

Anorexics and Bulimics Anonymous

“Sobriety is Surrender”: What does THAT mean?

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1. Introduction

“What do you mean by ‘sobriety?’” “How do you get sober?”

These two questions are probably the ones most commonly asked by newcomers to Anorexics and Bulimics Anonymous. They therefore require clear, consistent, and helpful answers. Such answers will reveal the unique essence of ABA, the one foundation on which we stand united as a Fellowship, differentiated from all other 12-Step Fellowships dealing with eating disorders.

Since ABA came into existence in 1993, and especially since our textbook was published in 2002, more and more people have been recovering from their eating disorders using the ABA approach. Our unique path to recovery is based on our definition of the “drug” to which we are addicted, the concept of “sobriety,” and our common method of achieving sobriety by obtaining meal-support from other people. It is no exaggeration to state that our very existence as a united Fellowship depends upon these three ideas—ideas given to us by the Higher Power who called us into existence two decades ago.

“Hands off the food!” is the suggestion offered by those who have gone before us and found liberation from their anorexic and bulimic obsessions by letting go of all control over their food, by completely turning it over to their Higher Power *working through other human beings*. We learned, often by bitter experience, that anything short of *total surrender* of food, exercise, weight, and body shape to a Higher Power is insufficient to allow full recovery from our disease.

Our path to recovery works for us. It may work for others—for newcomers checking out our approach—and our primary purpose is to offer what we have been given to anyone searching for a solution to

their eating disorder. “Giving our recovery away” allows us to stay sober. We are filled with gratitude to the Higher Power who has led us, as individuals and as a Fellowship, to the fullness of recovery, and we are eager to offer our unique approach to anyone who wants it.

We have noticed that some of our newer members are unclear or confused about what sobriety is, and about how to achieve it. We have therefore undertaken to compile this document—based on the lived experience of sober ABA members over the past two decades—to provide clear and practical guidance for anyone seeking sobriety. We gathered all of what follows by soliciting input from ABA members worldwide. We intend it to supplement the information on this subject contained in Chapters 6 and 7 of our textbook. We hope that for many it will shine an even brighter light on the path to full recovery that we have found.

2. What attempts to get sober did NOT work?

“People with eating disorders cannot feed themselves!”

Thus spoke Dr N, psychiatrist and director of a well-known American clinic specializing in the treatment of eating disorders. He was addressing a recent large gathering of health-care professionals working in the field of eating disorders. During his presentation, Dr N revealed that he himself is a recovered anorexic and that his recovery began when he allowed someone else to assume all responsibility for planning, preparing, and serving his meals for him.

Dr N continued with these startling words: *“Therefore, the first thing the eating-disordered patient seeking recovery needs to ask is, ‘Who will feed me?’”*

In Dr N’s case, the person who “fed” him was his wife, and he needed to allow her to do that for him for the first seven years of his recovery.

Without knowing it, this good doctor was echoing the central message of Anorexics and Bulimics Anonymous, one that we have carried through the entire twenty years of our history. Our inability to feed ourselves was first noted by our pioneering members, alongside the discovery that letting go of all control of our food and body weight (by

allowing someone sane to feed us) permitted us to recover from our eating disorders. We also needed to quit weighing ourselves, and to allow a professional to monitor our weight in sobriety.

Nevertheless, we anorexics and bulimics are extremely self-willed people, stubbornly determined to do things our own way. So it is not surprising that our members' stories include a vast array of attempts to recover using our own methods—*anything* other than totally surrendering *all* the control (real or imagined) that we felt we had over our food and our body weight.

Here are some of the methods that we tried:

- Continuing to prepare our own food while following certain rigid meal plans, devised either by ourselves or by someone else (even a dietitian)
- Promising to gain weight or to not drop below a certain weight, as long as we were allowed to continue preparing our own food
- Eliminating foods from our diet (e.g. sugar or flour or desserts or “junk food”) that we were certain would trigger a binge
- Insisting on eating smaller portions than the dietitian said we actually needed, to avoid “feeling too full” and the drive to purge
- Letting someone else prepare our meals, but demanding that all food be vegetarian, or gluten-free, or “organic,” even though no medical condition required this
- Agreeing to go on meal-support, while continuing to shop for all the ingredients ourselves, allowing us to stay in control of the food we were ingesting
- Agreeing to go on meal-support, while continuing to count calories, read labels, or evaluate what was being served in the light of our internal beliefs about what was “healthy”
- Letting go of controlling our food intake, while compensating with exercise to maintain control over our body weight or shape, or over our feelings
- Arbitrarily deciding that our problem was “not that bad” so we didn't need meal-support for *all* our meals and snacks or for more than a few days or weeks—a time-frame we set for ourselves.

None of these measures, or any others that left us with a sense of control over our food or weight, relieved the mental obsession of our

disease: our preoccupation with food, our fixation on our body weight or shape, and so forth. In other words, we did not recover.

Why is this so?

Unlike 12-Step Fellowships that define *food* as the “drug” in Step One, ABA defines the “drug” to which we are addicted as *the feeling of being in control of our food or body weight or shape*. Unlike the Fellowships that suggest “abstinence” from certain foods as the key to recovery, ABA suggests the key to recovery is “sobriety”: *surrendering all control of our food, exercise, weight, and shape to a Higher Power. In early recovery this Power worked through another human being*. In practical terms this requires allowing someone else to provide us with “full meal-support”: to plan our meals without our meddling and to prepare and portion them without our assistance. Our job is to eat all of what is served, without questioning it or tampering with it, and without purging afterward, even by exercise. This we can do only by grace from our Higher Power, and for that reason ABA clearly states that “sobriety is a gift from our Higher Power.” Sobriety is not something we *do*, but rather something we *receive* from a loving Power that desires to free us from our eating disorders. Sobriety is the first stage in this journey of liberation.

If any reader is still doubtful about the necessity for such radical letting-go of control, consider the case of the alcoholic. It is obvious that someone addicted to alcohol cannot recover by switching from whiskey to beer (even if it is “lite” beer). Similarly, anorexics and bulimics—who are addicted to a feeling of control over their food or weight or body shape—cannot recover by switching from one method of control to another (even one that allows only a *slight* feeling of control). In other words, every time we try a different method of managing our own food, we are already on the wrong path. For full sobriety we do not “try”; we surrender, fully, by the grace of a Higher Power.

3. How DID you get sober?

At this twenty-year point in the history of our Fellowship, virtually all ABA members who have reached full recovery from an eating

disorder tell the same story. In early recovery all of us relied on other human beings to do for us what we could not do for ourselves: feed us. These “meal-support helpers,” as they are often called, are individuals who agreed to take over completely *all* responsibility for our food, both our meals and our snacks. This practice is termed “full meal-support.” Because our nutritional needs differ, these meal-support helpers require guidance from a dietitian who has assessed our individual needs and provided us with a dietary “prescription” that meets those needs.

Here are some of the full meal-support methods that have worked for ABA members:

- Asking a spouse or partner to provide meal-support
- Asking a family member or friend for meal-support
- Using a meal-provision service like “Meals on Wheels”
- Asking for meal-support from an organization that regularly feeds a group of people (e.g. a religious community or a hospital cafeteria or a nursing home)
- Hiring personal chefs to plan and prepare all meals
- Asking service staff in a restaurant to choose something from the menu
- Obtaining recommendations from a dietitian regarding appropriate frozen meals and snacks, purchasing them, and then randomly selecting the food to be eaten at meal or snack time (by rolling a die or drawing a number).

In the end, it mattered not at all who provided our meal-support or what food they gave us. All that mattered was that we completely surrendered, by the grace of our Higher Power. *Our sobriety was not found in food itself, but in our surrender of all control over our food.*

Many of our members came to ABA medically compromised by low body weight or other eating-disorder complications, and needed to be medically supervised throughout recovery. *It was not our place to determine if we were medically compromised*, for eating disorders render us incapable of perceiving ourselves accurately. We thus needed to follow the direction of our medical team—even if we ourselves work in the health-care field. Our members generally used the services of medical doctors, registered dietitians, psychiatrists, psychologists, counselors, etc—in a variety of combinations. Such

professionals were sometimes interested in reading the first eighty pages of the ABA textbook (Chapters 1 through 7), allowing them to better understand our unique path to recovery—which, judging from Dr N’s remarks earlier, may not be so unique or strange after all!

Our members found that the concept of full meal-support is really quite “portable” and does not mean that we will need to remain tied to one method of receiving meal-support, day in and day out, for months or years. For example, if we are in the habit of meeting a friend for dinner once a week, we can still do so, simply by asking that friend to select, prepare, and portion our dinner for us. Or if our workplace holds a potluck lunch, we can participate by asking a coworker to plate a meal for us. It is best to discuss these special situations with a sponsor before they arise. And we certainly do not manufacture occasions of eating-out to avoid a particular meal planned by our usual meal-support helper!

Although our long-term goal in recovery is to align our will with our Higher Power’s will for us (in eating, exercise, body weight, as well as in every other area of our lives), in the early stages of recovery any flashes of insight about these things occur rarely, if at all. Usually, the best thing we can do is pray for willingness to follow directions—from our sponsor, our meal-support provider, our medical team, and from other sober ABA members. Our job is always to surrender, by the grace of our Higher Power, to these directions, even if doing so brings up uncomfortable feelings and even if our eating-disordered minds direct us to rebel.

4. What about dietary restrictions for ETHICAL OR RELIGIOUS REASONS?

Some members coming into ABA want to get sober, yet continue certain eating practices that they believe pre-dated the onset of their eating disorder. Examples of these are vegetarianism for ethical reasons or periodic fasting prescribed by particular religions. Can the concept of meal-support make allowance for such dietary restrictions?

Great caution is needed in considering this question. Such matters need to be prayerfully discerned by the individual member and her

sponsor, bearing in mind that sobriety is defined, not by any particular way of eating, but by *surrendering all control* of one's eating practices to a Higher Power. Thus, in each case, the real questions to ask are: first, is the member willing to go to *any* lengths for sobriety? And, second, what is this member's Higher Power calling her to do with regard to such dietary restrictions?

In general, in order to get sober it is usually best to let go of vegetarianism, at least for a while, simply because our disease is so tricky and can easily masquerade as something ethical or sacred, and we can be fully deceived by it. About half our vegetarian members who let go and ate meat in early sobriety discovered that vegetarianism had been a way to feel in control of their bodies and/or their feelings, even though they didn't think so before they surrendered. The other half learned that it truly had nothing to do with controlling their bodies, just as they had suspected prior to letting go of their restrictions. The problem was that there was no way to determine beforehand which half a given individual would fall into!

As far as fasting or eliminating particular foods for religious purposes is concerned, most if not all religions that include such practices as part of their spirituality exempt anyone who is ill. Eating disorders are true illnesses that could prove fatal if food restriction triggers the physical "allergy" in the body of the anorexic or bulimic, resulting in an inability to stop restricting or in a switch to bingeing and purging. In other words, fasting or avoiding certain foods may trigger a relapse for the recovering member. We doubt very much if the God worshipped in any religion would want the member to kill herself! Nevertheless, such matters are best discussed with one's pastor or rabbi or other religious leader, while being completely honest with him or her about the implications of food restriction for a recovering anorexic or bulimic.

5. What about EXERCISE in sobriety?

This was another area in which our members have accumulated a vast amount of experience, and it is important to address this issue here.

Some of us believed that we did not have a problem with exercise, that it was not part of our eating disorder. However, when our

sponsor suggested we stop exercising, we experienced blinding rage or a need to argue, or outright unwillingness to follow this direction. All of these reactions showed us that in fact exercise *was* a part of our eating-disordered behavior and that we needed to follow the directive to quit exercising.

In surrendering so radically to our Higher Power in this area, as well as in the area of full meal-support as discussed earlier, it is helpful to remember that our letting-go of control is not a punishment from a cruel Higher Power who wants to torture us. Rather, we give all control over to a Power who loves us and desires to do for us all that we cannot do for ourselves. If we surrender, this Higher Power will take what we place in his/her hands—food, exercise, body weight and shape—and then restore us to sane thinking (through the 12 Steps) so that these things can eventually be returned to us, *but with freedom attached*. No longer will we be enslaved by the mad obsessions that have ruled our lives. If exercise is truly an aspect of loving self-care for us, we will be able to do it again once we are thinking sanely.

Therefore, if exercise is truly healthy for you, it's in your best interests to surrender it immediately, so that it can be returned to you when the time is right.

6. How long is FULL meal-support necessary?

In this matter, our members report a broad range of experience. For each of us walking the recovery journey, it takes as long as it takes. Some of us were on full meal-support for a few months, whereas others needed it for a number of years. The exact duration is determined by the length of time we required to be relieved of our obsessions about our bodies and about food. This relief is given to us by a loving Higher Power as we take the 12 Steps of the ABA Program.

We do not control the length of this time! In this, as in everything else, we surrender to a Higher Power who is working through other human beings—primarily our sponsor. And, we do not remain passive, helplessly waiting around to be restored to sanity. Rather, we actively cooperate with our Higher Power by giving up the struggle and by turning our attention to using the tools of recovery discussed in the ABA textbook (Chapter 13) and, above all, by working the 12

Steps with our sponsor's guidance. Our effort signals to our Higher Power that we are *willing* to continue receiving the daily gift of sobriety. Physical sobriety always remains the vital key to the whole process of being restored to sane thinking about our bodies and about food and exercise. And we will not be kept sober against our will.

We are only ready for transition off full meal-support when we no longer believe that we need to rigidly control our food, change our body weight or shape, or use unhealthy eating behaviors to alter our feelings. If you are new to ABA or not yet sober, this state may seem impossible to imagine, but we can assure you it will be reached, provided you get sober through full meal-support, stay sober, and do the 12 Steps of ABA. Slowly for some of us, quickly for others, our old thinking is replaced by new thoughts. When we sit down for a meal, we are no longer overcome by emotion, regardless of what is served. We eat our meals at the pace of normal eaters and without any urge to hide, lie, or manipulate. Our previous rules and rigidity are replaced by peace and calm. Food is just food—life-sustaining nourishment for our bodies, not the center of our lives. We think about it only when it is time to eat our meals or snacks, and we forget about it after we've eaten: we are free to go about our day in happy usefulness to our Higher Power.

When all of this became our predominant internal experience, we were ready to begin the process of feeding ourselves. This generally involved moving from full to “partial meal-support.”

7. What is PARTIAL meal-support?

Transition off full meal-support was usually a gradual process for our members. When we seemed ready (as described above), our sponsor suggested some method of partial meal-support so that we could slowly assume more and more responsibility for feeding ourselves. Our dietitian remained an important support at this stage of the process.

Here are some modalities of partial meal-support used by our members as they recovered:

- Accepting direction from a sane person (e.g. dietitian, sober ABA member, normal healthy eater) about what to eat and how much

- Starting first to select our own snacks, based on what we had learned from our dietitian and meal-support helper regarding our body's needs
- Starting to decide for ourselves what we would have for one meal per day (then two, then three), using the knowledge we had acquired when our meal-support helper was doing this for us
- Beginning to plan our meals and find recipes appropriate to our body's needs
- Going grocery-shopping with a sponsor or other sane person to provide guidance about flavors and brands and quantities of food to purchase
- Buying prepared single-serving meals to have available during times of stress or fatigue
- Using an appropriate plate or bowl to gauge our portion sizes, thereby eliminating the need to measure our food
- Using a rotation system for meals (e.g. pulling one of six cards listing a lunch to prepare and eat), to alleviate the stress of decision-making.

Our sober members emphasized the importance of the spiritual aspect of resuming feeding themselves. They spoke of the importance of prayer before making any decisions, during the meal preparation and portioning, while eating the food, and afterward. Here is a sample of their actual words:

- “I was learning to let God feed me using *my* hands instead of my meal-support helper's.”
- “I am in transition from full meal-support to feeding myself. Prayer is a tool that makes me conscious.”
- “I had to involve my sponsor and my professional team, especially the dietitian. My Higher Power worked through them.”
- “I'm now making sandwiches, and I just made my first omelette. Baby steps, and I'm not in a hurry.”
- “My sponsor said recovery is not comfortable, so I'd better surrender to being uncomfortable! Knowing that helped me survive countless uncomfortable moments in sobriety.”
- “I was shocked to discover what an alien experience shopping and cooking was for me. I'm not used to going places and doing things with God, so I need to *practice* staying in conscious contact with God.”

- “When shopping I’ve learned to search only so far, for example by confining myself to certain brands. Otherwise the huge variety makes me crazy. There are still some things I can’t do, like pick out one serving of grapes.”
- “I have to trust and rely upon God continually. That means following the suggestions of my doctor and dietitian and my sponsor, because God speaks through them. If *my* ideas worked, I would not have needed ABA in the first place!”
- “I needed to listen to God regardless of who God was speaking through. The main thing I had to know is that I am not God!”
- “I am no longer on meal-support, but I will always remain in *meal-surrender*, in that I let my Higher Power guide me and I say ‘Yes’ to food.”

8. How do you deal with FEELINGS in sobriety?

Some of us used our eating disorder to the point of emotional numbness, while for others it merely shrunk our emotional capacity. However, all of us used anorexia or bulimia to alter or control our emotional experience. So it is not surprising that when we surrender all control of food, body weight and shape, and exercise to our Higher Power, we begin experiencing the full range of human emotions.

If we developed our eating disorder in childhood or early adolescence, our ability to process our feelings may be developmentally delayed relative to our chronological age. We simply never learned how healthy adults process their feelings. We may also hold a number of false beliefs about feelings, for example that some feelings are “bad” or that they will last forever if we acknowledge them. Indeed, when we were trapped in our eating disorder, some feelings did seem to last forever, especially fear, mistrust, resentment, guilt, and shame.

In sobriety we will start to feel a wide range of emotions, and this can be frightening in itself. In early sobriety (especially the first year), we seem to shift rapidly from one state to another—the so-called “emotional roller-coaster” that most sober ABA members can attest to. We may move from happiness and relief through anger and rage to deep loss and sadness—all within the same hour. Provided we stay sober, we will not only discover, but also accept, that *all* feelings change: they come and go and shift from one feeling into another. We

learn how to tolerate uncomfortable feelings and to process them without having to escape, deny, or otherwise control them. Over time, we learn to recognize that we are having a feeling, allow it to be what it is, to come and go and change naturally in whatever way it will. Eventually we learn to identify our feelings and to talk about them. We discover that our feelings will never harm us and that our Higher Power is behind them and will not allow us to feel anything we're not ready for. Neither will our feelings hurt others, as long as we practice claiming them as our own and processing them without blaming others for them or taking them out on other people.

In short, in sobriety we learn that the only thing to do with our feelings is to *feel* them. There is no “wrong” way to feel! Our sober members have found a variety of ways that work for them. Here are some of their suggestions:

- Sitting quietly with whatever is going on internally
- Allowing tears and sounds to surface as they will
- Processing intense feelings may induce a sense of isolation, so having someone sit with us while we go through our feelings may help
- Talking with someone before and/or after processing feelings
- Journaling about what is going on can often “shake loose” a feeling that is blocked
- Painting or drawing or doodling or other art work can be helpful
- Having a safe space to retreat to when feelings are coming up is important—a place where we will not be tempted to hurt ourselves or others
- Asking our Higher Power for help in feeling our feelings, and for patience with ourselves as we practice
- Giving thanks to our Higher Power for the ability to feel and for what we are feeling, even if we don't *feel* grateful.

It may be helpful to remember that no one has ever died from feeling their feelings, and that many addicts have died from their attempts to avoid them. Processing emotions is a skill that can be learned. We can start wherever we are. We may need lots of practice connecting with feelings, expressing them, and naming them before it begins to feel natural to us. That's OK. There is no race and no finish line. We'll have ample opportunity to practice feeling our emotions for as long as

we live. Our learned ability to feel instead of escaping feelings is wonderful evidence that recovery is working in us.

9. What does more advanced sobriety look like?

Once we ABA members have been sober long enough to work the 12 Steps and thereby become capable of feeding ourselves, we experience a clear mental pathway through which a Higher Power can guide our eating and exercise directly, without the need for a meal-support helper. We all continue to *surrender* our food and weight and exercise to our Higher Power; we know we are not “in control” of these things. Most astonishing is the phenomenon that we no longer have any *desire* to be in control. With an ease that was previously unimaginable, we surrender to the nutritional guidelines followed by normal eaters, checking in as needed with our dietitian.

We no longer think about our weight or body shape: we completely accept that these are not our business, but rather our Higher Power’s business, and we trust that our bodies are as they are created to be at any given time. We continue to take direction from our dietitian and medical team, even if that changes with the passage of time. Should we notice a change in our bodies (e.g. a particular clothing size no longer fits), we check in with our professional team and pray for the grace to follow any direction we are given, trusting that this is coming from our Higher Power.

We have a new relationship with exercise as well as with food. No longer is exercise a means to control our weight or shape, but rather it is a modality of self-care for a self we have come to love. Many of our members consult a doctor or physiotherapist to obtain guidance around forms and amounts of exercise to support our health and well-being.

With regard to our former obsessional thoughts about our bodies and about food, most of us experience enormous relief—either permanent or for great stretches of time. If we do have such thoughts from time to time, we are able to notice them and identify them as coming from our old familiar “friend”—anorexia or bulimia. No longer are we tempted to act on these thoughts. We seem protected by our Higher Power. Such thoughts are usually short-lived, like a memory trace

that has been awakened temporarily but without the old compulsion to act on it. If the thoughts persist, we may need to call our sponsor, talk about them at a meeting, do some service work, or use another tool to deepen our connection with our Higher Power. If we are incapable of or unwilling to take action to bring ourselves back into right relationship with God, then it is a good idea to go back on full or partial meal support for as long as it is needed. This temporary inability to feed ourselves does not represent a step backwards in our recovery. Rather, the ability to recognize our need for additional help is a sign of spiritual progress. Many of us are now *grateful* for these obsessive thoughts, because they remind us that we still belong at ABA and need to participate there, and that we are still utterly dependent on God for the grace of sobriety.

In advanced sobriety we revel in the joy of being alive. We celebrate the marvel of our physical beings, attaching no significance to our weight or shape. We no longer even *desire* to know our weight or body measurements. Our relationships with God, with ourselves, and with others—family and friends and strangers—are strong and loving and healthy, better than we could ever have hoped for. We have discovered, and we now *know* absolutely, that there is a solution for anorexia and bulimia: surrender to a Higher Power. And we prefer to live in that solution. No longer do we have to merely survive on this earth. We are free to fully *live* the lives we have been created to live.

Does this sound too good to be true? We assure you it is not. It is the lived experience of every ABA member who has followed this path to getting sober, has stayed sober, and has walked the 12-Step journey in our Fellowship. If you want what we have found, we invite you to do what we have done!

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