

## Chapter 2

### THERE IS A SOLUTION

We, the members of Eating Disorders Anonymous (EDA), have found a solution to the problem of our eating disorders. We who were once very alone, miserable, and hopeless are now happy, joyous, and free. We are eager to share with you what worked for us.

Though we are “normal” folks in most respects, we are not united by the things that commonly bind people together. We share no common political or religious position and we come from all walks of life. Every ethnicity, gender, and sexual orientation can be found among us. We are young and old, muscular and frail, affluent and far from it. And our eating disorders were as varied as we are. Some of us binged until very severely obese; some of us starved until very severely underweight; others appeared normal while engaged in very abnormal eating practices. Some of us experienced only one type of eating disorder, while others adopted various patterns over time. What joins us together is not our illness—our eating disorders drove us away from the people who loved us the most! The bond we share is a *common problem* (a seeming inability to regain health and sanity on the basis of self-knowledge and desire alone) coupled with a *common solution* (the Twelve Steps of EDA).

### Finding Hope

In order to find hope of recovery, we first had to admit we had a problem. Then we had to take action to

put ourselves on a different footing with life and a different understanding of our place in it. Admitting we had a problem was hardly sufficient by itself, but it was a good first step.

Most of us had no real issue admitting we had a problem to ourselves. Yet it was difficult, we found, to fully open up to a friend or someone in the medical profession. Typically, we minimized the severity of our situation. We wanted a solution without fully divulging the truth of our daily lives, lest we be labeled crazy. We did not want to acknowledge just how damaging our obsessions had become. In any case, our reluctance to deal honestly with reality usually led to more years of suffering despite the best efforts of those who wanted to help us. Unable to trust ourselves to get out of the situations we had created, we could not seem to trust others, either. This was a huge block to progress.

Having an eating disorder is not like most other chronic conditions that people can objectively understand. To outsiders, we imagine it must look as if we are dispassionately choosing to be ill and stay ill. Not surprisingly, we cannot easily discuss our condition with others, even helpful professionals. We ourselves find it hard to comprehend how we became so ill, let alone how we could possibly have stayed ill for so long. We discover that it's easier to talk with people in recovery, who understand first-hand what we have been through. We can be open and free with each other with very little effort. No one can inspire trust, confidence, and hope in an eating-disordered person like someone who has "been there."

We do not profess to have the only solution, nor do we think our solution is necessarily better than any other. There are many paths to recovery. Our main hope is that

you find one that works for you. We certainly never discourage anyone from taking any action that feels like the right road. But we are here, should other means fail.

We are equals, regardless of the manifestation of our eating disorders or our current circumstances. Those in recovery do not have a “superior” attitude with respect to those who have not yet found relief or taken action. You will find neither pity nor shame in our rooms. Some of us have advanced degrees and some of us work with eating-disordered clients. But in EDA, we are all peers.

The good news is that no matter how sordid and miserable your story, how mild or severe your symptoms, we have been there. We are confident you can recover, because we were able to recover ourselves. Were you molested? Were you ridiculed and berated? Many of us were, too. We felt as you felt. Perhaps you can find no clear and obvious reason why you developed an eating disorder, or the reasons seem trifling compared to the severity of your illness. Many of us fit that description, too. Did you create needless pain and misery in your life and in the lives of those who cared about you? We certainly did. Yet despite the damage we caused, we found that even the most awful truths about ourselves, and our lives, could be turned to good purpose.

Perhaps you want to quit doing things you know are problematic, but think your case is not as hopeless as some of ours. We hope you are right. If you are not sure whether your condition is serious enough to merit a dive into the Twelve Steps of EDA, we urge you to read the next chapter, “More About Eating Disorders.”

Our main purpose in this book—as in our groups—is to share our experience, strength, and hope with others who struggle with eating disorders, so that they might hear the message of recovery and find it for themselves. We will be

bringing up controversial topics, including mental illness, religion, spirituality, atheism, psychological and psychiatric treatment, and sex. We want to be clear that we are addressing these topics not because we wish to stir things up, but because they are important to recovery. In this chapter, we discuss how many of us got so ill and introduce material that explains how we got better.

### **Assessing Severity**

All forms of eating disorders are dangerous. Electrolyte imbalances caused by over-exercise and other forms of purging can lead to heart failure. Health effects associated with binge eating include obesity, sleep apnea, and diabetes. Anorexia is associated with the highest mortality rate of any mental illness.<sup>1</sup> Regardless of type, eating disorders exist along a spectrum of severity, which, for brevity's sake, we will divide into three categories:

*Inconsistent (irregular or intermittent):* People with inconsistent symptoms of an eating disorder may occasionally become obsessed with weight or body image, and sometimes engage in one or more behaviors that are hallmarks of a classic eating disorder: restriction of intake, bingeing, use of laxatives, enemas, exercise, or other forms of purging. Such people may or may not develop a full-blown eating disorder or be aware that their behavior is dangerous. People with occasional symptoms are usually able to maintain something that looks like a normal life and may be relatively unconcerned about changing.

<sup>1</sup> 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.

*Consistent (regular and persistent)*: People who routinely engage in eating-disordered thoughts and behaviors may be very ill, but many respond favorably to one or more modalities of treatment such as nutritional counseling, individual therapy, intensive outpatient therapy, or inpatient treatment.

*Resistant (obsessive and intractable)*: People who become obsessed in their engagement with eating-disordered thoughts and behaviors often report feeling hopeless about their condition; many get to a point where a normal life seems impossible. Most have tried one or more forms of treatment, yet despite progress toward recovery, patterns of negative thinking (thoughts that lead to anger, resentment, fear, self-pity, shame, guilt, confusion, frustration, and despair) seem impossible to escape. When such thoughts occur, people with more severe eating disorders revert to restricting, bingeing, and/or purging no matter how dire the consequences. People thus situated have lost faith in the idea that they can walk away from their eating disorders; they have fundamentally lost trust in themselves.

Somewhat ironically, the person whose eating disorder meets the more severe description may be best situated to benefit from the means we have laid out in this text. If they are able to find hope and develop even a modicum of trust, such individuals are often willing to go to any lengths to build a solid recovery. However, our goal in this text is to try and help *everyone* develop the willingness to change—especially those who have not yet reached the point of desperation—so that they, too, might be free.

It is important to mention here that over time all of us in EDA, including those who are the most ill, discover

that the source of our eating-disordered behavior is not our body, but rather our *thoughts and the mental and emotional states they produce*. Certainly, severe malnourishment and electrolyte imbalances can render us physically incapable of rational thought and action; such issues require immediate attention. Yet we need to be very clear about this point: In our experience the issue is never a physical allergy or addiction to any food. People can certainly treat food like an addiction, but food is not addictive in and of itself. If you believe that a diet or disciplined program of eating will cure you, you will find no support for this idea in EDA meetings or literature. Once we are nutritionally stable, food is completely beside the point—even if it does not feel that way at first.

### **Hitting (or rolling around on) the Bottom**

After months or years of living with eating disorders, we who are writing this text arrived at a point where we urgently wanted to stop. We wanted to be rid of our destructive behaviors and obsessions once and for all! Many of us had physical consequences and extreme emotional disturbances, and some contemplated suicide. At times, we felt there was no hope; we were condemned to patterns of thought and behavior we desperately wanted to stop. We were sick of the endless thoughts about food, weight, and our bodies. We struggled with a sense of not belonging and never feeling “all right.” No matter how much we acted out, obsessed, or tried to control our fixation on food, it was never enough. *We* were never enough.

Rarely were we able to achieve any kind of serenity or peace when active in our eating disorders. Some of us were told that we would never recover unless we changed,

yet we persisted in trying. We promised ourselves that if we just weighed a certain amount, looked a certain way, experienced horrible consequences, or if our disorders ever affected our relationships or our jobs, we *would* change. Long after ample evidence to the contrary, we continued to think that if we could muster enough willpower, self-restraint, and discipline, we could and would bring our eating disorders “under control” at last. But no matter how great our willpower seemed to be in other aspects of our lives, or how dire the consequences of our behavior, our eating disorders were unstoppable.

Most of us had the idea that if we could “manage” our weight, food, and bodies well enough we could still act out in some form or another—at least from time to time. Early on, most of us were able to stop, control, or moderate our obsessions temporarily when we really made an effort. But as time passed, this became increasingly difficult. The more we allowed the eating disorder to be part of our everyday lives, the more entrenched our negative thinking and behavior became. Eventually, we came to the realization that our disorders were more powerful than we were. Even those of us who had near-death experiences found the *desire to stop was not enough to fundamentally change our thinking or behavior*.

Many of us suffered a litany of health problems, ranging from weakness and dizziness to electrolyte imbalances, suicidal thoughts, seizures, ruptured organs, and hospitalization. Of course, we had issues before the negative thoughts and behaviors became habituated; most of us had been anxious or depressed long before developing our illnesses. But in our experience, pre-existing conditions only worsened over time as a result of engaging in eating-disordered patterns.

Even just a few consequences should have been enough to scare us into recovery, but they weren't. When we attempted to moderate or control our behaviors, our eating disorders came back—often with a vengeance. When we attempted to assert control over our lives, we found ourselves “giving in” just to get relief from our obsessive thinking. Consequences, self-disgust, and humiliation were never enough to stop us in our tracks. When the option to think or behave differently presented itself, we sometimes thought about changing, but most of the time we were too frightened to change. We felt anguish and despair, not trusting that small changes could result in the big shifts we knew we needed to make. Sometimes we were so numb that we did not recognize opportunities to change. We reacted to most situations as if on auto-pilot, without any premeditation at all. Ultimately, whatever manifestation of eating disorder we had, we just did it: nothing seemed able to get in our way.

In desperation, we sometimes placed ourselves under the care of medical professionals and even loved ones in hopes that outside support could help us. We tried to follow suggestions and plans of action exactly as directed, but most made little progress. From the outside looking in, others could not understand us; from the inside looking out, we could not explain ourselves. Sometimes normal eating and health was restored with the assistance of a medical facility, but even when freed of the physical consequences of our behavior, the thoughts persisted and we ended up back where we started. It began to dawn on us that our eating disorder issues must be rooted in our minds after all. Medications often helped, but despite our hopes and those of our medical teams, nothing seemed to work reliably in the long run. Sometimes our symptoms grew even worse after we sought outside support.



Although a few of us remained convinced that we just needed to “hit bottom” to find the motivation to recover, many of us began to realize we had been rolling around on “the bottom” for years on end: we were simply unable to find the footing needed to come up for air. It dawned on some of us that an eating disorder could be a progressive illness, in the same way that alcoholism is described in the book *Alcoholics Anonymous*. That is, the more we practiced our behaviors, the more we seemed to need them.

Some of us came to believe that if outside support and prescribed medications could not remove our negative thoughts—or stop those thoughts from forming—then maybe being active members of a religious organization would work. We immersed ourselves in attending services, praying, participating in support groups, volunteering in outreach programs, hoping that if we got closer to God through these commitments, we would recover. We did not. Our obsessive thoughts continued to wash over us, tugging on us as we struggled to reach the bright shore of recovery. No matter how much service we performed, lasting relief seemed beyond our reach. Many of us got to a point where we thought the only way we could ever gain complete physical freedom was if we gave ours up—and were hospitalized.

Many EDA members attempted to recover through abstinence-based Twelve-Step programs. However, following a disciplined plan of eating, perhaps refraining from certain foods or food groups as is often suggested, generally afforded us little, if any, reprieve. Much to our horror, many of us experienced an explosion of eating-disordered thinking and behavior in response to such programs. Rigidity around food seemed to fuel our obsessions, which led to an even more powerful illness. In many Twelve-Step

programs, we did find comfort knowing that we were not alone, and that the crazy ideas we had about ourselves, food, weight, exercise, and our bodies were quite common. Unfortunately, knowledge that we had company, and the understanding and insight that comes from empathy, did not—in and of themselves—provide for significant or lasting change.

Confronted with mounting evidence from our individual experiences, most of us concluded that there was simply no way out of our misery. We felt condemned to live with our eating disorders forever. We could see that our illnesses ruled our thoughts and actions. In essence, they controlled our lives. That was a bleak realization.

## A Way Out

Fortunately, we found recovery from this seemingly hopeless state of mind and body. How is this possible when many of us had been declared incurable—and believed it? Lucky for us, we have a way out—*there is a solution*.<sup>2</sup> While we were out looking for the “one thing” that would make it possible for us to stop acting out by removing the constant thoughts about food, our weight, and our bodies, that one thing—the key to our freedom—turned out to be the *spiritual awakening or transcendent transformation we achieve as a result of working the Twelve-Step program of Eating Disorders Anonymous*. Not all EDA members consider their “transcendent transformation” to be religious or spiritual in nature. Anyone uncomfortable with the idea of a spiritual awakening is welcome to substitute “transformation” wherever the phrase occurs.

<sup>2</sup> *Alcoholics Anonymous*. (2001) New York, NY: AA World Services, Inc., 25.

How do we go about this awakening or transformation? After the core principles of EDA were established—including a focus on balance, positivity, non-rigidity, and taking care of basic needs—some early members of EDA found recovery by working from the Alcoholics Anonymous Big Book, substituting the words “acting out” for “drinking” and “eating disordered” for “alcoholics.”<sup>3</sup> Combining EDA’s core principles with the Twelve Steps was effective even for those suffering from the most severely disordered thinking and behavior patterns. The changes we experienced sometimes came quickly, sometimes slowly; sometimes we were aware of them, and sometimes not. There came a point, however, when we began to notice that we had a new outlook on life and new reactions to life events.

We found that an essential part of this transformation was a shift from self-centeredness to constant thoughts of others and how we might help them. We began to see how the truth of our experiences before and after recovery could serve to benefit others. We were floored to realize that the simple process of working the Twelve Steps of Eating Disorders Anonymous resulted in gradual improvements in our lives, until we no longer had to deal with eating-disordered thinking or behavior except when supporting newcomers—work that continues to remind us just how fortunate we are.

Day by day, as they work the Steps, newcomers in EDA find their eating disorders weakening; the stranglehold gradually loosens. Our recovery grows with our increasing reliance on ideas that hold more power to provide peace and perspec-

<sup>3</sup> Alcoholics Anonymous World Services’ lawyers wrote to EDA’s General Service Board objecting to the practice of word-substitution when reading AA texts. EDA’s General Service Board requests that EDA meetings and sponsors use EDA literature to ensure consistency and clarity of our message of recovery, which aligns with but also differs from that of AA in important ways.

tive than our eating disorders ever did. As we learn to trust these ideas, our consciousness or awareness of a Higher Power or higher purpose deepens and expands. Our deliberate and thoughtful efforts to align our actions accordingly begin to engage us more and more. It does not matter whether our Higher Power or purpose—*God or a greater context of our own understanding*—agrees with anyone else's conception. What matters is that we, individually, come to a point of acceptance that there *is* a Power or purpose greater than we are, and that we can trust it to help us overcome our eating disorders.

Many are happy to find their idea of a Higher Power aligns well with that of an organized religion; others are content with a conception that does not fit into any specific creed. Some find that making a commitment to serve a higher purpose—outside of and greater than themselves—works well. While the specifics matter a great deal to us individually, collectively we can see that our differing ideas all work to bring peace and freedom from our eating disorders. As we surrender our thoughts and actions to better serve either God or a higher purpose of our understanding, remarkable things begin to occur: our thinking becomes less disordered, our acting out becomes less frequent, and we begin to see our emotional lives develop a breadth and depth we had never before imagined. We are restored to sanity as a result of working the Steps. While many of us describe our transformation as a miracle, we can all be glad that recovery is a rational and perfectly logical outcome of deliberate thought and action. Recovery, and joy in what we are able to do once we are free of the bondage of our eating disorders, brings tremendous satisfaction and deep gratitude.

We invite you to embark on the journey of recovery with us, and see for yourself: *there is a solution that will work for you.*

## How to Use this Book

In Chapter 3, “More About Eating Disorders,” we explore in greater detail what it means to have an eating disorder, and we explain why *programs and practices addressing our mental and spiritual states make more sense than diets and disciplined programs of eating*. Through a few examples, we examine the strangely ineffective mental state that precedes a return to eating-disordered behaviors. We discuss how, *even after we have made a solid start on our journeys into recovery*, we can remain vulnerable to “triggers” and prone to “going on auto-pilot” when circumstances invoke old patterns of thought and habit. We show how our simple program of action—what AA describes as a “design for living that really works”<sup>4</sup>—goes beyond addressing these “strange mental blank spots,”<sup>5</sup> enabling us to move past the concept of simple “recovery” or “restoration” to something greater than we could have imagined: a happy and purposeful life in which we are connected to others and to the universe in ways that feel complete and fulfilling.

In Chapter 4, “We Agnostics, Atheists, and Believers,” we bring up the challenge that having a “spiritual solution to a spiritual malady” poses for those who are atheist or agnostic. Although we take a different approach than the chapter “We Agnostics” in AA’s “Big Book,” we show why objections to the concepts of a “Higher Power” and a “spiritual awakening” need not pose a barrier to recovery. The good news is that a fundamental transformation, on the order of what Dr. Carl Jung described as the “vital spiritual experience” necessary for the hopeless to recover,<sup>6</sup> is acces-

<sup>4</sup> *Alcoholics Anonymous*. (2001) New York, NY: AA World Services, Inc., 28.

<sup>5</sup> *Ibid.*, 42.

<sup>6</sup> *Ibid.*, 27.

sible to everyone through working the same Twelve Steps. The reality is that atheists can work the Steps successfully with a few accommodations. We think AA's founder, Bill Wilson, would have found these adaptations acceptable. When presented with the idea that Buddhists in Thailand wanted to use a version of the Twelve Steps that substituted "good" for "God," Bill responded, "*To some of us, the idea of substituting 'good' for 'God' in the Twelve Steps will seem like a watering down of AA's message. We must remember that AA's Steps are suggestions only. A belief in them as they stand is not at all a requirement for membership among us. This liberty has made AA available to thousands who never would have tried at all, had we insisted on the Twelve Steps just as written.*"<sup>7</sup>

Chapters 5, 6, and 7—"How It Works," "Into Action," and "Working with Others"—lay out the Twelve-Step program of recovery as it works for us. Those of us with a solid religious practice may find it somewhat easier to take the Steps than those of us who do not, yet we must stress that even those who are totally comfortable with their understanding of God may find the process quite difficult. As the saying goes, our solution is simple but not easy. The AA "Big Book" chapter, "There is a Solution," makes clear that religious conviction by itself does not guarantee recovery.<sup>8</sup> We have to do the work.

Regardless of our approach—religious, spiritual, or secular—we members of EDA take essentially the same program of action and obtain the same results on our path to recovery. Our conceptions of a Higher Power and higher purpose are as varied as we are, yet we do not debate these concepts amongst ourselves. Our task is to carry the mes-

<sup>7</sup> *Alcoholics Anonymous Comes of Age*. (1957) New York, NY: AA World Services, Inc., 81.

<sup>8</sup> *Alcoholics Anonymous*. (2001) New York, NY: AA World Services, Inc., 27.

sage of recovery as it has worked in our own lives, not to direct the lives of others. Each person is responsible for their own thoughts and actions; each person is responsible for their own recovery.

In the latter portion of this book, we present individual stories that describe what we went through and how we recovered. Here you will find evidence of the diversity in our backgrounds; distinctions in the manifestations of our eating disorders; variations in our conceptions of God, a Higher Power, or a higher purpose; and differences in our experiences with recovery in EDA. We hope no one is repelled by the desperate circumstances to which some of us were reduced. We surely hope that those of you reading this have not arrived at a comparable state, but we think that only by being completely transparent will we connect with the truly desperate. We hope our stories will serve to reassure you that you are not alone and convince you that you, too, can recover.