

DRAFT EDA 12 Traditions (half of an EDA 12x12 book)

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Introduction

EDA's original members had such deep respect and appreciation for AA experience that they adopted, with only slight modification, all twelve of AA's Traditions. Our distinct experiences in recovering from our eating disorders and carrying the message to others with eating disorders, however, led these same original members to interpret not only the Twelve Steps but also the Twelve Traditions to more specifically address EDA members and groups. Thus, much like the Steps of EDA, the Traditions of EDA are both consistent with and different from those of AA. Those who "grew up" with the original AA Traditions will find much in the ensuing pages that is familiar and comforting. It is in the spirit of unity that we in EDA seek to clarify and provide examples of how we understand and apply our Traditions.

Tradition One¹

Our common welfare should come first; personal recovery depends upon EDA unity. Eating Disorders Anonymous is a "we" program. United we stand; divided we fall. EDA groups are effective in carrying the message of recovery to individual EDA members because we are united in our commitment to our common purpose, consistent in our use of the EDA Twelve-Step program of recovery, and allied in adhering to our common Traditions. Without the support of EDA, many would not have found recovery at all, and many more would have died. We want the hand of fellowship and support to be there whenever anyone needs it.

¹ EDA's Twelve Steps and Twelve Traditions are reprinted and adapted from the first 164 pages of the "Big Book," *Alcoholics Anonymous*, 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.

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Just as with alcoholics in AA, people with eating disorders in EDA fare better in their efforts to build and sustain recovery if they have a community of support—others who are able to demystify the “strange mental blank spots”² that characterize our thinking, who can help address issues like shame that impede recovery, and who carry the message of recovery—bringing effective solutions as well as hope.

Just as in AA, we in EDA recognize that as powerful a message as any of us can carry individually, we are more effective collectively, as part of a group with deep diversity of experience in overcoming challenges. Each of us individually will go through times of turmoil when we are less available to help others than we would like. We would do well to ensure that EDA as a whole exists to support those who need us when we are caring for others, such as ailing family members. We can readily see that each of us is prone to error and hubris—drama, selfishness, egotism, and an occasional inability to see what is right in front of us. Thus, though the program of EDA is carried by our individual stories, our collective strength is far greater and more durable than any of us individually. As a group, we are part of something greater than any of us; our unity is a thing unto itself that, born of love and service, is of immense value to all of us—deserving of our care and protection.

Let us consider an example. In the early 2000’s, one of our members in recovery who was working with a large number of sponsees began conducting seminars in an effort to reach more people—a laudable and noble service of great benefit to others. Due to the woman’s concern that the message be effective, she became very directive, telling attendees (whom she referred to as sponsees) in great detail what they should and should not do. Many enthusiastically embraced this “expanded” program and seemed to find relief from their symptoms. Others became concerned about the many “must” and “must not” aspects of the woman’s message, which was based on her own recovery rather than the program of EDA. We

² Alcoholics Anonymous. (2001) New York, NY: AA World Services, Inc., 42, and Eating Disorders Anonymous.(2016) Carlsbad, CA: Gürze Books, 81, 90-94, 97, 121, 202.

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are reminded that in EDA, as in AA³, our Steps are tools *suggested* as a program of recovery. Our solutions target root causes and do not specifically address symptoms, but the program expounded by this specific “super sponsor” went far beyond the program of EDA. Before long, the situation resolved when the leader—unable to sustain a humble perspective under the burden of her disproportionate sense of responsibility—lost credibility with her followers. Many who considered themselves “sponsees” found themselves adrift. Having relied heavily on a cult-like personality for guidance, rather than on their own understanding of God, Higher Power, or higher purpose, these EDA members were disempowered and disillusioned when their source of inspiration and support evaporated. Far better for us all to recognize the power and effectiveness of EDA as a whole rather than to privilege the ideas or message of any one member.

A more positive example demonstrates that our commitment to a common purpose makes us stronger. When the EDA Big Book was being written, some of our fellowship were upset at the inclusion of detailed instructions that show atheists and agnostics how to make use of the “spiritual toolkit”⁴ without requiring them to embrace ideas they could not trust. Despite the EDA and AA historical context of inclusivity and openness, several groups in one geographic region considered separating from EDA. Their decision to stay within EDA illustrates these groups’ commitment to Tradition One. In recognition that “united we stand, divided we fall” the EDA members considering separation followed EDA principles and took action, submitting material that became the Believers portion of the EDA Big Book’s Chapter 4, “We Agnostics, Atheists, and Believers.”⁵ Thanks to the thoughtful and active response adopted by these EDA members and their groups, our fellowship is stronger than ever. Our strength rests in diversity *and* unity.

³ Twelve Steps and Twelve Traditions. (1981) New York, NY: AA World Services, Inc., 129, and Eating Disorders Anonymous. (2016) Carlsbad, CA: Gürze Books, 112

⁴ Twelve Steps and Twelve Traditions. (1981) New York, NY: AA World Services, Inc., 130

⁵ Eating Disorders Anonymous. (2016) Carlsbad, CA: Gürze Books, 104-108.

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In several ways the EDA interpretation of Tradition One differs slightly from that of AA. In EDA, we acknowledge that each of us needs to maintain balance in how we approach life—not just our service commitments, but in our family and community responsibilities, work obligations, and basic self-care—if we are to carry a message of full recovery that is sane and sustainable. While we devote significant time to service, we must take care not to use service as a distraction from reflection on what we might need to change to be more loving and thoughtful in all our relationships.

The AA text, *Twelve Steps and Twelve Traditions* (hereafter *AA Twelve & Twelve*), declares that if an alcoholic does not substantially conform to AA principles of recovery he or she will sicken and die.⁶ In EDA, we know that people with eating disorders can and do recover through many processes. While the EDA program offers solutions to root causes—underlying problems of perspective and trust that many other approaches lack—we do not agree that people must adhere to our ideas or die. The program of EDA is, we think, the best approach to full recovery but it is silly to think it is the only route.

Similarly, the *AA Twelve & Twelve* asserts that AA members are unlikely to survive unless they give away the gift of recovery.⁷ In EDA we know *freedom comes when we no longer fear ourselves or the eating disorder* because we have found effective and accessible solutions to the underlying problems in our thinking.⁸ We do not put service to the group ahead of our own personal desires because we are afraid we might lose our precious freedom; we do so because making good use of our experiences—both in having an eating disorder and in taking the necessary measures to recover—is deeply meaningful and profoundly satisfying.

⁶ *Twelve Steps and Twelve Traditions*. (1981) New York, NY: AA World Services, Inc., 130

⁷ *Twelve Steps and Twelve Traditions*. (1981) New York, NY: AA World Services, Inc., 130

⁸ *Eating Disorders Anonymous*. (2016) Carlsbad, CA: Gürze Books, xvi-xvii

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As we carry the message of recovery and practice these principles (embodied in the Twelve Steps of EDA) in all our affairs—as we focus on how we can be of service—we become progressively more delighted by and appreciative of our personal freedom. Nothing brings peace as surely as working with another person who may be helped by our experience. As we share our experience, strength and hope, we reinvigorate core ideas in ourselves. We work with others because it is part of Step Twelve—a vital and necessary Step in affirming and reinforcing the power of the program. We act not out of fear but out of love and appreciation of the joys of freedom and fellowship. We work together to preserve our unity—a unique and precious resource—so that those who seek solutions to their eating disorders may find our beacon of hope and strength.

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Reflections on Tradition One:

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- The short form and long form of Tradition One convey pretty simple and important principles. Of course we need unity—who wants to present a fractious message to newcomers looking for relief? However, group and EDA unity do not just happen because we recognize the need for them. Unity takes practice. So how, exactly, do we “practice” unity? As the long form of Tradition One explains, “EDA groups are effective in carrying the message of recovery to individual EDA members because we are united in our commitment to our common purpose, consistent in our use of the Twelve-Step program of recovery, and allied in adhering to our common Traditions.” To me, the key word in this passage is “because.” “Because” clarifies that we *cause* unity when we heed the call to action that follows; *I create unity when I am committed, consistent, and allied with others in EDA.*
- For EDA to be viable, unified, and effective, I can’t just work on myself and attend meetings, though these are surely important. Helping others is essential; it is a foundation of my own recovery and the welfare of EDA as a whole.
- We all know the difficulties of working with newcomers; we were there once ourselves. All the more reason to pay it forward!

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- Actively contributing to and being a part of “us” creates our community (our unity). Working with newcomers reinforces my own healthy attitude of gratitude and supports my group’s health.
- Do I step up and help with group chores and stay for the business meeting? Do I respect and uphold a group conscience decision even if I don’t agree with it? Our unity and common welfare depend on it.
- When someone shares something I don’t like, do I grab my cell phone or roll my eyes? Newcomers (and even oldtimers) sometimes do this. When they do, am I willing to approach them after the meeting to ask what was bothering them? Maybe the person who rolled their eyes is conveying that the group has an issue it needs to address. Was someone going on too long or cross-talking? A group conscience can address these issues. A person who looks at their phone during a meeting is certainly being rude, but the most helpful response might be to ask them after the meeting if something was bothering them. They might be relieved to know someone cared enough to ask.
- I used to be offended by the idea that EDA unity ought to come before my own recovery. Why would anyone invest in idea before they got anything out of it? I also thought the idea of “giving it away to keep it” was privileging maintenance of an organization, which I thought was self-serving at best. I changed my thinking about these ideas, and here is why. First, if there hadn’t been a place where I could see and hear people in full recovery talk about how they got free of their eating disorders, I don’t think I would have gotten the idea that I could be free. I was stuck on the idea that an eating disorder was a permanent state of affairs. But when I got to EDA, all that changed. The recovery I have now is dramatically different and better than what I thought recovery would be. If there hadn’t been an EDA, I honestly would not have found true peace and freedom. Second, while we don’t have to “give it away to keep it” having a place to share my experience, strength, and hope helps maintain gratitude and perspective. This was especially true when I was having difficulties with my marriage and work the same year. My service to my home group and sponsees helped me retain a sense of purpose and meaning when it felt like all else was lost.

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- It can be hard to make time after meetings to check in with people. I struggled with this. When I started finding some relief from my eating disorder and developed a clearer perspective on my life, I saw what a shambles my life had become and I wanted to set things right. Thanks to recovery, I had extra energy. Even though meetings were so critical at first as a place I could relax, get some hope and feel safe, they were the first things I cut so I could “recharge” or spend time on my finances or with my family. I started dropping back so slowly I barely noticed. I would get to the meeting a few minutes before it started and leave right after closing; gone were the days I was there early and stayed late even though others had done that for me when I was new. When I realized I’d sort of abandoned what it means to be a part of something greater than myself, it brought me up short. I know humility—knowing my place in relation to others—keeps me in balance. Humble service—helping others—is critical to maintaining a sane and balanced perspective on life. To me, I lose perspective when I am willing to pour my energy into my own life at the expense of my group. When I overschedule my day, then rationalize (ration of lies) skipping my group because “EDA says I need balance” I know I’ve lost perspective—lost my balance. When I commit and show up as an actual member of a group, I am demonstrating a different perspective—a sane and balanced one that helps my group serve its purpose of carrying the EDA message of hope to all who need it.
- To me, a right-sized perspective includes considering what the experience of the meeting is for everyone, not just for me or one or two other people. How does my group handle shares against the group conscience? Do members just squirm or not say something because they think they might scare someone away? Does someone ask for a group conscience after the meeting to talk about an important issue affecting how effectively the group meets its primary purpose? Am I someone willing to stay the extra 10–15 minutes to participate in the discussion? Am I willing to talk with someone new who doesn’t adhere to the group conscience, offline or outside, so the rest of the meeting can take place? Or do I just decide not to go back to that meeting?

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- While I need to work EDA's Twelve Steps with a sponsor for my recovery, I believe EDA unity is the starting point. In my view, my recovery began way before I even heard about EDA. Without EDA unity, EDA (which began in Arizona in 2000) would not have been around long enough for me to find it all the way across the nation in 2014.
- I believe that as a member who has recovered through participating in EDA steps and groups, I am entrusted with and responsible for ensuring this experience is available for those who follow after.
- To the extent I participate in my recovery, I am called to participate in holding a place for others who have yet to find EDA.
- Simply put, my recovery is more than about me. I believe my perspective is summed up beautifully as "We want the hand of fellowship and support to be there whenever anyone needs it."
- It is a responsibility, opportunity, and honor for those of us who have achieved a measure of peace and freedom to support not just sponsees but EDA groups and EDA as a whole, so newcomers have a place to find hope.
- All of us, regardless of our recovery status, no matter our current circumstances, can do a little bit each week to show respect for our common cause and foster a spirit of community, and take responsibility for EDA "being there" by just a few simple acts of kindness. We can help set up for meetings, clean up when meetings are over, talk with newcomers, and connect with other EDA members between meetings. When I do this, it makes me happy I have something to contribute no matter what else happened that day.
- Service ought not be a vocation for any of us but it is part of the solution for all of us.
- I need to remember that "I" is smack dab in the middle of "unity" and I think that is no mistake because ultimately, despite being a "we" program, unity has to start with me.

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Tradition Two

For our group purpose there is but one ultimate authority—a loving God⁹ as God may be expressed in our group conscience. Our leaders are but trusted servants; they do not govern. When making decisions that affect an EDA group or EDA as a whole, EDA’s servant leaders use a democratic process called a group conscience. In a group conscience, each participant consults his or her own conscience and votes as he or she thinks will best serve EDA’s primary purpose: to carry the message of recovery to those who still suffer.

Just as individual EDA members develop and sustain healthy perspective through seeking to understand God’s will or what would best serve the greater good (and then putting that into action), Tradition Two clarifies that individual EDA groups do as well.

The group conscience process entrusts each member of an EDA group with a sacred duty: *to seek inspiration about what would best serve the higher purpose of the group, to give expression to ideas dedicated to this purpose, and to put into action those ideas embraced by the group conscience.*

Rather than depending on the vision of a just a few, our united commitment to carrying the message of recovery to others with eating disorders serves to focus our attention on what matters most, and safeguards EDA groups against all manner of distractions.

It is typical for charismatic individuals to emerge as leaders in any group setting. Such folks are usually inspirational speakers with a great deal of experience, strength, and hope to share. They are usually cheerful and unselfish, happy to support the aims of the group. EDA members celebrate such leaders—grateful for the insight, humor, warmth, and wisdom of all our fellows—yet even the best and most selfless among us can get hung up

⁹ “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 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.

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on specific ideas about how things should be. The AA Twelve & Twelve reminds us that group experiences are almost universal.¹⁰

In the beginning, each group's founder is the authority on everything because there is no one else who can serve in that capacity. Soon, the founder and their close friends form the nexus of authority. If they are successful in carrying the message of recovery, they may become overwhelmed with the drama of too many newcomers. Typically, the groups' original members attempt to impose rules to preserve stability. There may be pushback from those sensitive to authoritarian control. Conflict may ensue when newcomers initiate proposals to make things better. Oldtimers may reject ideas on the basis of "that isn't how we did it." Without a doubt, some proposals will stun and horrify, yet even the most outrageous will spark important and necessary discussion. The best ideas surface when all ideas are heard. For this reason, dissenting opinions should be welcomed and provided adequate time during EDA business meetings. We can trust the group conscience to choose self-governance over unnecessary rigidity.

Tradition Seven's declaration that "we are self-supporting through our own contributions" applies not only to monetary concerns but also to our contributions of time, talent, thought, and effort to support the best interests of the group and EDA as a whole. Leadership rotates from founders and original authorities to elected members. The positions of Chair, Secretary, and Treasurer provide simple services that support the group; these roles do not govern. EDA members respect that service roles are those of cheerful servant rather than long-winded senator. Service positions do not entitle anyone, nor any few, to dispense spiritual advice, judge conduct, or issue orders.¹¹

EDA members who help marshal the group through times of expansion, turmoil, contraction, and regrowth are likely to develop enough perspective

¹⁰ Twelve Steps and Twelve Traditions. (1981) New York, NY: AA World Services, Inc., 139-140

¹¹ Twelve Steps and Twelve Traditions. (1981) New York, NY: AA World Services, Inc., 134.

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to be what the AA *Twelve & Twelve* describes as “elder statesmen.” *These leaders do not drive by mandate; they lead by example.* Calm demeanor and a durable sense of humor can help the group find a balance that supports essential principles while respecting and finding a place for new ideas.¹²

Such leaders understand that there is a place for individuality as well as unity within EDA. In EDA, we encourage sponsors to use whatever materials have been most helpful to them in their own recovery so their unique message—their experience, strength and hope—is clear and unencumbered. Atheists, agnostics, and believers who have recovered have learned to tap into what was formerly an “unsuspected inner resource”¹³ and report with great delight and relief that this resource gradually became a working part of the mind.¹⁴ The specifics of how this transformation came about are sure to be relevant to each sponsor and sponsee. *We do not want anyone to hold back when sharing what works for them. Yet, for our group purpose,* we ought to stick to concepts that are universally applicable and reflective of EDA’s fundamental concepts. Because we are all apt to rely—sometimes too heavily—on our own direct experience to inform our ideas about what should work best for everyone, we use the group conscience to distill those ideas that stand the test of universality and adherence to EDA concepts. We cannot rely on the vision of just a few—no matter how well-meaning, inspirational, and charismatic—to determine what will best carry the message of unity and hope of recovery to newcomers.

An underlying key to a group conscience is to be fully informed. Being informed involves getting information on all relevant matters, which might take a little time. A group conscience isn’t rushed. Becoming fully informed might involve footwork by one or more members. It also means a consideration of all voices and a commitment to recognize all voices as equal.

A few examples may help show the power of this approach. Until the publication of the EDA Big Book, many EDA groups used other 12-Step

¹² Ibid, 135.

¹³ Alcoholics Anonymous. (2001) New York, NY: AA World Services, Inc., 567-568

¹⁴ Alcoholics Anonymous. (2001) New York, NY: AA World Services, Inc., 87

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literature to support members in working the Steps. There are concerns with using such material, as abstinence-based literature tends to be more rigid and less supportive of development of resilience—an essential component of full recovery. Yet, many who found peace and freedom from their eating disorders through outside literature were understandably hesitant about adopting new material. Despite attempts by EDA's General Service Board (GSB) to engage all EDA members in the review and editing process, more than a few sponsors in EDA were completely unfamiliar with the EDA Big Book when the GSB began shipping a copy to each group. EDA meetings embracing a more rigid interpretation of recovery struggled when newcomers pointed out discrepancies between the groups' conventions and the seemingly radical ideas expressed in the EDA text. Despite the strain, recovery in most groups grew stronger as EDA's focus on balance and resilience began to receive more attention than the abstinence-focused models of other programs.

As EDA members, we owe it to ourselves, our group, and EDA as a whole to humbly speak up at our group's business meeting whenever we become uncomfortable with conventions or processes. If we are feeling ill at ease, chances are good we are not alone. Anyone in an EDA group may call for a group conscience, and all manner of issues may be resolved through the group conscience process. A group that had charged a fixed fee per meeting dropped the idea because it conflicts with the idea of open access to anyone needing to hear the message. A group that had stipulated a length of abstinence as a prerequisite for speaking amended it to instead require having worked the Steps. A group that had adopted a specific meditation book later decided in favor of using only EDA literature. Another group addressed an ongoing problem with members promoting specific treatment centers by editing their meeting format to forbid references to outside enterprises. Still another group addressed a problem with someone who regularly mentioned a restrictive regimen by explicitly empowering the meeting chair to respond after each such share with a gentle reminder (to the group) that EDA's focus is on balance not abstinence. In a few instances where a specific personality insisted their way was best, groups have folded rather than continue with a message that seemed compromised.

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As the AA *Twelve & Twelve* reminds us, the group conscience will in the long run be wiser than any single leader.¹⁵ The AA *Twelve & Twelve* provides an example in which one of AA's founders recounts how he had convinced himself that God was directing him to accept an offer to professionalize AA only to be confronted by a drunk voicing an informal group conscience that pulled him back from the brink. Had the AA founder persisted, AA might have perished. As EDA's Tradition One clarifies, in matters of life and death such as our message of recovery from an eating disorder, each EDA group must put unity ahead of any individual concerns. The welfare of the group and EDA as a whole is paramount. Thus, in each case where a group is conflicted, we rely on the group conscience, rather than the decisions of a few, to keep our groups focused and our message clear. We are each responsible, uniquely qualified, and empowered to help our EDA groups forge a common understanding of God's will for us and/or the greater good. We are each responsible for adopting the attitudes and actions that help our group succeed.

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Reflections on Tradition Two:

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- "For our group purpose"... This phrase, despite not being a complete sentence, says a lot. Tradition One asks me to be willing to conceive of an "us", an entity itself, and to act in its best interests rather just be out for myself. To some of us, a group is a spiritual entity, to others it is an entity through which together we express a higher purpose. A group is grounded by its members but is greater than the sum of its parts. This is reflected in the principles that form the foundation of Tradition Two.
- In EDA members who serve in various group positions, such as Chairperson or Treasurer, are trusted servants. No weight is given to their voice over any other persons. They cannot make decisions for the group or dictate anything to other group members. People who hold positions in the group don't define the practices of the group—such

¹⁵ *Twelve Steps and Twelve Traditions*. (1981) New York, NY: AA World Services, Inc., 135

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decisions are reserved for the group conscience. As trusted servants, group leaders are responsible to the group, whether by upholding the group conscience or providing a Treasurer's report to its members. The same holds true with people who are leaders in other respects. Leaders might be group founders, group chairs who have rotated out of their positions, and EDA members who are fully recovered. Tradition Two means leaders have a voice equivalent to everyone else's at the group level.

- When discussing its business, the group holds space for all points of view by encouraging all members to share. For some, it also means asking for those who were not on the prevailing side to share their view after the vote so that members who voted differently can decide if they want to reconsider their original vote. For key issues, the group may decide to use substantial unanimity rather than plurality to pass a motion. Some groups find that it is useful to pause before a vote to invite their Higher Power or higher purpose into their hearts and minds as they make a group decision.
- As a group member, I try to keep in mind that balance and perspective are often related to the degree to which I participate in my own recovery. I bring being spiritually fit and well-informed to the group level; when I focus on the unity of the group and work my steps, addressing my own personal aspects of character and take care of them before a group conscience so that I am attentive and have perspective, I do a better job of focusing on what is in the best interests of the group. When I take care of myself, I can better hear the discussion and participate fully in the decisions.
- As a group member, I attend group consciences and business meetings. I share my personal experience and points of view during discussion where relevant, and state them clearly as such. I don't make my experiences into "policy"—especially if I am someone in a leadership position. When others share, I listen attentively and consider that what everyone shares on a particular group matter has equal importance.
- On my honor, in my groups' business meetings, I take it as my duty to participate in each group conscience and to express what I believe to be in the best interests of the group. When participating in a group

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conscience, I am respectful and remain open to changing my mind. I know as I do so, I am honoring the intention of Tradition Two and helping the group carry the message of recovery as effectively as possible.

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Tradition Three

The only requirement for EDA membership is a desire to recover from an eating disorder. To deny EDA membership to anyone could be to pronounce their death sentence. Hence, the only prerequisite for EDA membership is the individual's desire for recovery. We never turn anyone away who is trying to recover from an eating disorder.

While Tradition Seven makes clear that EDA members pay their own way, declining outside contributions, Tradition Three affirms that there can be no dues or fees for EDA membership. We want to ensure there are no barriers to recovery for those threatened with the mortal peril of an eating disorder. We willingly contribute our time, talent, experience, strength, hope, and finances to ensure the hand of EDA is there whenever anyone needs us, but we are under no obligation to meet any kind of test or standard for EDA membership.

Like all of EDA's Traditions, Tradition Three is rooted in hard-won AA experience. Early in that fellowship's history, as noted on pages 139-140 of the AA *Twelve & Twelve*, AA's Foundation (the precursor to its General Service Office) reached out to AA groups to ask about rules of membership. The consolidated list was so long that no one could possibly have joined AA if all membership rules were simultaneously in effect.¹⁶ As explained in the AA *Twelve & Twelve*, the massive number of rules set up by AA groups in the early years reflected a pervasive fear that recovery was fragile, so anything (or anyone) that threatened group unity or exposed the group to external criticism could not be tolerated and had to go. Thankfully, AA Foundation members realized that such fears and anxieties were part of the problem. They threw all but one of those membership rules away. We in EDA have inherited that insight, and stand on the shoulders of the fearless early AA Foundation members in declaring that in EDA, like AA, only one

¹⁶ Twelve Steps and Twelve Traditions. (1981) New York, NY: AA World Services, Inc., 140-141.

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membership rule applies: the desire to recover from an eating disorder is sufficient to claim EDA membership.

In EDA's early days we debated whether to limit EDA membership to people with only a specific type of eating disorder. We were not sure whether the program of EDA—which we were in the process of figuring out—would be as effective for people with anorexia and binge eating as it was for garden-variety compulsive overeaters and bulimics. Many newcomers were dismayed to discover that others like themselves struggled with more than one form of eating disorder. People with only one form of eating disorder expressed concern that they might “catch” a new form of eating disorder from those with other types and avoided EDA meetings as a result.

Wouldn't it be safer to put each eating disorder type in its own category? Wouldn't our message be much more clear? These arguments were serious. We were deeply concerned about the efficacy of our approach. The matter was solved for us when we began to see people with every form of eating disorder, including those with no specific diagnosis at all (OSFED and binge eating were not diagnostic categories at the time) grasping and developing a manner of living that enabled them to walk free. The point was made clear. Our differences turned out to be an asset, not an impediment. We need not fear our eating disorders are contagious because we have a solution that works for all of them.

When a newcomer shows up at an EDA meeting, we hope the experience is warm and welcoming. We hope each newcomer and each EDA member leaves feeling safe, supported, and inspired. We know from experience, however, that this is not always the case. People typically arrive at EDA meetings with a host of concomitant issues. Newcomers and oldtimers alike can have serious personality and mental health issues that manifest in ways we do not like. Are we then to deny EDA membership to people who annoy, scare, trigger, bully, or even threaten others? Much the same as asking if a family member should be denied the family name because they are mentally ill or have done something to hurt others, the answer is an emphatic “no,” yet at the same time EDA meeting chairs have a responsibility to keep EDA meetings safe and uphold group-conscience decisions about keeping the EDA message of recovery as clear as possible.

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While EDA membership is never in question, we do not tolerate speech or behavior that disrespects others in EDA meetings. We address problems directly and without delay. In cases where someone comments during a share about an outside entity or references specific behaviors or numbers, a general statement to the meeting as a whole may suffice. When someone's safety is at risk, however, it may be appropriate to involve outside resources or ask a person to leave to restore peace. In such situations, EDA groups are reminded that all EDA members have an equal right to be heard, and an equal expectation of being accepted with dignity and respect. EDA is inclusive and accepting of whatever issues people have because we know we can overcome our problems through steady application of the principles of EDA. If someone's deliberate, egregious action results in their expulsion from a group, this does not bar them from being an EDA member. It is standard practice for a meeting chair to reach out to an offending person to clarify that they are welcome back at any point they are willing to respect the rights of others and accept group conscience decisions about what is best for the group as a whole. As noted in Tradition One, our common welfare should come first; personal recovery depends upon EDA unity. Anyone willing to abide by this can be welcomed back.

Some newcomers are challenging. There are those who are brash, eager to tell others how they've got it all wrong, happily pointing out what they believe to be fundamental errors in EDA's approach or correcting perceived deficiencies in how other EDA members work their programs. People responsible for chairing meetings graced by such enthusiastic irritants may be tempted to suggest that other programs would be a better fit. After all, isn't it paramount to keep EDA meetings safe and protect other meeting participants from attack? The answer, of course, is yes. There are, however, caveats. We are reminded that even though we may not have voiced our opinions, most of us had doubts about the efficacy of EDA's approach when we arrived. Didn't we also wonder why a program that deals with disordered eating avoids the topic of eating, and perhaps decry EDA's injunction against such references as too rigid? Nearly everyone who arrives at EDA with experience in other Twelve Step programs that address food-related behaviors struggles with this topic. Newcomers to EDA with recovery in other Twelve-Step programs may also look askance at EDA's lack

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of insistence on abstinence before working the Steps. Haven't we got the cart before the horse? In EDA, we know freedom is an outcome of working the Steps; our peace and resilience—and our freedom from fear of relapse—comes because we are addressing causes and conditions, not symptoms. *Freedom is a byproduct of this work—a lagging indicator of our progress.* When someone new to our meetings questions our approach, we empathize. We talk to newcomers after meetings about our own misgivings and how we learned to think differently about recovery. We share how we struggled to grasp that our eating disorders were failed solutions to life situations, and how it helped us to realize that our eating disorders persist until we no longer need them.¹⁷ We share how the Steps and fellowship of EDA help us turn things around, and we invite them back.

Conversely, many newcomers are so meek and timid that one hesitates to ask them to read at meetings, lest their voice—and our message—be lost. Quiet newcomers, especially, are apt to arrive late and slip away early to avoid what might feel like confrontation. Direct interaction can seem like an overwhelming barrier to anyone anxious about dealing with their eating disorder (which is pretty much all of us), no matter how calm, reassuring, and unthreatening the meeting's greeters may be. Even when newcomers do stick around after the meeting, they can be difficult to approach. Many of us avoid socially awkward discussions and may be tempted to leave newcomers alone when they are clearly sending signals that they wish to evade contact. It is important to remember, however, that everyone needs a sense of connection and belonging; if no one talks to a newcomer, they may not feel valued. We should make sure every newcomer leaves with contact information and encouragement to come back.

We never turn anyone away who has a desire to recover from an eating disorder. Even those who are not yet willing to address their issues are welcome. We know from experience that it can feel like an eternity before we develop enough trust in our new perspective so that change becomes possible. We also know that no situation is insurmountable once we trust we are on the right path. Our job as EDA members is to be there

¹⁷ Eating Disorders Anonymous. (2016) Carlsbad, CA: Gürze Books, xxix

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consistently, so bonds of trust can be forged and new possibilities envisioned.

Sometimes, existing EDA members may feel uncomfortable with topics raised during member shares. Unlike many other Twelve Step groups, EDA does not sanction or attempt to silence those who bring up outside issues—provided they pertain to the person’s efforts to recover. While recognizing that EDA is a program for recovery from an eating disorder and that our message needs to stay focused, many in EDA have experienced issues in areas of our lives that appear to have nothing to do with our eating disorders. We can be glad of an opportunity to provide support and empathy when an EDA member brings up something that is holding them back from recovery. Abuse of drugs, alcohol, and sex are common problems. Impulse control challenges and suicidal ideation are burdens for many as well. It may be helpful to know EDA members have found peace and freedom from their eating disorders despite being diagnosed with bipolar, schizophrenic, borderline personality, and many other serious disorders. When such topics come up, the meeting chair can encourage participants to share their experience, strength, and hope after the meeting, noting that EDA is a program pertaining to solutions that address eating disordered thinking and behavior. EDA makes no claim about efficacy in addressing other issues. We support one another in seeking outside help as needed.

When divisive topics such as politics or religion get attention in a meeting, it is the meeting chair’s responsibility to remind participants that our focus ought to be on EDA recovery rather than on topics that divide us. Similarly, when anyone’s share focuses on specific behaviors, numbers, diets, weight management techniques, outside literature, or treatment centers, it is the meeting chair’s responsibility (gently) to remind the group that EDA is not affiliated with any related facility or outside enterprise, and that mentioning diets and weight management techniques is a distraction; real solutions focus on identifying our emotional, social, and spiritual root causes and addressing them directly.

Although we are under no strict obligation to help fellow EDA members with outside issues, sometimes newcomers are unsafe due to situations of

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domestic violence. If so, we make an effort to connect them with authorities and shelters. We had an EDA member discuss her intention to suicide while rocking an infant right there in front of us. The meeting chair stayed with the suicidal member until they called their psychiatrist and family members arrived. The person involved was angry at first but grateful in the ensuing years. In EDA's second year, a meeting attendee began rambling incoherently about killing people, becoming physically very agitated. She was restrained, which only made her more upset, and the chair had to summon a facility security guard to remove her—a horrible situation for all concerned. The person who was removed eventually wrote a note thanking the chair for doing the right thing and offering an amends to the group.

All this might imply that EDA meetings are sites of drama and strife but this is almost never the case; EDA meetings are typically calm, warm, and safe. We care for one another with as much dignity and integrity as possible. We are each responsible to ourselves and other members for creating and maintaining the physical security of our meetings. We treat one another as we ourselves would want to be treated, remembering that each newcomer reminds us of the pain and misery that having an active eating disorder entails. We are, in a very real way, all the same. Those who have not yet found recovery, and those whose behavior distresses us, may someday convey hope of recovery to others that in ways we ourselves cannot. Our strength is in our diversity. We treat everyone with as much respect, tolerance, and patience as possible, while addressing situations of concern as they arise.

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Reflections on Tradition Three:

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- This is the “membership tradition.” It means that we ask nothing from those seeking relief from their eating disorders – no dues or declarations. It’s about what we as EDA offer – and indeed must offer— in order to keep to our primary aim to carry the message of recovery as effectively as possible. We must be inclusive and never exclusive.

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- Membership rules could imply that the program of EDA only works for certain types of people, which isn't true. EDA's message of hope is available to all.
- Each EDA member decides on their own whether they belong. No one needs to make a formal pledge or even verbalize their desire to recover; we take a member's presence in meetings as evidence of their desire to recover.
- There are no conditions to membership, but Tradition Three is not placed above other Traditions. If a group has a disruptive member who repeatedly affects a group's ability to fulfill its primary purpose to carry the message of EDA to all in the room, or has a member who jeopardizes the safety of other members, it is well within the rights of the group to address the behavior of those members and as a last resort ask them to leave until they agree to adhere to group conscience decisions and EDA Traditions.
- We can't afford to confuse the message of EDA with any other issue. Imagine EDA groups existing to address the needs of a religious group. It is easy to see how adding constraints draws lines between us and goes against EDA unity. Special-interest groups may help make entering the halls easier for new people, like a men's meeting or a women's meeting, but these are devoted to EDA's primary aim to carry the message to all who need it.
- Luckily, EDA has no membership requirements to meet. Such requirements would have not only kept me out of the rooms, but they would have confused me about what EDA was and suggested an idea of who or which the EDA program was best suited to work "on". Instead, when I came to EDA, I was just welcomed. People reached out to me and let me know they had been in the same place I was. It helped me have hope and be honest. Because no one wanted anything from me, it was the beginning of me building trust with myself and others.
- I can break Tradition Three in very subtle ways. I can easily assume certain newcomers are crazy, don't really want recovery, or aren't really willing to do whatever it takes to recover, even before I talk with them

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one-on-one. I can prejudge by not being as welcoming with them as I am with others if I view them as “different” because of their religion, atheism, job, age, economic circumstances or even what “type” of ED they have. My Higher Power doesn’t want me to reach out only to people who are like me but to all who suffer. If I hadn’t been welcomed in, I wouldn’t have gotten the help I needed to recover. Openness helped me find relief and continues to be part of my recovery today. I have found that my openness encourages others and helps strengthen my group.

- It’s important for me to help new people who have no idea what a meeting is about. It can be so strange when we are new. Face-to-face meetings can be terrifying and disorienting, and phone and online meetings can feel really awkward at first. I didn’t know group etiquette at all. I was so glad that someone talked with me after the meeting to explain the nuances.
- My life is busy and I am careful about how I spend my time. A while ago, I was getting really frustrated in my group because new people from treatment were coming in and doing “group therapy” in our meeting. I was about to leave, then it dawned on me that not everyone was as lucky as I was to have 12-Step experience before I came to EDA. I made a point to make it to my home group 15 minutes early so I could welcome new people and try to give them a sense of what a 12-Step meeting was. Soon I was staying a little late as well. Not only have I formed some amazing connections, but our group has grown stronger in its message and in how we work together.
- Remember this comes back to unity. What am I willing to do to make sure EDA is here for others? It’s not easy to suspend judgment of others or to let go of what I think I need or the group needs—or heaven forbid – what I think is right or true. Yet I must let go. When I can get out of myself just a little, I find that people are my greatest teachers. When I make it really simple and focus on how all of us are the same, it helps me keep perspective and practice patience, tolerance, and humility.

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Tradition Four

Each group should be autonomous except in matters affecting other groups or EDA as a whole. Each EDA group manages its own affairs, but every group is part of the EDA fellowship. Each group must be careful to not cause harm to EDA as a whole. Thus, special consideration must be taken in matters beyond the scope of the immediate group. We work together, while remaining separate.

Any two or more EDA members who are banded together for the common purpose of supporting one another—specifically in finding and sustaining recovery from their eating disorders—may call themselves an EDA group, provided that as a group they have no other affiliation.¹⁸ We in EDA, like those in AA before us, understand the criticality of focus. Having the least restrictive approach enables each group to discover through trial and error what works best, bounded only by the minimum need to focus on what matters. By relying on the group conscience process to ensure each EDA group remains focused on its primary purpose—to carry the message of recovery from eating disorders as clearly and effectively as possible—EDA avoids rigidity and permits each group to make changes as needed.

The foundations of our 4th Tradition are clear. Individually, we build trust with ourselves and others through the active process of making deliberate choices that build our resilience and capacity. We must take small risks to progress. So, too, do our groups. When we are authentic, our bonds of community deepen as honesty is met with acceptance, respect, and trust. As with EDA members individually, EDA groups thrive in an atmosphere of tolerance and love. An excess of rules just feels rigid—the antithesis of trust and recovery—and EDA experience has shown that the group conscience process works effectively to reel in anything that strays too far from EDA’s

¹⁸ Twelve Steps and Twelve Traditions. (1981) New York, NY: AA World Services, Inc., 146-147.

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basic principles and practice. Affirming that an EDA group has a right to experiment to determine what works best means each group has “a right to be wrong.”¹⁹

It is important to emphasize here that although EDA groups are autonomous, they are linked to the rest of EDA. While individual EDA groups may adopt almost anything by group conscience decision, careful consideration must be made regarding items that might affect other groups or EDA as a whole. If it is determined that an issue can affect other groups (including EDA's service groups), or EDA as a whole, then those "others" become part of the group conscience. A group conscience cannot be fully informed without impacted voices present or represented (i.e by an Area or GSB representative). This concept, in which impact determines whether representation is required, reflects the principle of consultation mentioned in AA co-founder Bill Wilson's writings on Tradition Four.²⁰ A group conscience is suggested as a means of considering whether there could be outside impact and provides an appropriate venue at which to present and consider appropriate actions.

Let us be clear that innovation in EDA meetings *is* encouraged. One example from early EDA history is the practice of claiming milestones of recovery in meetings. We knew early on that telling each other what was going right helped us focus on what worked. As we focused more on what worked than on what didn't work, our recovery grew stronger.

EDA has been open to old ideas as well as new. It may surprise EDA members today to read that EDA did not immediately embrace a sponsorship model. EDA's initial members struggled with the inequalities of the sponsor-sponsee relationship. They found recovery from their eating

¹⁹ Twelve Steps and Twelve Traditions. (1981) New York, NY: AA World Services, Inc., 147.

²⁰ *Editorial: On the 4th Tradition*, A.A. Grapevine, volume 4 number 10, March 1948

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disorders through helping each other see the humor in their common malady and working the Steps together as a means to gain perspective. Just as today, EDA principles—*honesty, accountability, equality (respect), love, trust, and humility*—help us forge durable alliances in which we are accountable to each other while responsible for our own decisions. Then as now, we practice humility. No one in EDA is in a position of superiority or inferiority with respect to anyone else; no one is in a position to offer unsolicited advice. Nevertheless, within the first year, some in the initial EDA groups tried the sponsorship model. This seemed appropriate, given the success of sponsorship in other fellowships, but—after EDA’s first recovered members grew exhausted trying to support altogether too many sponsees—EDA formally adopted the concept of “step buddies”—a model closer to what the original EDA members used. For a few years, sponsorship was neither discouraged nor endorsed; EDA literature simply did not mention it. Newcomers, however, were clearly thriving in groups where the sponsorship model had been re-upped. Meanwhile, EDA’s GSB began hearing of instances where competitive “step buddies” effectively stepped off the deep end back into rigid eating practices together. After polling EDA groups, the GSB voted to eliminate references to “step buddies” and reintroduce sponsorship in EDA literature, retaining the EDA commitment to equality. Sponsors in EDA are responsible only for sharing their own experience, strength, and hope in working the Steps of EDA as a process through which to gain perspective and balance.

Modifications to the standard EDA format are common. Some groups open or close with special prayers. Some groups have none. Some EDA groups limit membership to one gender or one age cohort. In each case where group composition is limited or the format differs significantly from the norm, the EDA’s GSB recommends the group include such distinctions in its listings and make an announcement at the start of each meeting to prevent confusion and impact to other groups.

Just as in our individual recoveries, where we learn to rely on God, Higher Power, or higher purpose to bring perspective and subsequently peace to our lives, we trust the group conscience process to bring perspective and

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peace to our groups. Individually and collectively, we can have confidence that as we focus on what really matters, the most useful ideas will win out.

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Reflections on Tradition Four:

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- One EDA group I attended had a “fitness guru” running it. There were a lot of devotees, but it wasn’t an EDA meeting. A few of us decided to write to EDA’s GSB. Someone from the GSB contacted the group’s founder, recommended that the Traditions be read at meetings at least once a month, and requested that the group hold regular business meetings where a group conscience could be taken about the meeting format, to ensure the meeting stayed focused on what would most help carry the message of recovery to newcomers. She agreed, and the matter was sorted out pretty quickly: the “guru” soon folded her meeting. Not long after, we started another meeting that is still going. It was great to see the group conscience process works.
- My group decided to do something radical with the format and got rid of about half the standard verbiage. Most of us were quite happy with more time for sharing, but after a while we realized newcomers kept asking basic questions that the old format had answered. The pendulum swung the opposite way and now we’ve added back about half of what we’d eliminated. I love that we can modify things to make it work.
- Oh, brother—my first group was a little crazy; we liked to yell and curse! I loved that group but was taught by my sponsor that no matter what practices were ok there, when I went to other groups I needed to respect that group’s conscience or respectfully not attend. Doing anything else would be like visiting someone’s house and rearranging the furniture.
- My group takes a regular inventory of where we stand with the Traditions. We ask how well we are living up to and exhibiting the ideas

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expressed in the Traditions as a group. It is a bit like doing a personal inventory. We look at what we are doing well, and what we might want to change.

- If people don't like something about the way a group conducts itself, there is a process for change. Tradition Four means we need to consider who is affected and get their feedback. It's about establishing our common welfare and group unity. If we act on our interests alone and make unilateral decisions when what we do affects other groups or EDA as a whole, then we ignore our common welfare. We should instead work to safeguard EDA's future so it can be there to offer hope to those who struggle.
- This is going to sound weird, but my group voted to accept cross-talk. It can be jarring and quite a surprise to people familiar with Twelve-Step programs in general, so we state it in our format. Maybe when our group gets bigger we will change our group conscience decision about cross-talk but, for now, it works for us.²¹

²¹ The contributor probably did not know this, but the first EDA group in Phoenix permitted respectful (non-advice-bearing) cross-talk. Interjections such as, "Me too!" were common and helped foster bonds of friendship. As that first group grew, cross-talk indeed became more of a hindrance than a help.

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Tradition Five

Each group has but one primary purpose—to carry its message of recovery to others with eating disorders. We freely give away what others have given to us. People struggling with eating disorders need hope to be able to make any progress in recovery. EDA members strengthen and build recovery by sharing their experience, strength, and hope with others who still suffer. Each EDA group serves as a channel for the message of recovery, helping newcomers and “old-timers” alike.

Each EDA group is uniquely empowered by the experiences of its members to bring hope of recovery to those who struggle with an eating disorder. That hope is best conveyed through the distinct, personal stories of individual EDA members as they relate to the foundational principles and Steps of EDA. For the message of recovery to be most effective, each EDA group needs to actively consider whether a newcomer could gather, from an initial meeting, the hope and strength that EDA as a whole represents.

Inclusion, equality, and respect for people and ideas is the norm in EDA meetings, for we are a diverse lot.²² Our experiences with our eating disorders are as many and varied as we are. Our ages, genders, ethnicities, socioeconomic statuses, sexual orientations, religions, and perspectives span the gamut. Our stories do as well. This is important because newcomers need to understand that they, too, can find a safe haven in EDA. Our strength lies in our diversity.²³ Yet, it is not our differences that bind us together.

We are allied by our common challenge—to recover and help others find recovery from eating disorders—and by a common solution: EDA principles and the Twelve Steps of EDA as described in the EDA Big Book.²⁴

²² Eating Disorders Anonymous. (2016) Carlsbad, CA: Gürze Books, xiii, 69.

²³ Eating Disorders Anonymous. (2016) Carlsbad, CA: Gürze Books, xvii, 109.

²⁴ Eating Disorders Anonymous. (2016) Carlsbad, CA: Gürze Books, 69.

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We acknowledge EDA has no monopoly on recovery.²⁵ People can and do recover from their eating disorders through diverse approaches, including the application of principles from other Twelve Step fellowships.

EDA's founder and initial members, however, did not find recovery through these outside means. Simply put, while the language of the Twelve Steps of EDA is virtually identical to that of other fellowships, the implementation of the Twelve Steps in EDA is distinct, reflecting core ideas and principles grounded in the experience of EDA's first fully recovered members. Some distinctions include:

- **Full recovery**—EDA is a full recovery program.
 - Though most of us never thought it possible for ourselves, many of us are fully recovered—free of recurring preoccupations with food, weight, body image, or exercise—and able to live life without internal or external reminders that our thinking and behavior were previously eating disordered.
 - We know that freedom from an eating disorder is a *byproduct* of doing the work to gain perspective, build trust, and maintain balance. Just as happiness is a byproduct of right thinking and right action rather than something that can be attained and sustained by focusing on it directly, we do not focus on “full recovery.” It just happens.
 - We recognize that even after we understand what recovery feels like, it often takes a year or more of solid effort for us to build enough trust in ourselves and our God/Higher Power/higher purpose to be completely free of our eating disorders.
 - *If and only if* we are willing to take risks to build this trust, we develop recoveries that are durable and resilient—not vulnerable to “mental blank spots” or “triggers.” We don't live in fear of ourselves or our eating disorders.

²⁵ Eating Disorders Anonymous. (2016) Carlsbad, CA: Gürze Books, xviii.

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- *Full reliance* on God/Higher Power/higher purpose brings perspective and peace, and makes *full recovery* possible.
- A focus on **balance—not abstinence**—decreases shame and enables us to gradually increase reliance on effective new ideas and perspectives that bring peace with ourselves.
 - An “abstinence is recovery” mindset can be rigid and uncompromising.²⁶ It can increase our shame and anxiety and lead to high drama when what we most need is a calm perspective and deliberate action.
 - Any definition of recovery that depends on specific ideas about food, weight, and body image means defining the solution in terms of the symptoms of the problem. This makes no sense to us: focusing on what we don’t want draws our attention away from what we do want.²⁷
 - A focus on balance frees us to strive for what we truly need and love rather than avoiding anything that might “trigger” us.
 - A “balance is sanity” mindset enables us to see rigid, black-and-white thinking as a symptom of fear. Fear is part of the problem, not the solution. We need not fear our minds or our bodies if we focus on balance and do the next right thing that is right in front of us. We keep things simple.
 - We need never fear “losing abstinence.” We know we will have our eating disorders until we no longer need them.²⁸ Our job in EDA is to build trust and resilience through making incremental changes as we work the Steps to maintain perspective.
- A focus on positives—**milestones, not numbers**—reminds us that we can do much each day that is good and right, supportive of our recovery. Emphasizing what we are doing right helps us to move past our limitations and prevents us from being distracted by outcomes. Instead, we concentrate on the necessary work of recovery.

²⁶ Eating Disorders Anonymous. (2016) Carlsbad, CA: Gürze Books, 490.

²⁷ Ibid.

²⁸ Eating Disorders Anonymous. (2016) Carlsbad, CA: Gürze Books, xxix.

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- Claiming milestones helps us recognize the many incremental changes we make along the way.
- Celebrating one another's milestones helps us see that it is the small things we think and do differently that make all the difference.
- Focusing on what we are doing right helps reduce the obsession and takes our focus away from negative thoughts and habits.
- We don't count calories, weight/size/ounces/pounds, miles (or anything else of that sort) because these distract us from solutions. Focusing on the symptoms of our disordered thinking is part of the problem, not the solution.
- We don't officially recognize days, weeks, months, or years of recovery for many reasons. All any of us need to focus on is this moment, this day. We want everyone to feel safe claiming their truth exactly as it is. If we make mistakes, we need to own them and learn from them, not obfuscate because we are embarrassed. We practice humility. No one in EDA is ever in a position of superiority or inferiority to with respect to any other member. No matter the durability and strength of our recoveries, we are all equals. Each of us has our own journey: our own light, love, hope, and joy to share. We are here to support one another as best we can. We are all enough—empowered to do amazing things—exactly as we are. Getting caught up in, “I don't have enough recovery to do that,” is the wrong mindset. Unofficially, many of us do share our years of recovery because it can generate hope in others when we do so.
- **Not about food/size**
 - The problem (an eating disorder) is not about food, weight, body image, or exercise; neither is the solution. We cannot resolve an issue by focusing solely on symptoms. Instead, we investigate root causes, which invariably have to do with how we think about ourselves in relation to others, God, our Higher Power, and/or higher purpose. We outline possible resolutions and do our best to

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work through these in daily living. Changing the way we think is a slow process, not an event.

- *Recovery is about feelings. Full recovery is not about control, but about full acceptance of our feelings, and full recognition of our ability—and responsibility—to do something useful with them.* We cannot simply “cage the tiger and let it out three times a day to eat.” We are the tiger. Caging ourselves does not allow us to live in peace and freedom. Instead, we make use of our feelings to motivate us to make changes in ourselves and/or our circumstances. We celebrate the joy and love that comes from doing what is right for us and others.
- **Recovery is not rigid**
 - A rigid stance on almost anything reflects fear. Some things genuinely merit terror, however, we make better choices when calm. Lightening up our perspective—being able to laugh at our strange yet perfectly understandable responses to life—helps us maintain balance. A well-developed sense of humor about our condition reflects a healthy perspective.
 - Reliance on something greater than ourselves for perspective gives us peace regardless of circumstances.
 - Recovery from an eating disorder is flexible and resilient. Unless there is an underlying medical condition, we need not shun any food. Unless there is reason to expect a threat to safety, we need not avoid any person, place, or thing. We can go out into the world—or into our own pantry—with confidence that we can handle ourselves successfully, no matter the circumstances, and regardless of what anyone else does or says.
 - We get comfortable being uncomfortable. We try different ideas until we find ones that enable us to move forward in peace—to play and laugh and shout—with love and joy.
 - If we don’t like something, we do not need to accept it and move on; we ask ourselves about the costs and benefits of change, and

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we make reasoned decisions about the timing and extent of changes we want. We engage others who might be affected by a change in conversation. We don't assume we know best for everyone. We resolutely seek answers that work for others. We are able to change plans, and change our minds, as we see fit. We need not apologize for changing our minds if doing so is consistent with our aim to make things better even if it makes us look bad.

- If we seem a little slow about embracing change, we can humbly reflect that our backup mindset is likely to be rigid for a long time. Eating disorders—even binge eating disorder and bulimia—are very patterned, recursive, responses to life provocations. It is only natural for someone who ever had an eating disorder to become somewhat inflexible when faced with anything scary. We may feel a bit chagrined, or even self-pitying, for a short while, but our next step should be to look at what thoughts are giving rise to anxiety, and do what we must to restore perspective and find balance.
- We accept life as it comes and adapt ourselves as we think best serves God's will, our Higher Power, or higher purpose. We cease fighting anyone directly, even ourselves.²⁹ Instead, we stand up—on the firing line of life—for what we think matters.³⁰
- **Taking care of basics**
 - After we begin to engage in listening to and addressing our basic needs—distinguishing these from wants and desires—many of us are astonished that we are not riddled with “black holes” of unmet needs as we might have once feared. Our confidence in our minds and bodies grows stronger. We gradually realize that our bodies can be trusted to tell us what they need. We build that trust slowly, by taking small risks and paying attention to the results.

²⁹ Eating Disorders Anonymous. (2016) Carlsbad, CA: Gürze Books, 191-192, and Alcoholics Anonymous. (2001) New York, NY: AA World Services, Inc., 84- 85.

³⁰ Ibid. and Alcoholics Anonymous. (2001) New York, NY: AA World Services, Inc., 102.

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- Once we accept responsibility for meeting our own basic needs, and work to ensure these are met, we can consciously choose to be less anxious—and it works. We can turn our attention to what really matters in the greater context of our lives—service to our God, Higher Power, or the greater good—whatever that may mean to us individually.

To clarify: while EDA encourages members to make use of whatever resources they have available to them to support their recovery, these external entities are not part of EDA. To ensure the EDA message of recovery is as clear as possible to every newcomer, it is critical that each EDA group focus on EDA core ideas and the Steps of EDA.

Embracing terminology and principles that are not in line with EDA foundations can obscure this message, and can inappropriately suggest affiliation with external entities. EDA ideas such as “balance, not abstinence” —which we find essential to the development of resilience and full recovery—are not typically received with great warmth and admiration by outside fellowships. While EDA views on the concept of “abstinence” can present issues in juxtaposition with principles and goals of other fellowships, there are many topics that can pose concerns. Tradition Six offers a more comprehensive survey.

A topic that merits separate attention is when an EDA group permits fat-shaming language to pass without comment from the chair. When derogatory language—no matter how subtle—goes unremarked, this affects not only newcomers but also oldtimers’ understanding of EDA principles: *honesty, accountability, equality (respect), love, trust, and humility*.³¹ It can feel confrontational to point out that something someone said was hurtful or disrespectful, however, it affects group cohesion (unity, Tradition One) far more to let such items pass than to gently mention a concern. In general, whenever there are concerns about a group staying true to its primary purpose, a group conscience is recommended as a tool to

³¹ Eating Disorders Anonymous. (2016) Carlsbad, CA: Gürze Books, 203.

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help return the focus on carrying the EDA message of full recovery to everyone with a desire to recover from an eating disorder.

Ideally, each group spends some time at its regular business meeting during which it considers how to carry the message to people with eating disorders who might not know about EDA. Much can be done without stepping into the arena of promotion. For more ideas about this, see Tradition Eleven.

To sum up, the most effective tool any EDA group has in carrying the message of recovery is *us*. Our humble experiences full of repeated failures and false starts, our obviously frail and limited human strength, and our sometimes faltering hope all convey a message to those we would help about the power of reliance on God, our Higher Power, or a higher purpose to bring light out of darkness and joy out of despair. Individually and collectively, we are the messengers—able to generate hope in the hopeless like nothing else can. Let us agree to work together, taking our hard-won capacity to be of service and putting our darkest, dullest, and most desperate hours to good use.

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Reflections on Tradition Five:

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- The Third Step Prayer and Tradition Five go together. The Third Step Prayer reminds me that I am the messenger in Tradition Five; my victory over my eating disorder is the message that bears witness to those I would help in EDA that the power of God, His love, and His way of life—the EDA way of life—were able to restore me to sanity. It is my honor and my duty to help my EDA home group carry this message—my story message of recovery—to others with eating disorders.
- My job is to carry the message of recovery as clearly as I can. As I do, I get a better perspective on my own situation. Cheerful service to others helps me stay in balance, and helps my EDA group carry out its primary purpose.
- The “balance not abstinence” idea clicked for me the first time I heard about it. Other fellowships are wonderful, but it is in EDA that I first

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found ideas that worked for my eating disorder. Now I help carry the message of EDA recovery because I understand how important it is.

- EDA ideas about recovery challenged a lot of beliefs I used to have. I am glad I heard a lot about balance and milestones in my EDA groups because these helped me understand where my thinking needed to change. Focusing on the positives is hard, but it works better than anything else I've tried.
- In EDA we don't have chips for clean time. Instead, we get to claim progress every day.
- Although true, saying I am fully recovered from my eating disorder feels a bit weird. I do it because it reminds me of who I am, and helps newcomers grasp an important concept: full recovery is possible in EDA.
- I cannot believe how many years I spent obsessing on numbers. It was the whole deal: weighing, measuring, and counting absolutely everything. I suffered and my family did, too. In EDA I found a new freedom and a new happiness. It gives me chills when I think about what my kids learned from me before I found EDA.
- I am happy to help my group and EDA as a whole. Service has saved me from falling back into negative, old responses to life many times. Helping others find recovery is a way of life now, and I love it.

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Tradition Six

An EDA group ought never endorse, finance, or lend the EDA name to any related facility or outside enterprise, lest problems of money, property, or prestige divert us from our primary purpose. To involve our fellowship in issues outside the direct scope of our primary purpose is to distract us from carrying the EDA message to those who still suffer. To best serve our primary purpose, we hold no affiliation to external organizations or activities.

Obviously, EDA members and EDA groups ought not promote outside enterprises or sideline businesses within EDA—though this has, of course, happened. We are only human. The tendency to think that our own arsenal of recovery tools is likely to be a great fit for everyone else can at times be almost inescapable. Some of us get very enthusiastic as we emerge into recovery. Hence, EDA groups have sometimes endured promotional content from EDA members that had nothing directly to do with EDA: seminars, art therapy courses, yoga programs, health products, pets, and concierge services have each been presented as potential boons to recovery. While some of these could possibly have helped a few recover, each diversion distracted attention from the affected group’s primary purpose, which is to carry the EDA message of full recovery as clearly and unambiguously as possible.

We may worry about others introducing irksome and distracting material at our EDA groups, but to a greater or lesser extent all of our experiences with family, religion and religious institutions, social institutions, therapy, treatment programs, registered dieticians, medications, outside literature, and for some, other Twelve-Step programs, factor into our recovery, albeit some more positively than others. So, while it is completely up to each sponsor to share the essentials of what works for them, regardless of where

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or how that knowledge was acquired, it behooves each of us to ensure the elements of recovery we share as part of our common solution get top billing, especially in the group setting. Problems arise whenever one or more group members regularly recommend practices or institutions—even other Twelve Step fellowships—as if they were endorsed by EDA as a whole. When this occurs, the meeting chair is encouraged to follow up with a clarification that EDA is not affiliated with any outside organization or institution. *EDA's message of full recovery depends on no outside entity or program.*

Similarly, whenever anyone recommends diets, weight management techniques, or other topics that have no direct bearing on full recovery in EDA, we hope the meeting chair caps that conversation with a reminder that we refrain from mentioning diets and weight management techniques because they are a distraction from our focus, which should be on root causes and the solutions to them. Solutions have to do with establishing new ways of thinking and gradually learning to rely on these new foundations instead of our eating disorders to carry us through the challenge of living life with integrity, dignity, and passion.

While we can look askance at the excitement of the individual entrepreneur or diet-focused enthusiast, much more troublesome are endorsements at the group level. When an EDA group—or service unit such as EDA's GSB—implicitly or explicitly endorses an external entity such as a treatment center, hospital, professional group, or other fellowship, all sorts of trouble can ensue.

Back in the early days of EDA, before search engines were as powerful as today, EDA's GSB thought it would be helpful to connect EDA newcomers with online resources. We got a lot of calls and had relatively little information of our own on our website at the time. Dutifully, we listed a few sites we thought had good material. Soon thereafter, we started to

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include books that GSB members had read and found helpful. Treatment centers started asking to be added to the page. If three or more EDA members verified that the treatment program was sound, we listed it. The resources page grew and grew. People raised questions about the Sixth Tradition, but a disclaimer on the website made clear that the GSB and EDA as a whole were not endorsing any outside entities and items; individual EDA members were submitting independent reviews. Our stance was, “take what you can use and leave the rest.” Before long, a treatment center protested when it did not get listed due to a bad review from an EDA member. The treatment center happened to host an EDA meeting. You can see where conflicts of interest came into play. In the end, the GSB wisely chose to remove all references to outside entities from its website.

Some wanted the pendulum to swing as far back to the other side as possible, declaring that holding EDA meetings at treatment facilities to be a violation of Tradition Six, especially if any signs are put up showing people where to find the meetings. By extension, it seemed these folks wanted every EDA meeting location to be free of signage in order to prevent the EDA name from being too closely associated with a fellowship hall or church. We think this approach goes a bit too far. The point of each EDA group is to carry the message of recovery. If no one can find the meeting, there is not much message-carrying going on. Few places have more people in need of hearing the message of recovery than treatment centers. In cases like this, when there appears to be a conflict between Traditions, EDA’s GSB has generally taken the stance that both Traditions must be honored to the best of everyone’s ability to find a balance. While it is important not to endorse any outside entity, it is more important to carry the message than to completely eschew all associations or collaboration. As a consequence, EDA meetings are held in treatment centers, use online chatroom and teleconferencing services, and can assemble in churches, all without any obvious or unnecessary endorsement.

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An EDA group can cooperate with any entity but should avoid adopting too close an association. We think it far better to call an EDA group something boring or zany, i.e. “Monday night EDA” or “Cereal Killers,” than to adopt the name of the facility where the meeting is held.

Cooperation should never go so far as affiliation, actual or implied. We should always consider the impact our actions could have on someone who knows nothing of EDA. If someone’s first exposure to EDA is in association with a hospital’s promotional materials, that newcomer might be led to think of EDA as an extension of the hospital. The question of participation in eating disorders awareness events comes up regularly. Attending any event as an individual, independent of any association with EDA, is never an issue. Attending as a group is not an issue unless the association with EDA becomes obvious. A group wearing T-Shirts that say “Ask me about EDA” is not observing either Tradition Eleven or Tradition Twelve. Wearing an “Ask me about EDA” T-shirt while hosting or speaking for an outside organization would also be inconsistent with Tradition Six.

As noted in the language of Tradition Six, clubs and social media sites—even when set up exclusively to facilitate EDA fellowship—are outside entities and, as such, should be distinct in name from EDA, lest problems of money, property, and prestige divert us from our primary purpose.

The issue of affiliation with other outside fellowships is complex. Especially during the time before there was an EDA “Big Book”, many groups used outside literature, especially AA texts, in EDA meetings. There was little else available. Once the EDA Big Book was published, there were concerns on both sides. Was AA literature to be “grandfathered in” as part of EDA’s foundation? While AA literature was obviously the basis for EDA’s basic premise, practice, and its own body of literature, there are significant and important distinctions between EDA and AA. Literature that emphasizes abstinence from behaviors as a focus, rather than a byproduct of working the Steps, is in direct conflict with EDA’s basic principles; use of such literature in EDA meetings affects other groups and EDA as a whole. EDA’s

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GSB was clear on the matter: the answer to the question of “grandfathering in” AA literature was a unanimous “no.” Although AA experience was part of EDA’s foundation, AA literature is not EDA literature. AA World Services affirmed this, in a letter to EDA’s GSB dated May 25, 2017 (seven months after the EDA Big Book was published), requesting that if AA literature is read at all, that it be read as written—without word substitution.³² Thus, while EDA sponsors are encouraged to speak openly about and reference whatever ideas, practices, and literature they have found helpful in their own recovery, EDA meetings are encouraged to leverage EDA literature; the use of other materials de-emphasizes the parts of the EDA message that are critical to attaining full recovery from an eating disorder.

Some ideas that appear forward-thinking can have had unintended consequences. As an example, one EDA group formerly recommended that everyone attending refer to themselves as “an addict” when introducing themselves in an effort to make it easier for group members to take advantage of numerous, non-EDA, Twelve-Step meetings in the area. The person who started the practice leveraged outside meetings as a great boon to her own recovery and was happy to share this with her sponsees. As sponsees also recovered, the suggestion was institutionalized as part of the EDA meeting’s format. It is important to note that this innovation was actually helping individual EDA members find and sustain recovery—not something to be taken lightly or disrespected in any way.

The practice, however, was brought to the GSB’s attention as a violation of Traditions Four and Six: a group was adopting a practice that affected EDA as a whole and was affiliating with and affecting outside entities. EDA’s GSB was asked to consider the matter and so it did.

People with eating disorders frequently report feeling like they are struggling with an addiction. The EDA Big Book makes clear we want to steer clear of controversy on this topic:

EDA has no opinion on the current scientific, medical, and humanistic debate about whether an eating disorder is an addiction or whether an

³² The AAWS letter was in response to a footnote on page xii of the EDA Big Book describing use of AA literature with word substitution.

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addiction is a disease. We want no one to be distracted by academic arguments about labels. 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.³³

Were all EDA members to consider themselves addicts? We asked ourselves, what was the harm? Although there are exceptions, most medical practitioners treating eating disorders do not regard eating disorders as addictions³⁴. By way of explanation, we'll refer to a recent article. While arguing for comprehensive treatment that addresses both eating disorders and frequently comorbid substance use disorders, Drs. Dennis and Pryor (footnote below) cite multiple sources in pointing out that eating disorders are viewed as treatable, curable psychiatric conditions in which the goal of treatment is to moderate over-control and normalize eating patterns, whereas the goal of treatment in substance use disorders (which are viewed as chronic medical conditions which can be arrested but not cured) is to increase self-restraint.³⁵ In sum, while abstinence is regarded as "the path to sustain remission" for substance use disorders, a focus on abstinence seems to be contraindicated for eating disorders recovery.³⁶

³³ Eating Disorders Anonymous. (2016) Carlsbad, CA: Gürze Books, xiii.

³⁴ Letters with research librarian for Eating Recovery Center, Sept 20, 2017, GSB of EDA Archives. Letters with editor-in-chief of Eating Disorders: The Journal of Treatment and Prevention, August 20, 2018, GSB of EDA Archives.

³⁵ Dennis, Amy Baker, and Tamara Pryor. 2019. "The Complex Relationship Between Eating Disorders and Substance Use Disorders." Gürze-Salucore Eating Disorders Catalogue. January 27, 2019.

<https://www.edcatalogue.com/complex-relationship-eating-disorders-substance-use-disorders/>

³⁶ Ibid.

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EDA's initial members recognized that fear of eating disordered thoughts and behaviors was counterproductive. Many Twelve Step groups take the stance that engaging in behaviors is a "slip" requiring a do-over: back to square one for the unhappy person whose most reliable coping strategy in moments of distress was likely to be their eating disorder! In EDA, we know we will have eating disordered thoughts and behaviors until we no longer need them. Our goal is to establish a new foundation—one that provides enough perspective on our lives that we can walk free. Fear of ourselves, our thinking, our bodies, and our eating disorders does not help us establish the relationships of trust that we need as a basis for full recovery. Many Twelve Step fellowships cultivate a fear of "slips." Some fellowships supporting those struggling with problematic eating unhelpfully reinforce fears surrounding food. Conference-approved Twelve-Step literature in some fellowships, including AA, reflects implicit or explicit "do or die" messaging that is not consistent with EDA foundations. As of this writing, eating disorders are recognized as having the highest mortality rate of any mental illness.³⁷ Ironically, our experience has been that the way out of an eating disorder is to fully embrace it—not with fear but with curiosity and a sense of humor.

Our experience is that we continue to suffer "strange mental blank spots" during which we resort to eating disordered thinking and behavior whenever we:

- *take ourselves too seriously.* We often lose perspective and our sense of humor when not taking care of basics—rigidity and dramatic, black-and-white thinking often ensue when our basic needs go unmet.
- *retreat from investigating our underlying thinking.* Understandably, we become even more afraid of change when things are going badly than

³⁷ Arcelus, J., Mitchell, A.J., Wales, J., Nielsen, S. (2011) Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies. *Archives of General Psychiatry.* 68(7), 724-31.

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when things are going well—though this ignores the stark fact that we cannot conceive of nor enact effective solutions to problems without an understanding of root causes of our current misery or overwhelm.

- *eschew relying on something, someone, or some One outside ourselves to provide perspective.* When things are most difficult and overwhelming, we tend to be least trusting—even when our own best ideas have left us feeling vulnerable and anxious.
- *avoid actions that bring us a sense of fulfillment and peace.* We very sensibly conclude that whatever we had been doing that formerly brought us peace could not have been “enough,” or else we would not find ourselves in a state of overwhelm or panic—forgetting that what we need most in times of crisis is calm perspective.

Because of these issues, practically no one can recover from an eating disorder without significant and persistent effort. It is not like putting down a drink or a drug. If we are struggling with finding balance and calm perspective and do not fully trust ourselves or our purpose, we may have to engage with “strange mental blank spots” every time we pick up a fork or open the pantry.

As a result, we think we ought to look askance at anything that encourages us to fear “slips” because trust—whether with ourselves, our bodies, other people, God, Higher Power, or higher purpose—emerges only through trial and error. As we strive to accept ourselves and our thoughts, doing our best to steer clear of old unproductive thinking, and instead regard ourselves positively despite a marked and recurring propensity to veer off our chosen path, we gradually discover attitudes and actions that bring lasting relief.

Throughout this process of gradually increasing reliance on ideas and practices that work, we must consciously consider—without undue fear or judgment of ourselves—what we truly need, and what could produce better outcomes. We gain insight and perseverance through the often quite

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humorous discoveries of what *doesn't* work. We gain more balanced and nuanced perspectives by sharing our experiences. If we connect “slips” with fear and shame, we miss important opportunities for growth.

Most other Twelve Step groups focus on counting numbers as a measure of recovery. One hears of weighing and measuring in one program, and years of abstinence/sobriety/clean time in others. 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.³⁸ 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 Steps, we find we can rely on them to bring us durable peace and freedom: we need never return to our old patterns. In our experience, numbers have nothing to do with this process.

We have found that resilience and full recovery are the by-products of repeated failure followed by an open investigation into why we erred, formulation of a new (and hopefully, slightly better-informed) plan of action, and commitment to embark again on a voyage into uncharted, but increasingly more familiar, territory. How can we keep going? We get open with others. We talk through the situation and the options we see in front of us. We make informed decisions about how to move forward, and carefully walk into the possibility of still more failure. As we try again, sometimes with wholly new, previously untrusted ideas and sometimes with slight variations on ideas that *almost* worked, we find recovery. We learn to get comfortable being uncomfortable. We have to! In due time, we

³⁸ Eating Disorders Anonymous. (2016) Carlsbad, CA: Gürze Books, xvi.

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look back in surprise when asked about the length of our recovery. We think about the last time we had an eating disordered thought or behavior and find a “miracle of recovery” has occurred when we truly cannot remember.

In EDA, we support one another through our difficulties; we do not question our own or anyone else’s commitment to the program when troubles arise. We do not start at square one when we fall, nor do we suggest anyone else do so. When things go sideways, we pick ourselves up as gracefully as possible, knowing our example of rigorous honesty and humor will help others as well as ourselves. We *all* learn as we go, as each life presents new and potentially upsetting emotional rapids, shoals, and eddys each day. Over time, we negotiate difficult and turbulent challenges with increasing skill and confidence. Sharing our victories (milestones) helps us reflect positively on the changes that made a difference in our daily lives.

In EDA, we embrace talking about our emotional responses to life with as much candor as possible. To avoid emotional engagement altogether means sitting on the sidelines of life. If we find ourselves critical and unsympathetic toward those who are struggling, we may be numbing ourselves out and might want to look into that. What else in life are we missing? Conversely, if we are in touch with our emotions but avoid talking about underlying issues that cause us trouble, we may be engaging in the same kind of avoidance and secrecy that led us astray in the first place. Openness enables us to “get a grip” on what is real about ourselves, to establish authentic relationships, and to be able to laugh at our human foibles. With sufficient examples of light and laughter in the face of trouble, we learn to think and speak more fearlessly first with others, and then (most importantly), with ourselves. We are not going to find solutions to our issues—or we won’t feel solid about relying on them—until we are willing to work through the thinking that gave rise to our eating disorders in the first place. To recover, we have to be willing to face and address fears

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regarding the body as well as the mind. To deal with these requires examples that inspire hope and courage. So, while many people take inspiration from outside sources—and this is never discouraged—it is through working the Steps of EDA with other members of EDA that the majority of us find insights and demonstrations of courage that inspire full recovery from our eating disorders.

EDA groups demonstrate Tradition Five directly, by keeping to these EDA principles, and Tradition Six indirectly, by not affiliating with outside groups or other programs. Gisele B, EDA's founder, addressed “fitting in” with other programs at the June 6, 2018 meeting of EDA's GSB.³⁹

“I wanted to address this separately because this is such an important issue. An EDA member recently raised a concern about EDA's statement that ‘balance—not abstinence—is our goal.’ ...

My recovery is inside, not based on external measurements. The work of recovery is work we do on ourselves. Letting go of eating disordered behaviors is a byproduct of that work. I don't see any way of getting full recovery in EDA without working on my *real* issues. Ask people who have full recovery, ‘When did you get full recovery?’ and the answer is almost always, ‘I am not exactly sure.’ ...

I realized getting balance in every area of my life was what worked. I still have a long way to go—lots of room for growth—but I know I am in full recovery because of where my focus is: on what is really important. The reason I identify in meetings as fully recovered is to give the newcomer hope, and for my own accountability.

This can be a hard gig, just living life, but anyone can gain their life back, and it is worth it. Because EDA does not focus on numbers and

³⁹ GSB Meeting Minutes, June 6, 2018, GSB of EDA Archives. Refer to the long form of the address for additional content indicated by ellipses.

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length of time, my focus goes to dealing with my issues so I can live at peace with myself. ...

Abstinence was never the model for EDA and I want to make that clear: EDA is not an abstinence-based program; it is a full recovery program. The process of recovery is messy. It's never just about stopping a behavior. It's about fundamental transformation. ...

EDA is different from other Twelve Step programs and I pray the foundation and principles do not ever get compromised or watered down, so we can "fit in" or feel more comfortable with other programs.

The foundation of a program is very important to keep intact. 'Balance—not abstinence—is our goal' has such a deep meaning. I don't think we knew at first how important this was going to be, or how well it would work—but it is important because it *does* work!"

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Reflections on Tradition Six:

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- I can't believe people would actually think meetings shouldn't have signage for fear of endorsing places where meetings are held. We ought to be worried about sticking with attraction, not promotion, but I can't see how having an EDA meeting at a facility is a problem as long as signs aren't promotional.
- I belong to another 12-Step fellowship in addition to EDA. Recently, an EDA newcomer started attending my non-EDA meeting at the suggestion of her sponsor. After she started feeling more comfortable, the newcomer opened up about having an eating disorder and was promptly called out for not belonging. She left the room distraught and in tears. I know her sponsor meant well but perhaps did not anticipate the profound clarity of the message transmitted by the outside group: an eating disorder is something to keep hidden. Shame and secrecy

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about our eating disorders is a barrier to recovery. I think we should be very careful about what we tell newcomers about attendance at other groups. There are lots of online and phone meetings. It is disrespectful to the newcomer and other fellowships to think all issues and recovery from them are the same. The Steps and fundamental transformation may be the same, but the issues and the way we have to think about them in order to recover are very different.

- I agree about the affiliations with other groups. If you go to them, good for you, but EDA as a whole should not endorse them. I even think they should be referred to generally as “other Twelve Step groups” rather than by name. We don’t have an opinion on outside issues. All Twelve-Step programs may seem the same, but the differences matter. EDA works because it is different.
- In my group, we had both protractors and detractors of a few other Twelve Step programs. One meeting chair got tired of reminding people that these were outside issues about which EDA has no opinion. We decided to start referring to other Twelve Step Programs as “OTPs” to remind ourselves that other programs are none of our business.
- Tradition Six reminds EDA groups not to get distracted by money, property, or prestige. I’ve worked closely with professionals and treatment centers to help others and it can be a wonderful experience. Collaboration helps everyone. A bridge too far would be associating the EDA name with a money-generating operation such as an EDA-branded treatment center. The ends do not justify the means. We need to safeguard EDA against distractions.