the surgery, his younger brother Andrew called him a "shapeshifter." Emphatically he was. Physically, of course, his body waxing and waning. The soul of courtesy, charm, helpfulness, Alex always stood ready to be all things to all people, to adopt their projects, to tutor and help. He had many friends; rightly so. All of us who loved him saw in him what he wanted us to see, his weight, his manner, all deflecting us—and himself, maybe — from knowing him more deeply.

It went without a hitch, all of it, the three-hour surgery, the happy surgeon's report, the neat, long zipper of stitches up Alex's belly. Surgery: done. The weight loss, the new life, would begin.

In the first eight months after surgery, Alex lost fifty pounds, as documented in his files and correspondence with the medical team. From the final memo, one can see that the medical team was bewildered and surprised that at about nine months post-surgery, his weight loss stopped completely, despite the reported diet of skim milk, cereal, overcooked pasta, soft scrambled eggs, no sugars, no bread.

I knew why. I had seen it in our first meal outside the hospital, at the Picadilly Cafeteria in Greenville. Patients were given wallet-sized laminated cards to explain that in restaurants, they should be allowed to order children's portions. But for Alex, not even that, not yet. At our first meal, he could have only half a cup of mashed potatoes, now a small white clump in the center of his dinner plate. On his face, I saw that for the first time the meaning of the surgery had come home to him. Tiny portions. For a year. Caution foremost, to avoid "dumping"—nausea, vomiting, or diarrhea. Eventually, bland, soft foods, still drastically limited in portion size. Nothing normal about it. Vitamins supplements daily to avoid malnutrition. Caution, ever caution, about what went into his mouth.

If the “compulsion” in “compulsive overeating” is not physical, what is it? OA is premised on the belief (or is it a fact?) that only a commitment to radical self-examination (the moral inventory, daily, and through meetings with the sponsor), and reaching out to others can provide hope of quelling that compulsion. Otherwise, no diet, no restriction, no mechanical barrier, or diminution of the physical capacity for consumption can make any difference at all. It seems to me that this deeply powerful compulsion, not rooted in the body, defeats the body’s physical limits, mysteriously enlarging them to accommodate psychic and spiritual needs.

After a while, breaking the protocols, Alex stopped contacting the Greenville medical team. I don’t know what the team members told one another; I don’t know what Alex told them. He had eaten himself right back to normal capacity; he had done so by grazing, as it’s called, eating calorie-dense foods, in his case unsalted mini-pretzels by the bagful, slowly, while he sat at his computer.

I did not comment. He discussed none of it with me; he knew I saw it. Our life resumed his weight still the third entity in our marriage, the threat to his health ever-present in my mind.

I did not resent Alex. I could not resent Alex. He was my beloved, as I was his. I had to separate the man I loved from that weight, physical and spiritual, that meant no more bike rides, no more buoyant energy. He could not give up the relief, however temporary, that food provided, that the act of eating itself provided. He could not bear to strip away that fleshy garment, needing it, somehow, to survive.

In the end, even that garment did not protect him. I loved a very fat man. I ached for him. His intelligence, his kindness, his care for others, all turned outward, never reaching his core. I lived with the knowledge that his great weight might mean that he would leave us too soon. As he did—but not through the heart failure or stroke or diabetic crisis that I feared. Alex’s death, five years after the bypass, was by suicide.

A failure of love, somehow? Our daughter and I grieved for years, loving him still. A failure of self-love? I have no wisdom. Mine is not a cautionary tale. I had embraced him completely, expectations of change, of full health, fading early on in our marriage. Maybe, here, I am explaining this beloved, very complicated, very fat man, to myself.

*\*Names changed for privacy*

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