

Note: This text is from the original edition of the *Where Do I Start?* pamphlet, copyright 2018. The pamphlet has since been extensively updated.

INTRODUCING OVEREATERS ANONYMOUS

Where Do I Start?

*Everything a Newcomer
Needs to Know*



Welcome, Newcomers!

The brief excerpts from the Big Book, *Alcoholics Anonymous, Fourth Edition*, are reprinted with permission of Alcoholics Anonymous World Services, Inc. (“AAWS”). Permission to reprint these excerpts does not mean that AAWS has reviewed or approved the contents of this publication, or that AAWS necessarily agrees with the views expressed herein. A.A. is a programme of recovery from alcoholism only—use of these excerpts in connection with programmes and activities that are patterned after A.A., but that address other problems, or in any other non-A.A. context, does not imply otherwise.

THE TWELVE STEPS OF OVEREATERS ANONYMOUS

1. We admitted we were powerless over food—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to compulsive overeaters and to practice these principles in all our affairs.

Permission to use the Twelve Steps of Alcoholics Anonymous for
adaptation granted by AA World Services, Inc.

Dear Newcomer,

Welcome to Overeaters Anonymous. OA is a Fellowship of individuals who, through shared experience, strength, and hope, are recovering from compulsive eating and compulsive food behaviours by working the Twelve Steps.

If you have tried to achieve a healthy body weight through many methods, only to fail repeatedly, or if your inability to control your eating is beginning to frighten you, then please consider attending an OA meeting. To find a meeting, go to oa.org and click on Find a Meeting.

At OA meetings, you will find others who have the same concerns and who share your feelings. Chances are you will find many of the answers you need. Overeaters Anonymous is a simple programme that works. There are no fees or registrations. We are self-supporting through our own contributions. The only requirement for membership is a desire to stop eating compulsively.

Now that you have found Overeaters Anonymous, you may want to make sure our programme is right for you. Many of us have found it useful to answer the following questions to help determine if we have a problem with compulsive eating.

1. Do I eat when I'm not hungry, or not eat when my body needs nourishment?
2. Do I go on eating binges for no apparent reason, sometimes eating until I'm stuffed or even feel sick?
3. Do I have feelings of guilt, shame, or embarrassment about my weight or the way I eat?
4. Do I eat sensibly in front of others and then make up for it when I am alone?
5. Is my eating affecting my health or the way I live my life?
6. When my emotions are intense—whether positive or negative—do I find myself reaching for food?
7. Do my eating behaviours make me or others unhappy?

8. Have I ever used laxatives, vomiting, diuretics, excessive exercise, diet pills, injections, or other medical interventions (including surgery) to try to control my weight?
9. Do I fast or severely restrict my food intake to control my weight?
10. Do I fantasise about how much better life would be if I were a different size or weight?
11. Do I need to chew or have something in my mouth all the time: food, gum, mints, sweets, or beverages?
12. Have I ever eaten food that is burned, frozen, or spoiled; from containers in the supermarket; or out of the rubbish?
13. Are there certain foods I can't stop eating after having the first bite?
14. Have I lost weight with a diet or "period of control" only to be followed by bouts of uncontrolled eating and/or weight gain?
15. Do I spend too much time thinking about food, arguing with myself about whether or what to eat, planning the next diet or exercise cure, or counting calories?

Have you answered "yes" to several of these questions? If so, it is possible that you have, or are well on your way to having, a compulsive eating or overeating problem.

As a newcomer to Overeaters Anonymous, you probably have many questions about this programme of recovery. What makes OA different from other programmes? How can OA help you recover from compulsive eating and maintain a healthy weight when everything else you've tried has failed? Can OA help you stop bingeing or yo-yo dieting? How can you achieve freedom from food obsession and compulsive eating? Is there any hope?

You Are Not Alone

You are no longer alone. We, too, have experienced hopelessness when we tried to control our problems with food or eating. We have tried every diet and used many methods to control our

body size, without success. We could not enjoy life because of our obsession with food, weight, and/or size. We could not stop eating too much even when we really wanted to. At times, some of us even refused to eat because we were afraid we would be overcome by our appetite. We felt shame and humiliation about our behaviour with food.

We are not like normal people when it comes to eating. What all of us have in common is that our bodies and minds send us signals about food which seem to be quite different from those the normal eater receives. Many of us can't stop once we start eating, and even if we have managed to stop from time to time, we can't keep from starting again. Some of us have repeatedly tried and failed to control other compulsive eating behaviours. So the cycle continues.

In Overeaters Anonymous, we learned that we have an illness, an unhealthy condition of body and mind that can be relieved on a daily basis. OA offers a solution. We find that we no longer want to return to the foods and eating behaviours that created uncontrollable cravings. We have been released from our mental obsession. We are able to achieve and maintain a healthy body weight. For us, that is nothing less than a miracle. We have found a way to abstain from our compulsive behaviours related to food, diets, weight, exercise, and/or body image.

We realised that we could not recover by ourselves, so we learned to share with other OA members. Instead of reaching for food to soothe our nerves, we went to a meeting, wrote about our feelings, read some OA literature, or called our sponsors. As we practiced these new and healthy behaviours, we began to feel safe. We found a home in the Fellowship and the support that OA offers us. We discovered that we can recover by following OA's Twelve Steps and by reaching out to help others with the same problem.

We promise that if you work the Twelve Steps to the best of your ability, regularly attend meetings, and use OA's Tools, your life will change. You will experience what we have: the miracle of recovery from compulsive eating.

Many Symptoms, One Solution

In Overeaters Anonymous, you'll find members who are:

- Extremely overweight, even morbidly obese
- Only moderately overweight
- Average weight
- Underweight
- Still maintaining periodic control over their eating behaviour
- Totally unable to control their compulsive eating

OA members experience many different patterns of food behaviours. These "symptoms" are as varied as our membership. Among them are:

- Obsession with body weight, size, and shape
- Eating binges
- Grazing
- Preoccupation with reducing diets
- Starving
- Excessive exercise
- Inducing vomiting after eating
- Inappropriate and/or excessive use of diuretics and laxatives
- Chewing and spitting out food
- Use of diet pills, injections, and other medical interventions, including surgery, to control weight
- Inability to stop eating certain foods after taking the first bite
- Fantasies about food
- Vulnerability to quick-weight-loss schemes
- Constant preoccupation with food
- Using food as a reward or for comfort

Our symptoms may vary, but we share a common bond: We are powerless over food and our lives are unmanageable. This common problem has led those in OA to seek and find a common solution in the Twelve Steps and Twelve Traditions of Overeaters Anonymous. We find that, no matter what our symptoms, we all suffer from the same

disease—one that can be arrested by living this programme one day at a time.

Abstinence — Our Primary Purpose

OA accepts the following definitions:

“1) Abstinence: The act of refraining from compulsive eating and compulsive food behaviours while working towards or maintaining a healthy body weight.

2) Recovery: Removal of the need to engage in compulsive eating behaviours. Spiritual, emotional, and physical recovery is achieved through working and living the Overeaters Anonymous Twelve Step programme.”

Many of us have found we cannot abstain from compulsive eating unless we use some or all of OA’s nine Tools of Recovery to help us practice the Twelve Steps and Twelve Traditions.

The Tools of Recovery

We use Tools—a plan of eating, sponsorship, meetings, telephone, writing, literature, anonymity, service, and action plan—to help us achieve and maintain abstinence and recover from our disease.

A Plan of Eating

A plan of eating helps us abstain from compulsive eating. This Tool helps us deal with the physical aspects of our disease and achieve physical recovery.

Sponsorship

We ask a sponsor to help us through our programme of recovery on all three levels: physical, emotional, and spiritual. Find a sponsor who has what you want and ask that person how he or she is achieving it.

Meetings

Meetings give us an opportunity to identify our common problem, confirm our common solution through the Twelve Steps, and share the gifts we receive through this programme. In addition to face-to-face meetings, OA offers telephone and online meetings.

Telephone

Many members call, text, or email their sponsors and other OA members daily. Telephone or electronic contact also provides an immediate outlet for those hard-to-handle highs and lows we may experience.

Writing

Putting our thoughts and feelings down on paper helps us to better understand our actions and reactions in a way that is often not revealed to us by simply thinking or talking about them.

Literature

We read OA-approved books, pamphlets, and *Lifeline* magazine. Reading literature daily reinforces how to live the Twelve Steps and Twelve Traditions.

Action Plan

An action plan is the process of identifying and implementing attainable actions that are necessary to support our individual abstinence. Just like our plan of eating, it may vary widely among members and may need to be adjusted to bring structure, balance, and manageability into our lives.

Anonymity

Anonymity guarantees we will place principles before personalities and assures us that only we have the right to make our membership known within our community. Anonymity at the level of press, radio, films, television, and other public media of communication means that we never allow our faces or last names to be used once we identify ourselves as OA members.

Within the Fellowship, anonymity means that whatever we share with another OA member will be held in respect and confidence. What we hear at meetings should remain there.

Service

Any form of service that helps reach a fellow sufferer adds to the quality of our own recovery.

Members can give service by getting to meetings, putting away chairs, putting out literature, and talking to newcomers. Beyond the group level, a member can serve as intergroup representative, committee chair, region representative, or Conference delegate.

As OA's Responsibility Pledge states: "Always to extend the hand and heart of OA to all who share my compulsion; for this I am responsible."

Further Information: a Plan of Eating

Most of us came to Overeaters Anonymous expecting to find the perfect diet and lose weight. What we found was a Twelve Step programme that provides a foundation for living life one day at a time. But no diet! We found unconditional love and support. But no diet! As newcomers to OA, we were confused. Where was the diet?

Developing a healthy plan of eating is one of the first Tools of the programme we use. While no plan of eating will be successful without diligent Step work, using a plan of eating as a Tool allows us to deal with food in a calm, rational, and balanced way. We follow our plan one meal at a time, one day at a time. This is the beginning of learning to eat according to our physical needs rather than our emotional cravings.

Defining a New Way of Eating Is Important

We are not like normal eaters. Obviously, there is something wrong with our current eating patterns, or we would not have come to OA. Normal eaters stop eating when they are full. We do not. Normal eaters do not hide food and plan how they will secretly get to it when no one is around. We do. Normal eaters do not use food to comfort their insecurities and fears, or to provide a fleeting escape from worries and troubles. We do. Normal eaters do not feel guilt and shame about their eating. We do.

In OA, we discover that our problem is not weakness or lack of willpower. We have a disease. When food is in front of us or calling to us, we cannot

trust our best intentions or willpower to guide us in making good eating decisions. We have made hundreds of resolutions to ourselves and others, tried every diet, tried therapy, hypnosis, injections, and pills, yet we could not stop eating compulsively.

Developing a Plan of Eating

Using a plan of eating is the beginning of freedom from compulsive overeating. Instead of depending on resolutions and willpower to help make good decisions in front of the refrigerator or in the restaurant, we develop a sensible plan of eating in advance. Initially, many of us use a daily plan of eating which includes what, when, where, and how much. This daily plan serves to separate our eating from our emotions and relieves us of making the decisions we formerly had to make throughout the day. Reducing the time we think about food clears our heads of the ongoing conflict between our self-will and the disease. We also find that we are more likely to stick to our plan if we commit it daily to a sponsor. As in the rest of the programme, we do this one day at a time. We do not have to think about doing it forever.

The Dignity of Choice

To develop a plan of eating, we review our eating patterns in order to learn which foods and/or eating behaviours create cravings. Discussing our eating history with a sponsor and health-care professional gives us objectivity and insight. When we seek help in developing a plan of eating, we practice the willingness to review our behaviours in a way we would not be able to do on our own. We have learned that a suggestion made by a sponsor or health-care professional should not be automatically rejected just because it makes us feel uncomfortable.

We believe that the body and mind of a compulsive eater reacts differently to food than the body and mind of a normal eater. We find it best to list and then remove all the foods, ingredients, and behaviours which cause problems for us. We urge

you to be honest and not continue eating certain foods or practicing certain behaviours simply because you can't imagine ever living without them. Those may be precisely the things that should be on your list. The practice of the Twelve Steps will, with time, relieve you of the desire to eat those foods or return to those eating behaviours. When we think of this process not as deprivation but as a positive act and an ongoing spiritual discipline, we begin to find freedom.

Below are examples of foods and eating behaviours that some OA members have identified as causing uncontrollable cravings.

Choosing Specific Foods to Refrain from —Our “Trigger” or “Binge” Foods

“Trigger” or “binge” foods are foods we eat in large quantities or to the exclusion of other foods; foods we hoard or hide from others; foods we eat secretly; foods we turn to in times of celebration, sorrow, or boredom; or foods that are high in calories and low in nutritional value. In addition, we look to see whether there are any common ingredients among those foods—like sugar or fat—that might exist in other foods we haven't listed.

Each of us may have problems with different foods or ingredients. If a food has been a binge food in the past, or if it contains ingredients that have been binge foods for us, we remove it from our plan. For example, if pasta is a trigger food, then other foods made with flour (breads, muffins, crackers) could cause problems. Extra servings of a non-trigger food might create cravings. If we are unsure whether a food causes problems for us, we leave it out at first. Later, with abstinence, the correct answer becomes clear.

Here are some examples:

- comfort foods or junk foods (such as chocolate, name-brand fast foods, biscuits, crisps)
- foods containing sugar (such as desserts, sweetened drink products and cereals, many processed meats, many condiments)
- foods containing fats (such as butter and

- other high-fat dairy or non-dairy foods, deep-fried foods and snacks, many desserts)
- foods containing wheat or flour or refined carbohydrates in general (such as pastries, certain pastas, and breads)
- foods containing mixtures of sugar and fat, or sugar, flour, and fat (such as ice cream, doughnuts, cakes, and pies)
- foods we eat in large quantities even though they aren't our trigger foods

When we identify the foods and food ingredients that cause us cravings, we stop eating them.

Choosing Eating Behaviours to Refrain from

Many people in OA say they could overeat anything, even if it isn't a binge food; so we also look at eating patterns that normal eaters would find abnormal—whether we eat all the time, or eat at specific times even though we aren't really hungry, or have specific habits or excuses that give us permission to overeat. Although sometimes those behaviours are linked to certain foods, sometimes we have those behaviours even with foods we don't especially like.

Here are some examples:

- eating until we're completely stuffed
- rigidly restricting calories until we are weak
- having to finish whatever's on our plate (or even someone else's plate!)
- devouring our food, often finishing before everyone else
- hiding our eating, or hoarding or hiding food, in order to eat extra amounts
- searching magazines for the latest weight loss scheme, or following unrealistic diets or regimens
- eating because it's free or because someone cooked it especially for us
- eating to celebrate or because it gives us comfort during times of stress or unhappiness
- needing to keep our mouths busy by chewing

- eating at particular times or in particular situations, whether we need to or not
- purging excess food with restrictive dieting, laxatives, vomiting, or extra exercise
- eating out of containers or while standing up
- eating while driving, watching television, or reading
- distorted thinking leading us to believe more and more foods will cause us problems—this can lead to dangerous undereating

When we identify the behaviours that apply to us, we stop them.

Creating a Plan

Virtually all plans of eating found among OA members involve refraining from specific foods or food ingredients and/or specific eating behaviours. Some in OA find just eliminating these to be a sufficient plan of eating. Others in OA have found, however, that they need more structure.

Those of us who need more structure determine exactly what and how much we can eat, and the time of day, intervals between meals, and the environment in which we will eat. We may also weigh or measure our food, count calories, or commit our food to another person on a daily basis.

Honesty is the key—we have to make certain we are not fooling ourselves. This is a serious business. We have to eliminate the foods and eating behaviours that trigger our compulsive eating, even though it means setting aside eating patterns that seem to form important parts of our lives. Most of us find we cannot define and select our plan of eating alone; we need to ask for help from sponsors, health-care professionals, and our Higher Power. We also need their guidance and support to follow our plan. Because our disease is so cunning, we commit to a plan of eating and make changes only after consulting with others.

Dealing with Quantities

Most of us have a hard time recognising how much food to eat, so we use some objective means to tell us

when we have had enough. Some of us eat only one plate's worth, don't go back for seconds, leave something on our plate, or stop when we feel full. Others find it important to weigh and measure their food.

Weighing and measuring at home, on occasion, or at all times may help us honestly assess our needs and progress. If we find it difficult to determine appropriate serving sizes, we may choose to weigh and measure for a time, or whenever we make changes to our plan of eating, just to be sure we are eating the right amounts. Some of us choose to weigh and measure to free ourselves from having to struggle with daily decisions about how much food to eat. OA takes no position on weighing and measuring; we find it more helpful to discuss these matters individually with our sponsor or health-care professional.

Please Note:

OA is not a diet club, and we recommend no plan of eating in particular. We do, however, believe as a Fellowship that freedom from the obsession and compulsion to eat is at the heart of our recovery, and a plan of eating that helps us achieve a healthy body weight is an essential part of our recovery.

OA takes no position on nutrition. It is between you and your health-care professional to decide whether these or any other plans of eating provide the nutrition your body requires. We urge OA members with diagnosed medical problems (including bulimia, anorexia, diabetes, heart disease, high blood pressure, hypoglycemia, etc.) to seek and follow the advice of a health-care professional before adopting any plan of eating.

What follows are samples of what some OA members have chosen as plans of eating. They may help you as written, or as a guide in developing your own plan. We suggest you talk to your sponsor and health-care professional about how to tailor any of these plans to your personal needs. For example, if you have special dietary requirements (vegetarian, lactose intolerant, carbohy-

drate sensitive, etc.), you may need help selecting and implementing a plan. In addition, if you need to modify your plan to suit your schedule or health conditions, you might split up your servings into more than the number of meals suggested.

Some plans set out the number of servings of each food; see the “What Is a Serving?” section on page 15 for choices and serving sizes. Because OA is a global Fellowship, foods native to your area that are not included in this section can certainly be part of your plan. Also, depending on your height, weight, and activity level, you may need 8-12 cups of fluid a day.

Plans of Eating

3-0-1 PLAN

- Three moderate, nutritious meals per day, with nothing in between, one day at a time.
- Don't eat the foods and food ingredients you identify as causing cravings.
- Stop the eating behaviours you identify as causing cravings.

BASIC PLAN #1

- **Breakfast**
 - 2 ounces protein
 - 2 starch/grain servings
 - 1 fruit serving
 - 2 cups milk or milk substitute
- **Lunch**
 - 4 ounces protein
 - 2 starch/grain servings
 - 1 fruit serving
 - 2 vegetable servings
 - 2 fat servings (10-12 grams fat total)
- **Dinner**
 - 4 ounces protein
 - 2 starch/grain servings
 - 1 fruit serving
 - 3 vegetable servings
 - 2 fat servings (10-12 grams total)

BASIC PLAN #2

- **Breakfast**
 - 2 ounces protein
 - 1 starch/grain serving
 - 1 fruit serving
 - 1 cup milk or milk substitute
- **Lunch**
 - 3 ounces protein
 - 1 starch/grain serving
 - 1 fruit serving
 - 3 vegetable servings
 - 2 fat servings (10-12 grams fat total)
- **Dinner**
 - 3 ounces protein
 - 1 starch/grain serving
 - 1 fruit serving
 - 3 vegetable servings
 - 2 fat servings (10-12 grams total)
- **Bedtime**
 - 1 starch/grain serving
 - 1 fruit serving
 - 1 cup milk or milk substitute

HIGH-CARBOHYDRATE PLAN

- **Breakfast**
 - 2 starch/grain servings
 - 1 fruit serving
 - 1 cup milk or milk substitute
- **Lunch**
 - 2 ounces protein
 - 2 starch/grain servings
 - 1 fruit serving
 - 3 vegetable servings
 - 2 fat servings (10-12 grams fat total)
- **Dinner**
 - 2 ounces protein
 - 2 starch/grain servings
 - 1 fruit serving
 - 3 vegetable servings
 - 2 fat servings (10-12 grams total)

- **Bedtime**
2 starch/grain servings
1 fruit serving
1 cup milk or milk substitute

VERY LOW CARBOHYDRATE PLAN

- **Breakfast**
4 ounces protein
1 fruit serving
- **Lunch**
4 ounces protein
1 cup cooked vegetables
2 cups raw vegetables
- **Dinner**
4 ounces protein
1 cup cooked vegetables
2 cups raw vegetables
- 3 fat servings (14-16 grams) throughout the day

Before choosing any of these plans, we urge you to consult with your sponsor and a health-care professional.

What Is a Serving?

The serving sizes suggested below are general guides.

Measurements: The relationship between volume measures and weight measures is variable, dependent on the food, and the conversion to metric units is sometimes imprecise. In general:

- 1 tablespoon = 3 teaspoons = 15 ml.
- 1 cup = 16 tablespoons = 240 ml.
- 1 ounce = 28.35 grams

Protein: Protein servings include all meats, poultry, and fish. One egg, 2 ounces of cottage cheese or ricotta cheese, $\frac{1}{4}$ cup or 2 ounces of cooked beans, 1 ounce of regular tofu or 2 ounces of soft/silken tofu, or 1 tablespoon peanut butter count as 1 ounce protein. Count 1 ounce of nuts (peanuts, pistachios, soy nuts, or almonds) as 2 ounces of protein.

Starches/Grains: One serving is an ounce of cereal regardless of volume (hot cereal to be weighed before cooking); one slice of bread; ½ cup cooked pasta, potatoes, rice, corn, peas, winter squash, and other starchy vegetables. By weight, one serving is 4 ounces of cooked potatoes, sweet potatoes, and yams; one serving of the other starches (rice, peas, corn, barley, millet, etc.) weighs 3 ounces cooked.

Fruit: One fruit serving means a moderate-size piece of fruit, 6 ounces (or one cup) of cut-up fresh fruit, ½ cup tinned fruit packed in its own juices, or ¾ cup or 6 ounces frozen, unsweetened fruit (after thawing).

Vegetables: Only the low-starch vegetables are usually used as vegetable servings; the starchy vegetables (corn, peas, winter squash) are usually considered starch/grain servings. One cup (4 ounces weighed) raw vegetable or ½ cup (3 ounces weighed) cooked vegetable are counted as a vegetable serving.

Milk/Milk Substitutes: One cup (8 ounces) of low-fat, unsweetened milk, soy milk, or yogurt counts as a serving.

Fats: Because so many low-fat and reduced-fat items are available, we have elected to specify the grams of fat suggested. Usually 1 teaspoon of oil or butter contains 5 grams fat. One ounce of avocado, five olives, 2 tablespoons sour cream, or 1 tablespoon cream cheese are 5-7 grams of fat.

Note on reading labels: We carefully read labels or ask about the ingredients to make sure the foods on our exclusion list are not in what we are eating. Some ingredients like sugar are harder to remove, because there are many different names for sugar (e.g., sucrose, dextrose, fructose, glucose, etc.), and it is found in so many foods. Some of us eliminate any item that contains our trigger foods, while others eliminate only the items in which the triggers are listed in the first four ingredients.

Structure and Tolerance

True admission of powerlessness means putting

down the foods over which we are powerless. Those foods may be different for each of us. We need to be completely honest with ourselves, our sponsors, and our health-care professionals about what foods, ingredients, and eating behaviours cause cravings, compulsive eating, or other problems.

Often, the idea of never again eating certain foods seems terrifying and impossible. Be assured that with adequate support and the Twelve Step recovery programme, you can do the things that used to seem totally impossible. We have learned that as we work the Twelve Steps abstinently, a miracle occurs; our sanity returns. We no longer want to have those foods or behaviours in our lives.

Some of us require a more structured plan than others. Some of us must avoid foods that others can eat freely. We are all different. When we find a plan that works for us, we are often so happy we want to share it with others. There is a difference between sharing our plan and imposing it on others. We accept the views and needs of others, always retaining our own plan of eating as our commitment and priority. World Service Business Conference Policy 2000a (amended 2005) states that “No OA members shall be prevented from attending, sharing, leading, and/or serving as a speaker at an OA meeting due to choice of food plan. Groups sharing food plan information must adhere to OA’s policies on outside literature, as well as copyright law.”

Conclusion

Abstinence is a state of mind characterised by freedom from our obsession with food. A plan of eating—our individual guide to nourishing foods in appropriate portions—is a Tool that helps us begin the process of recovery from compulsive eating. This pamphlet encourages respect for individual needs and differences by allowing us to determine what is right and nutritionally sound for ourselves. Remember that the Twelve Step programme of Overeaters Anonymous, and not any particular plan of eating, is the key to long-term recovery from compulsive eating.

Frequently Asked Questions— and Answers

What is compulsive eating?

“Compulsion” is defined as an irresistible desire to take an often-irrational action. The word “irresistible” means we are unable to resist the urge, no matter how many promises we have made to ourselves or others. In our case, we have the compulsion of being unable to control our eating behaviours.

In OA, we believe compulsive overeating is a disease with physical, emotional, and spiritual components. A disease causes some aspect of the body to malfunction. In our case, it's the complex system that governs food behaviour. The body mechanisms that allow normal eaters to push the plate away, or otherwise control their food behaviours, don't function properly for us.

For some, the disease acts much like an alcohol or drug addiction; except in our case, certain food or overeating itself stimulates an insatiable craving for more. The OA definition of compulsive eating covers all facets of unhealthy eating behaviours. It's not only how much we eat or how much we weigh, but the ways in which we try to control our food. Some of us hide our food and eat in secret. Some binge and purge, while others alternate between overeating and starvation. All compulsive eaters have one thing in common: no matter whether we're struggling with overeating, undereating, bingeing, purging, or starving ourselves, we are driven by forces we don't understand to deal with food in irrational and self-destructive ways. Once compulsive eating as an illness has taken hold, an individual's willpower cannot stop it. The power of choice over food is gone.

We in OA have discovered that this illness can be arrested—though never completely cured—if a person is willing to follow the programme that has proven successful for countless numbers of us. Whether OA will work for a specific individual

depends on his or her sincere desire to stop compulsive food behavior and a willingness to take the actions suggested in the programme. The OA recovery process is one of action.

How can I tell if I am a compulsive overeater?

Only you can decide.

Many of us have been told by family, friends, and even doctors that all we need is a little self-control and willpower to lose weight and eat normally. Believing this, we experienced frustrating periods of dieting and losing weight, only to regain all the weight and more. We finally turned to OA because we felt our eating habits had us beaten, and we were ready to try anything to be freed from our self-destructive eating behaviours.

Others with little weight to lose, even those at normal weight or with only a few years of compulsive eating behind them, have also turned to OA. We have discovered enough about compulsive eating to recognise that it is a progressive illness.

In OA, compulsive overeaters are described as people whose eating habits have caused growing and continuing problems in their lives. Only the individuals involved can say whether food has become an unmanageable problem.

I've failed at every diet.

How can OA prevent these "slips"?

No one fails in OA. As long as a person is willing to work the OA programme, recovery is possible.

"Slips" into compulsive overeating do not need to happen in OA, but some of us experience them. Although slips may sometimes be brief, they can also lead to eating binges and weight gain. Whenever a slip occurs, members are encouraged to reach for all the help available to them through OA.

We who have been through these periods can often trace a slip to specific causes. We may have forgotten we were compulsive overeaters and become overconfident. Or we may have let ourselves become too preoccupied with business or social

affairs to remember the importance of abstaining from compulsive overeating. Or we may have let ourselves become tired, letting down our mental and emotional defences. Whatever the cause, the solution was found through practising the Twelve Step recovery programme of Overeaters Anonymous.

Can OA help me if I am bulimic or anorexic?

Yes. All who struggle with compulsive food behaviours are welcomed in love and fellowship. Overeaters Anonymous supports each person's efforts to recover and accepts any member who desires to stop eating compulsively. When individuals ask about medical matters, OA always recommends they seek professional advice.

Can't a compulsive overeater just use willpower to stop excessive eating?

Before turning to OA, many of us tried with all our might to control our food intake and change our eating habits. Usually we tried many methods: drastic diets, appetite-suppressant pills, diuretics, and injections of one kind or another. In other cases, we also tried dieting "gimmicks": eating only at mealtimes, cutting food portions in half, never eating desserts, eating everything but sweets, never eating in secret, splurging only on weekends, skipping breakfast, never eating standing up... the list could go on forever.

Of course, each time we tried something new, we made a solemn oath "to stick to the diet this time and never go off again." When we could never keep these promises, we inevitably felt guilt and remorse. Through such experiences, many of us have finally admitted lacking willpower to change our eating habits.

When we came into OA, we admitted we were powerless over food. If our willpower didn't work, it followed that we needed a power greater than ourselves to help us recover.

What is meant by "a power greater than ourselves"?

Before coming to OA, most of us already

realised we couldn't control our eating. Food had become a power greater than ourselves. Somewhere, in the progression of our food problem, food began to take over our lives. In essence, we had become slaves to our compulsion.

OA experience has taught us that to achieve abstinence from compulsive eating and maintain recovery, we need to accept and rely upon another power which we acknowledge is greater than ourselves. Some of us consider our group or OA itself as a power greater than ourselves. Some of us adopt the concept of God, as we individually understand and interpret God. However we choose to interpret a power greater than ourselves is fine. There are no right or wrong concepts. What's important to our recovery from compulsive eating is that we define and develop a relationship with this power. The focus and intent of the OA programme is to help us do this.

Is OA a religious society?

No. OA is not a religious society, since it requires no definite religious belief as a condition of membership. OA has among its membership people of many religious traditions as well as atheists and agnostics.

The OA recovery programme is based on acceptance of certain spiritual values. We are free to interpret these values as we think best, or not to think about them at all if we so choose. When we first came to OA, many of us had definite reservations about accepting any concept of a power greater than ourselves. OA experience has shown that those who keep an open mind on this subject and continue coming to OA meetings will not find it too difficult to work out a personal solution to this very personal matter.

Can I stop eating compulsively on my own just through reading OA literature?

The OA programme works best for the individual who recognises and accepts it as a programme involving other people.

Attending OA meetings and associating with others who suffer in a similar manner brings us hope and awareness. Because we are neither judged nor ridiculed, we can share our past experiences, present problems, and future hopes with those who understand and support us. Working with other compulsive overeaters, we no longer feel lonely and misunderstood. Instead, we feel needed and accepted at last.

OA members whose living situations or health problems prevent attendance at face-to-face meetings can attend online or telephone meetings. We also find that reading OA literature and communicating with other members helps us to stop eating compulsively.

What are the requirements for OA membership?

The OA Third Tradition states, “The only requirement for OA membership is a desire to stop eating compulsively.” Nothing else is asked or demanded of anyone. The acceptance and practice of the OA recovery programme rests entirely with the individual.

How much does OA membership cost?

There are no financial obligations of any kind in connection with OA membership. Our recovery programme is available to all who want to stop eating compulsively, regardless of personal financial situations.

How does OA support itself?

OA is entirely self-supporting through membership contributions and literature sales. No outside donations are accepted. Most local groups “pass the basket” at meetings to cover the cost of rent, literature, and meeting expenses, and to support OA as a whole. Meetings keep enough money to meet their own expenses and send the balance to their intergroup or service board, their regional office, and the World Service Office. The financing of all OA service bodies depends on these regular contributions from meetings.

Who runs OA?

OA is truly unusual in that it has no central government and a minimum of formal organisation. It has no officers or executives who wield power or authority over the Fellowship or individual members.

In even the most informal organisation, however, certain jobs obviously need to be done. For example, in local groups someone has to arrange for the meeting place, account for group finances, make sure adequate OA literature is available, and keep in touch with local, regional, and international service centres. On the international level, people must be responsible for the maintenance and smooth functioning of the World Service Office.

All of this means that OA at the local, regional, and international levels needs responsible people to perform certain duties. It is important to understand that these members perform services only. They make no individual decisions and issue no individual judgments affecting other groups or OA as a whole. Persons who accept these responsibilities are directly accountable to those they serve, and service jobs periodically rotate among members.

What is the Twelve Step recovery programme?

The Twelve Steps are the heart of the OA recovery programme. They offer a new way of life that enables the compulsive overeater to live without the need for excess food. The Steps are suggestions only, based on the experiences of recovering OA members. Members who make an earnest effort to follow these Steps and to apply them in daily living get far more out of OA than do those members who merely come to meetings and don't do the serious emotional and spiritual work involved in the Steps.

The ideas expressed in the Twelve Steps, which originated in Alcoholics Anonymous, reflect practical experience and application of physical, emotional, and spiritual insights as recorded by

thinkers throughout many ages. Their greatest importance lies in the fact that they work! They enable compulsive eaters to lead happy, productive lives. They represent the foundation upon which OA has been built.

What is meant by “sanity” as used in the Twelve Steps?

The word sanity derives from the Latin word “sanus,” meaning “sound, healthy.” The word sanity as used in OA means “sound or rational thinking and acting.”

Most of us admit to irrational behaviour, including our attempts to control food and other areas of our lives. A person with sound thinking would not repeatedly engage in self-destructive behaviours. A person with sound thinking would not repeatedly take actions that had not worked previously and expect different results. The word sanity in Step Two does not imply that compulsive eaters are mentally deranged, but that where our actions and feelings toward food and other areas of our lives are concerned, sanity cannot be claimed. By turning to OA and expressing a desire to return to rational behaviour, we are taking a step toward achieving sanity.

What are the Twelve Traditions?

The Twelve Traditions are to the groups what the Twelve Steps are to the individual. The Twelve Traditions are a means by which OA remains unified in a common cause. They are suggested principles to ensure the smooth functioning, survival, and growth of the many groups which comprise Overeaters Anonymous.

Like the Twelve Steps, the Twelve Traditions have their origins in Alcoholics Anonymous. These Traditions describe attitudes which those early members believed were important to group survival.

OA members ensure group unity so essential to individual recovery by practising the attitudes suggested by the Twelve Traditions.

Why does OA place such emphasis upon “anonymity”?

Anonymity at the most basic level says we don’t disclose the identities of individual members; their personal situations; or what they share in confidence at meetings, online, or on the phone with us. This makes OA a safe place where we can be honest with ourselves and others. It allows us to express ourselves freely at meetings and in conversation and safeguards us from gossip. Of course, we as individuals have the right to make our membership known and, in fact, must do this if we are to carry the message to other compulsive eaters (part of Step Twelve). We don’t use anonymity to limit our effectiveness within the Fellowship. For example, it’s fine to use our full names within our group or OA service body. The concept of anonymity helps us focus on principles rather than personalities.

Anonymity is also vital at the public level of press, radio, films, television, and other public media of communication. By keeping our members anonymous at the media level, we help ensure that egotism and self-glorification will not adversely affect the OA Fellowship.

Humility is fundamental to anonymity. In practising these principles, in giving up personal distinction for the common good, OA members ensure that the unity of Overeaters Anonymous will continue. According to the First Tradition, “personal recovery depends upon OA unity,” and anonymity is essential to the preservation of that unity.

To the Family of the Compulsive Eater

Family involvement is an individual choice. Family support can help a compulsive eater who has made a commitment to stop eating compulsively.

Opening and Closing Prayers and Readings

Most OA meetings open and close with one of the following:

Serenity Prayer

God, grant me the serenity
to accept the things I cannot change,
courage to change the things I can,
and wisdom to know the difference.

Third Step Prayer

God, I offer myself to Thee—to build with me
and to do with me as Thou wilt. Relieve me of
the bondage of self, that I may better do Thy
will. Take away my difficulties, that victory over
them may bear witness to those I would help
of Thy Power, Thy Love, and Thy Way of life.
May I do Thy will always!¹

Seventh Step Prayer

My Creator, I am now willing that you should
have all of me, good and bad. I pray that you now
remove from me every single defect of character
which stands in the way of my usefulness to you
and my fellows. Grant me strength, as I go out
from here, to do your bidding.
Amen.²

The OA Promise

I put my hand in yours ... and together we can
do what we could never do alone! No longer is
there a sense of hopelessness, no longer must we
each depend upon our own unsteady willpower.
We are all together now, reaching out our hands
for power and strength greater than ours, and as
we join hands, we find love and understanding
beyond our wildest dreams.

¹*Alcoholics Anonymous*, 4th ed. (Alcoholics Anonymous World Services, Inc., © 2001) p. 63.

²*Alcoholics Anonymous*, 4th ed. (Alcoholics Anonymous World Services, Inc., © 2001) p. 76.

A Final Welcome

WELCOME HOME!

Have you ever wished you could lose ten pounds (5 kg)? Twenty (9 kg)? Forty (18 kg)? A hundred (45 kg) or more? Have you ever wished that once you got it off you could keep it off? Welcome to OA; welcome home!

Have you sometimes felt out of step with the world, like a homeless orphan without a place where you really belonged? Welcome to OA; welcome home!

Have you ever wished your family would get to work or school so you could get busy eating? Welcome to OA; welcome home!

Have you ever awakened first thing in the morning and felt happy because you remembered that your favourite goodie was waiting for you in the fridge or in the cupboard? Welcome to OA; welcome home!

Have you ever looked up at the stars and wondered what an insignificant person like you is doing in the world anyway? Welcome to OA; welcome home!

Have you ever cooked, bought, or baked for your family and then eaten everything yourself so you wouldn't have to share? We know you in OA because we are you. Welcome to OA; welcome home!

Have you ever wanted to hide in the house, without going to work, without getting cleaned up or even getting dressed, without seeing anyone or letting anyone see you? Welcome to OA; welcome home!

Have you ever hidden food under the bed, under the pillow, in the drawer, in the bathroom, in the wastebasket, the cupboard, the clothes basket, the closet, or the car so that you could eat without anyone seeing you? Welcome to OA; welcome home!

Have you ever been angry, resentful, defiant—toward God, your mate, your doctor, your mother, your father, your friends, your children,

the salespeople in stores whose looks spoke a thousand words as you tried on clothes—because they were thin, because they wanted you to be thin, and because you were forced to diet to please them or shut them up or make them eat their words and their looks? We welcome you to OA; welcome home!

Have you ever sobbed out your misery in the dark night because no one loved or understood you? Welcome to OA; welcome home!

Have you ever felt that God (if God existed at all) made the biggest mistake by creating you? Can you see that this is where such feelings get turned around? Welcome to OA; welcome home!

Have you ever wanted to get on a bus and just keep going, without ever once looking back? Or did you do it? Welcome to OA; welcome home!

Have you ever thought the world is a mess, and if they would just think and act like you, the world would be a lot better off? Welcome to OA; welcome home!

Have you ever thought that OA people must be a bit nuts? That they might be compulsive overeaters, but you just have a weight problem that you can take care of beginning tomorrow; they might be one bite from insane eating, but you are just a little, or a lot, overweight? Welcome to OA; welcome home!

Have you ever told anyone who would listen how great you are, how talented, how intelligent, how powerful—all the time knowing they would never believe it, because you didn't believe it? Welcome to OA; welcome home!

Have you ever lost all your weight and then found that you were thin and unhappy instead of fat and unhappy? Welcome to OA; welcome home!

Have you ever worn a mask or hundreds of masks because you were sure that if you shared the person you really are, no one could ever love or accept you? We accept you in OA. May we offer you a home?

Overeaters Anonymous extends to all of you the gift of acceptance. No matter who you are, where

you come from, or where you are heading, you are welcome here! No matter what you have done or failed to do, what you have felt or haven't felt, where you have slept or with whom, who you have loved or hated—you may be sure of our acceptance. We accept you as you are, not as you would be if you could melt yourself and mould yourself and shape yourself into what other people think you should be. Only you can decide what you want to be.

But we will help you work for the goals you set, and when you are successful, we will rejoice with you; when you slip, we will tell you that we are not failures just because we sometimes fail, and we'll hold out our arms, in love, and stand beside you as you pull yourself back up and walk on again to where you are heading! You'll never have to cry alone again, unless you choose to.

Sometimes we fail to be all that we should be, and sometimes we aren't there to give you all you need from us. Accept our imperfection too. Love us in return and help us in our sometimes-falling failing. That's what we are in OA—imperfect, but trying. Let's rejoice together in our effort and in the assurance that we can have a home, if we want one.

Welcome to OA; welcome home!

Additional Literature Resources

This pamphlet was developed from excerpts from the following OA literature:

A Plan of Eating (#145)

Many Symptoms, One Solution (#106)

Questions and Answers (#170)

Taste of Lifeline (#970)

The Tools of Recovery (#160)

To the Family of the Compulsive Eater (#240)

To the Newcomer (#270)

A complete list of OA publications and order forms are available on the OAGB website www.oagb.org.uk or from OAGB Literature 01782 787528.

Downloads are obtainable from www.oa.org.

Disclaimer

The guidelines and plans in this publication are intended for use by adult members. You should consult your health-care professional before you participate in a change of diet. The information in these plans is to be used as a guideline for responsible eating but is not a substitute for competent medical advice, nor are these plans meant to be a substitute for a medically prescribed diet. The plans of responsible eating disclosed herein have been reviewed and approved by a dietitian licensed in the United States. OA does not endorse or support any specific eating plan. Please use your discretion regarding food allergies and intolerances. If you have any doubts whatsoever concerning these plans, you should consult your health-care professional.

[illegible]

THE TWELVE TRADITIONS OF OVEREATERS ANONYMOUS

1. Our common welfare should come first; personal recovery depends upon OA unity.
2. For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for OA membership is a desire to stop eating compulsively.
4. Each group should be autonomous except in matters affecting other groups or OA as a whole.
5. Each group has but one primary purpose—to carry its message to the compulsive overeater who still suffers.
6. An OA group ought never endorse, finance, or lend the OA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every OA group ought to be fully self-supporting, declining outside contributions.
8. Overeaters Anonymous should remain forever nonprofessional, but our service centers may employ special workers.
9. OA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Overeaters Anonymous has no opinion on outside issues; hence the OA name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, films, television, and other public media of communication.
12. Anonymity is the spiritual foundation of all these Traditions, ever reminding us to place principles before personalities.

Permission to use the Twelve Traditions of Alcoholics Anonymous for adaptation granted by AA World Services, Inc.

How to find OA

For OA in this country

Overeaters Anonymous® GB
www.oagb.org.uk
07798 587802

Postal address Overeaters Anonymous GB Ltd.
483 Green Lanes, LONDON N13 4BS
Email: general@oagb.org.uk

For OA World-wide

www.oa.org
World Service Office
Postal address P.O. Box 44727
Rio Rancho, NM 87174-4727 USA
Email: info@oa.org

Translated and reprinted from Where Do I Start? #705 ©2018, Rev.
6/2019, copyright ©2019 of the English (U.K.) version, Overeaters
Anonymous, Inc.

With the permission of OVEREATERS ANONYMOUS, INC.
6075 Zenith Court NE, Rio Rancho, NM 87144 6424 USA
All rights reserved. No part of this publication may be reproduced
in any form without the prior written consent of
OVEREATERS ANONYMOUS, INC