

PREFACE

We, the members of Eating Disorders Anonymous (EDA), acknowledge our huge debt to the founders and Fellowship of Alcoholics Anonymous (AA). EDA has deep roots in the Twelve-Step program of AA and the Twelve Traditions of the AA Fellowship.¹ Although recovery from an eating disorder is not identical to recovery from alcoholism, we wish to convey that we have only adapted the AA program as necessary, ensuring those with eating disorders can readily grasp and apply the AA founders' concepts.

In truth, some of these adaptations have been significant. The founders of EDA recognized an “abstinence first” approach to recovery from eating disorders to be ineffective. Thus, EDA’s focus on balance and perspective, rather than abstinence, distinguishes it from most other Twelve-Step fellowships. EDA *fully* embraces the Twelve-Step concept that “recovery is a process not an event.” When recovery entails dealing with food, something we need almost as much as air and water, any rigid approach to food-related behaviors—including thinking of food as “an addiction”—simply did not work for us. We think our approach is effective because it focuses our attention on changes that lead to long-term success.

¹ EDA’s program of recovery is adapted from the first 164 pages of *Alcoholics Anonymous*, the “Big Book,” with permission from Alcoholics Anonymous World Services, Inc. Permission to reprint and adapt this material does not mean that AA has reviewed or approved this or any other EDA material. AA is a program for recovery from alcoholism only. Use of AA material in the program of EDA, which is patterned after that of AA but which addresses other issues, does not constitute endorsement by or affiliation with AA.

While this volume is not intended to be a supplement to *Alcoholics Anonymous*, we highly recommend that the reader become familiar with the original text.² Much guidance and inspiration can be found there. Note that the chapters in both books are arranged similarly to accommodate easy cross-reference.

The solution we outline here is based on our personal experiences of having and recovering from our eating disorders. For members of EDA, this typically means gaining perspective (Step One), gaining hope (Step Two), preparing to make changes (Steps Three and Four), becoming accountable (Step Five), surrendering to a new approach without fear of self-recrimination or judgment (Steps Six and Seven), recognizing and repairing damage done (Steps Eight and Nine), maintaining integrity and trust (Step Ten), and building a foundation for, and then expanding on, a purpose-driven life (Step Eleven). As a result of working these Steps, we experience a transformation that enables us to gain—and maintain—a healthy perspective. This enables us to break free, and stay free, from eating-disordered thoughts and behaviors. Most EDA members recognize this transformation as a spiritual awakening,³ yet the transcendent experience of full recovery is not limited to those of us who adopt a spiritual or religious faith. In Step Twelve, we share our experience,

² Early members of EDA successfully used the AA “Big Book” and the AA “Twelve and Twelve,” translating the words “alcohol” and “drinking” to “acting out” and the word “alcoholic” to “eating disordered.” Sponsors may, of course, still do so. An online, English version of the 4th edition of the AA “Big Book,” *Alcoholics Anonymous*, is available here: http://www.aa.org/pages/en_US/alcoholics-anonymous, and an online, English version of the AA text, *Twelve Steps and Twelve Traditions*, is available here: http://www.aa.org/pages/en_US/twelve-steps-and-twelve-traditions.

³ The term “spiritual awakening” can refer to an event—a vital spiritual experience—or to a gradual change. Those of us who are atheists also experience a transformation, enabling us to place service before selfishness.

strength, and hope. We apply the principles of the program to all we do: this way of looking at life and our place in it works under all conditions.

EDA has no opinion on the current scientific, medical, and humanistic debate about whether an eating disorder is an addiction or whether an addiction is a disease. We want no one to be distracted by academic arguments about labels. The founders of AA made a serious effort to clarify the complexity of the various manifestations and forms of alcoholism: theirs was not a “one-size-fits-all” definition, and neither is ours. Our stories show a great diversity in type and severity. Some of our members conceive of their eating disorders as an addiction and a disease, while others do not. In the end, we find it matters very little what labels we apply, if any at all; our solution is not contingent upon any specific conception of what an eating disorder may or may not be.

Some medical professionals have been critical of Twelve-Step groups for denigrating the value of medical treatment. They are concerned that viewing an eating disorder as an addiction or disease absolves the individual of responsibility for addressing their condition, prevents them from recognizing that their condition is treatable, creates a culture in which patients believe they are unable to fully recover, and requires a cult-like dependence on a spiritual power as a marker of recovery.

We certainly hope that anyone with a genuine understanding of the Twelve-Step programs of AA and EDA will immediately recognize the flaws in these objections. For those who are less familiar with these programs, we address these points one by one.

First, EDA members typically work closely with medical professionals. EDA recognizes that many people need, and greatly benefit from, the support of the medical community. Most EDA members are eager to help newcomers find and leverage *whatever* support is available.

Next, in all Twelve-Step programs, the individual is ultimately held accountable for their behavior. Rather than using “the condition” as an excuse for failing to exercise one’s own agency to recover, all Twelve-Step programs require members to recognize that they alone must make the decision to change; they alone must take action for the decision to be effective. Those who object to the Twelve-Step approach on the basis that it is a “culture of powerlessness” should recognize that the first step is but an admission of perspective gained; the rest of the steps are all about *gaining* the power needed to build and sustain recovery.

Those who object to Twelve-Step programs on the basis that they foster dependence on a spiritual entity should understand that for most EDA members, spiritual dependence produces independence from fear, self-pity, despair, myriad forms of obsession, and freedom from mortal peril. For others, working the Twelve Steps need not entail reliance on any spiritual source at all. The choice of how to work the Steps is up to the individual. “God” in EDA literature can mean the Deity, a deity, a spiritual entity of one’s own understanding (a Higher Power), or a non-spiritual conception (a higher purpose). Reliance on any one of these conceptions confers a perspective that transcends our immediate physical, social, and emotional circumstances and allows us to “keep calm and carry on” with what really matters. All Twelve-Step groups encourage members to “take what you can use and leave the rest.” This is not a statement to be found in any cult.

Finally, while AA maintains a position that can be described as “once an alcoholic, always an alcoholic,” EDA’s stance is that people can and often do recover fully from their eating disorders. In EDA, we recognize that our responses to life are conditioned by how we have reacted in the past. And while life-long patterns can be changed, it is hard work. EDA provides support for those who are ready to engage in the work of recovery.

In early recovery, we learn to take small risks to build trust with ourselves and others. We soon discover that this takes time and patience, so we do our best to follow the guidance we hear in EDA meetings:

- Eat when hungry, stop when moderately full. Consistent nutrition is essential for recovery. Recovery is about feelings, not food, but we can’t reason or build trust when bingeing, purging, or starving.
- Get basic needs met first. If hungry, eat. If angry, find a safe outlet. If lonely, reach out. If tired, sleep. If ashamed, talk about it.
- Ask others for input, then make your own decisions.
- When anxious or troubled, do something that focuses attention on your physical senses, get outside, pray, or meditate. Then deal with the problem head-on.
- Get open with others. Honesty restores integrity.
- Develop willingness to look at things differently. Recovery is not rigid.

- Go to Twelve-Step meetings, read the literature, and work the Steps with a sponsor.
- Be proactive and plan your recovery.

Following such suggestions, and relying on others' experience, strength and hope, we may do well for days, weeks, or months—only to find ourselves right back in tired, old habits that don't serve us or anyone else. Indeed, a "normal" recovery often involves what can seem like a distressingly long period of back-and-forth, as we learn more about what changes are truly required. But mistakes that lead us back to old behaviors should not be feared: they can be powerful tools for building a solid foundation *if* we are consistently open and honest about our expectations, resentments, fears, self-pity, shame, guilt, confusion, frustration, and despair—all the messy emotions that drove us into our eating disorders in the first place. This then opens us up to the difficult process of changing the thoughts that underlie these emotions. To maintain progress, we need as much support as we can get.

We in EDA don't find it helpful to count numbers of any sort: we don't weigh or measure anything, including days or years of freedom. Instead, we recognize what we call "milestones of recovery," which are self-defined markers on our journey. Even on our worst days, it is essential to recognize that we are doing things that are right and good, and supportive of our success. In meetings, we encourage everyone to claim as many milestones as they can. As we resolve our underlying thinking problems and become more positive and proactive, our recovery grows stronger and more flexible. By practicing the habits of thought and behavior we learn through working the Twelve Steps, we find we can

rely on them to bring us durable peace and freedom: we need never return to our old patterns.

We still have normal life challenges, of course, and we experience emotions just as deeply as before—though there are differences. In full recovery, many of our most powerful emotions are positive: love, joy, delight, satisfaction, and a sense of wholeness and happiness. When we experience distressing emotions, we no longer seek escape; we know what to do and generally do it automatically. When troubled, we take stock, seek to understand where our thinking has gone awry, make amends where needed, and immediately turn our attention to how we can use our experience to serve some good purpose. Full recovery is resilient. We are able to do all sorts of things that used to “trigger” obsessive thinking and eating-disordered behavior. We can go anywhere and do anything that normal people do, without re-engaging our eating disorders: we are restored to sanity.

Our EDA groups include members who are religious, spiritual, agnostic, and atheist. Though our ideas about God, Higher Power, and higher purpose may be very different, this creates no great friction among us. We are allied in our common struggle to establish reliance on something greater than ourselves. Rather than debating theological differences, we grow in tolerance and humility as we share our experience, strength, and hope with each other. We cherish the diversity of our ideas and our stories, for these offer fresh hope to the newcomer.

We respect each individual’s journey. We encourage members who have a strong faith in God to continue to seek God with all their hearts. We support members who seek to grow along different spiritual lines, and we respect members who seek peace in service to the greater good. In EDA, we celebrate everyone in recovery.

We acknowledge that EDA has no monopoly on recovery. Many people recover from an eating disorder without any intervention, while others benefit from medical, social, and psychological support. We appreciate and respect that a combination of support is often desperately needed by those who find themselves as profoundly helpless in their eating disorders as we once were.

We know our solution—the program of EDA—relieved us of our eating disorders. Our main purpose in writing this text is to share our accumulated experience, strength, and hope so that others might also find relief. We hope that you, the reader, will find guidance you can use in the following pages. And we wish that everyone might be happy, joyous, and free.