

Anorexics and Bulimics Anonymous

“Sobriety is Surrender”:

A Guide for Meal-Support Providers

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1. Introduction

Meal-support is a vital component of ABA recovery. In our experience, in order to recover from this life-threatening illness, the ABA member needs to surrender all control over food, exercise, weight, and body shape to a Higher Power, *who is working through other human beings*. In the beginning, meals and snacks need to be planned, prepared, and portioned out by someone other than the member herself (or himself). This concept is fully discussed elsewhere, and anyone undertaking the provision of meal support is encouraged to begin by reading the first 80 pages of the textbook *Anorexics and Bulimics Anonymous*, as well as the document “Sobriety is Surrender: What does THAT mean?”, available on the ABA website.

This document is intended as a companion piece to that earlier one, and has been prepared using submissions from dietitians and from people who have actually provided effective meal-support for ABA members over the last twenty-two years. We believe their experience may be valuable for anyone undertaking this task today.

For ease of expression, throughout this document we will use the feminine pronoun when referring to the ABA member. However, everything applies equally to male and female members.

2. General information

No particular qualifications are needed to provide meal-support for a recovering ABA member, other than basic skills in meal preparation, the ability to follow a guide provided by the member’s dietitian, and time, availability and willingness to undertake the work involved. You do not have to be a professional chef!

Meal-support provision can be stressful, as well as highly rewarding. Remember you are dealing with people suffering from a serious mental illness, people whose emotional reactions to food may be completely beyond their ability to regulate. Extreme emotional outbursts are common from people in early recovery, and it is important for you as meal-support provider (MSP) not to take these reactions personally. They are not about you, but rather reflect the excruciating pain the ABA member often experiences as she lets go of her feelings of control over her food and body weight. These feelings have been the “drug” of her addictive disorder, and giving them up will seem like death to her, just as a drug addict will experience the pain of withdrawal when she quits using her drug.

On the other hand, no one should tolerate unacceptable language or abusive behavior from another person, regardless of how much pain that person is in. Your job as MSP begins and ends with putting the food in front of the recovering ABA member. *It is her responsibility to find emotional support elsewhere*, support that will allow her to surrender and eat the food as you have provided it to her, one meal (or one bite!) at a time. She has many tools at her disposal (prayer, the telephone, literature, etc) that will allow her to receive the grace to surrender. It is not your job to coax her to eat or convince her that you have given her the “right” food. In fact, such attempts on your part will be useless or even detrimental. Rather, we encourage you to take care of your own emotional needs—which usually involves putting some space between you and the ABA member.

Meal-support provision is simpler and easier if you are not living with the person you are supporting, but rather packaging up her meals for her to eat elsewhere. If you are a family member, such separation may not be possible, but even then it is important for you to take care of yourself. Be sure you take breaks from the job, letting others assist you as needed. Give yourself permission to process any feelings (anger, sadness, fear, etc) that come up, and find a safe place to do that (away from the ABA member you’re helping!) and supportive people to talk to about what you’re going through. Otherwise you may rapidly experience burnout and be unable to continue providing this support.

3. Collaborating with the Dietitian

Before embarking on meal-support, every ABA member needs to be assessed by qualified and knowledgeable health-care professionals, including a Registered Dietitian. This is the member's responsibility. You will then be given clear and detailed written information regarding the specific nutritional needs of the person for whom you are preparing food. The Dietitian generally provides this in the form of a meal plan, outlining distribution of food throughout the day, food groups, number of portions at each meal or snack, serving size, etc. Knowing that her individual needs are being addressed allows the ABA member to relax and trust that the food you are providing is indeed precisely what her body needs. Having detailed instructions from a nutritional expert also allows you, the MSP, to relax and trust that what you are providing is indeed what the ABA member needs. All doubt and second-guessing of yourself is thereby eliminated, so you will hopefully be less troubled by any emotional reaction or argument coming from the ABA member.

The interplay of these roles can best be understood by comparing them to the provision of medication for a patient with a physical ailment. Such a patient would be assessed by a physician, who writes a prescription, which is given to a pharmacist to fill. The patient picks up the medication from the pharmacy and takes it according to the directions on the label. If the pharmacist has any questions about the prescription, she contacts the prescribing physician, *not the patient*. As the patient takes her medication, she will be periodically monitored by the physician to ensure it is working effectively.

Transferring this analogy to the area of meal-support, the Dietitian is the "physician," the meal plan she writes is the "prescription," you as MSP are the "pharmacist" who fills it, the recovering ABA member is the "patient," and the meals and snacks you prepare are the "medication" that will allow her to get well. If you have any questions about the meal plan, it is best if you contact the Dietitian directly rather than asking the recovering ABA member.

The member returns to her physician and/or Dietitian for periodic monitoring of her response to the prescribed meal-support (weight changes, any reactions to food ingested, etc). Whenever adjustment to

the meal plan is required, ideally the Dietitian will communicate with you directly. It is usually best to leave the ABA member out of this discussion, although often the Dietitian will inform her that she is making an adjustment—just to avoid the element of unpleasant surprise when the member’s food changes.

4. Practical suggestions from experienced MSPs

- Discuss and agree upon all business arrangements at the beginning of the process, including reimbursement for the cost of food as well as for your time.
- In her individualized “prescription,” the Dietitian will note any genuine food allergies (nuts, shellfish, etc), and food intolerance (lactose, etc), as well as any medical conditions that require nutritional attention (diabetes, celiac disease, etc).
- In some cases, the Dietitian will also provide a short list of foods to which the ABA member has a lifelong aversion that truly *pre-dated* the onset of her eating disorder. All decisions in this matter remain with the Dietitian and should be respected in your meal planing.
- Never ask the member you are supporting what she prefers to eat or how she wants the food cooked.
- If you have questions, pose them later to the dietitian or another MSP, not to the member herself.
- Do not be influenced by any requests she makes for specific foods or how she wants it prepared. Make no alteration in what you had previously planned.
- All food preparation should be unobserved by the ABA member you are supporting. Get any help you need with preparation from someone else.
- Where feasible, the member may participate by doing clean-up, after the remains of the meal have been cleared from open surfaces in the kitchen.
- Present the food confidently, even if you don’t feel confident!
- Ignore any comments the member makes about the food.
- Do not argue about what you have given her. You do not have to justify or defend your culinary practices.
- If you are preparing food in advance for the member to pick up, package each meal and snack in a separate bag, clearly labeled and accompanied by instructions about refrigeration, etc.

- If you are eating with her, we suggest you consume all the food you've put on your plate, since you are a role model.
- Pleasant conversation during the meal can be helpful—about anything except food, nutrition, weight, or body shape! Make no comment about the meal itself.
- Remain calmly detached from any emotional reaction the member may experience. Remember this is not about you, but about the agonizing pain she is in. You might encourage her to leave the table temporarily to process her feelings or call her sponsor for support. You also may need to excuse yourself to engage in some loving self-care!
- It is *her* responsibility to eat the food you have provided. It is not your job to watch her, monitor her, coax her, plead with her, keep her at the table, or punish her. Avoid taking on the role of policeman or bodyguard, which would not be helpful.

5. Some general guidelines from a Dietitian

The suggestions that follow are of a general nature and may not apply in every case. *We cannot stress enough the importance of communicating directly with your ABA member's personal Dietitian.* Nevertheless, these ideas may prove helpful, especially if you cannot contact the Dietitian immediately.

- Most people need 3 meals and 2-3 snacks daily, eating every 3-4 hours and never exceeding 5 hours during the day without eating.
- Serve a variety of foods throughout the day and from one day to the next. This will help the member to develop her eating abilities and to accept variety in her diet, as well as to learn what balanced eating looks like—lessons which will serve her well once she begins to feed herself in the future.
- Using up leftovers is fine, even if it means repeating an entrée on consecutive days. This is part of normal culinary practice.
- Don't over-think your menu plans. Keeping things simple will reduce your stress as well as help the member learn to feed herself later on.
- It is best to avoid uncommon foods that are usually “acquired tastes” (e.g. organ meats, mollusks like oysters, clams, etc), as well as very strong or “hot” spices.

- Encourage good hydration. Most people need two litres (8 cups) of fluid daily—including water, milk, non-caffeinated tea, or juice. Coffee and alcohol do not count when calculating fluid intake.
- Increase fiber intake by using whole grains, ample vegetables, and fruits rather than fruit juice.
- Meals should generally include all four food groups. For example, breakfast would consist of a grain, protein, dairy, and fruit. Lunch and dinner would include a grain, protein, vegetables, and dairy. Fruit or dessert could be substituted for the dairy at lunch or dinner. Include a serving of fat at lunch and dinner (margarine, mayonnaise, or salad dressing).
- Frozen entrees obtained from a professional meal-provider service can be a good option for the main meal of the day. Add a fruit or dairy or dessert as appropriate.
- Snacks consist of two food groups: a carbohydrate (fruit or grain) and a protein (dairy or meat or alternate). Examples are fruit with yogurt or cheese or nuts or nut butter, milk with graham wafers or cereal or a cookie, vegetables with hummus, boiled egg with crackers, popcorn with cheese.
- Aim for at least two fruits daily.