Where Do I Start? Everything a Newcomer Needs to Know

Welcome Newcomers!

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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 behaviors 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 program that works. There are no dues or fees. 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 program 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 behaviors make me or others unhappy?
8. Have I ever used laxatives, vomiting, diuretics, excessive exercise, diet pills, shots, 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 fantasize 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, candies, or beverages?
12. Have I ever eaten food that is burned, frozen, or spoiled; from containers in the grocery store; or out of the garbage?
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 program of recovery. What makes OA different from other programs? 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 behavior 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 behaviors. 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 behaviors 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 behaviors related to food, diets, weight, exercise, and/or body image.

We realized 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 sponsor. As we practiced these new and healthy behaviors, 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 behavior
- Totally unable to control their compulsive eating

OA members experience many different patterns of food behaviors. 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, shots, 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 program one day at a time.

Abstinence—Our Primary Purpose

OA accepts the following: "Abstinence is the action of refraining from compulsive eating and compulsive food behaviors while working towards or maintaining a healthy body weight. Spiritual, emotional, and physical recovery is the result of living and working the Overeaters Anonymous Twelve Step program on a daily basis."

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

As we work the Overeaters Anonymous Twelve Step program of recovery from compulsive eating, we have a number of Tools to assist us. We use these Tools—a plan of eating, sponsorship, meetings, telephone, writing, literature, action plan, anonymity, and service—on a regular basis, to help us achieve and maintain abstinence and recovery from our disease.

A Plan of Eating

As a Tool, a plan of eating helps us abstain from compulsive eating, guides us in our dietary decisions, and defines what, when, how, where, and why we eat. (See the pamphlet *A New Plan of Eating* for more information.) 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 all three levels of our program of recovery: physical, emotional, and spiritual. Find a sponsor who has what you want and ask that person how they are achieving it.

Meetings

Meetings give us an opportunity to identify our common problem, confirm our common solution, and share the gifts we receive through this Twelve Step program. In addition to face-to-face meetings, OA offers telephone and other types of virtual meetings that are useful in breaking through the deadly isolation caused by distance, illness, or physical challenges.

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, or describing a troubling or joyous incident, helps us better understand our actions and reactions in a way that is often not revealed by simply thinking or talking about them.

Literature

We read OA-approved literature, which includes numerous books, study guides, pamphlets, wallet cards, and selected Alcoholics Anonymous texts. All this material provides insight into our disease and the experience, strength, and hope that there is a solution for us.

Action Plan

Creating an action plan is the process of identifying and implementing attainable actions to support our individual abstinence and emotional, spiritual, and physical recovery. This Tool, like our plan of eating, may vary widely among members and may need to be adjusted as we progress in our recovery.

Anonymity

Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities (Tradition Twelve). Anonymity assures us that only we, as individual OA members, have the right to make our membership known to others. 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 (Tradition Eleven).

Within the Fellowship, anonymity means that whatever we share with another OA member will be respected and kept confidential. What we hear at meetings should remain there.

Service

Any form of service—no matter how small—that helps reach a fellow sufferer adds to the quality of our own recovery. Members who are new to OA can give service by attending meetings, sharing, and putting away chairs. All members can also give service by putting out literature, welcoming newcomers, hosting a virtual meeting, or doing whatever is needed to help the group. Members who meet specified requirements can give service beyond the group level by serving at the intergroup, service board, region, or world service level.

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

Many of us came to Overeaters Anonymous expecting to find the perfect diet and get our food problem under control. What we found instead was a Twelve Step program that provides a foundation for living a balanced and healthy life. We learned that OA does not have a specific diet. We came to understand that the basis for stopping our compulsive food behaviors—and staying stopped—is personal, inner change. Yes, we had to decide —with help—the appropriate plan of eating for ourselves, but the power to follow that plan comes from emotional and spiritual change. We achieve this inner change by working the Twelve Steps and learning to live according to the Principles underlying the Steps. As a result of working the Twelve Steps, our obsession with food is lifted.

Defining a New Way of Eating Is Important

Obviously, there is something wrong with our current eating patterns, or we would not have come to OA. We are not like normal eaters. Generally, normal eaters eat appropriate amounts of food when they are hungry and stop eating when they are full. Normal eaters do not hide food or plan how they will secretly get it when no one is around. They do not use food (or restrict it) in an attempt to control their unmanageable lives. They do not consistently use food to comfort their insecurities and fears or provide a fleeting escape from their worries and troubles. Normal eaters usually do not feel guilt and/or shame about their eating.

In OA, we discover that our problem is not lack of willpower. We have a disease. Where food is concerned, 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. We have tried many diets, therapies, hypnosis, and shots and

pills. But we could not stop our compulsive eating behaviors.

Developing a Plan of Eating

Developing a healthy plan of eating is our first task. 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. This is the beginning of learning to eat according to our physical requirements rather than our emotional cravings.

Reviewing Our Eating Patterns

As we individualize our plan of eating, we review eating patterns in order to learn which foods and/or eating behaviors 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 behaviors 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.

As we reach a healthy body weight or as our bodies change, we sometimes need to modify our choices. We might consider whether we need to change the portions or the kinds of foods we eat. No matter what our body size, age, or gender, in addition to refraining from compulsive eating behaviors, we still need to commit to a nourishing plan of eating.

If we are not making reasonable progress toward a healthy body weight, we need to examine our plan of eating and question whether we are being honest with ourselves about our food. A healthy body weight is not necessarily what is fashionable or what we think we'd like to be. What is healthy for us is a matter we discuss with our health care professionals and share with our sponsors.

Choosing Specific Foods to Refrain from—Our "Trigger" or "Binge" Foods

We believe that the body and mind of a compulsive eater react differently to food than the body and mind of a normal eater. We find it best to list all the foods, ingredients, and behaviors that cause problems for us and then remove them from our food plan. We urge you to be honest and not continue eating certain foods or practicing certain behaviors simply because you can't imagine ever living without them. Those may be precisely the things that should be on your list.

Below are examples of foods and eating behaviors that some members have identified as causing intense cravings or lack of control.

Trigger or binge foods are foods we eat in excessive 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; foods that are high in calories and low in nutritional value; or foods we simply cannot stop eating once we start. In addition, we look to see whether there are any common ingredients among these foods—such as sugar, white flour, or excess fat—that may create the "phenomenon of craving" (*Alcoholics Anonymous*, 4th ed., p. xxviii) in our bodies and, thus, are a trigger for us.

Each of us may have problems with different foods or ingredients. If a food has been our binge food in the past or if it contains ingredients that have been in our binge foods, 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. Even 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, we find that the correct answer becomes clear to us. The practice of the Twelve Steps will, with time, relieve us of the desire to eat those foods or to repeat those eating behaviors. When we think of this process not as deprivation but as a positive act and an ongoing spiritual discipline, we begin to find freedom.

Here are some examples of potentially problematic foods:

- comfort foods or junk foods (such as chocolate, name-brand fast foods, cookies, potato chips)
- foods containing sugar or sugar substitutes (such as desserts, sweetened drink products, 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, flour, or refined carbohydrates in general (such as pastries, certain pastas, breads)
- foods containing mixtures of sugar and fat or sugar, flour, and fat (such as ice cream, doughnuts, cakes, pies)
- foods we eat in large quantities even though they aren't our trigger foods
- foods labeled "diet," "sugar free," "no sugar added," "low-fat," and/or "low calorie"
- ethnic or cultural foods
- foods with specific textures and/or flavors (such as creamy, crunchy, chewy, juicy, sticky, oily, salty, doughy)

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

How We Change Our Eating Behaviors

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, eat at specific times even though we aren't really hungry, or have specific habits or excuses that give us "permission" to overeat or under-eat. Although sometimes those behaviors are linked to certain foods, we may also sometimes have those behaviors 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 is on our plate (or even someone else's plate!)
- devouring our food rapidly, often finishing before everyone else
- hiding our eating, or hoarding or hiding food, in order to eat extra amounts
- searching magazines and online for the latest weight-loss scheme or following unrealistic diets or regimens
- eating because it's free or we don't want to waste food
- eating because we feel obligated or don't want to displease someone
- eating to celebrate or for 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 eat or not
- purging excess food with restrictive dieting, laxatives, vomiting, or extra exercise
- obsessively weighing ourselves daily or several times a day
- eating out of containers or while standing up
- eating while driving, watching television, or reading
- having distorted thinking that leads us to believe more and more foods will cause us problems—this can lead to dangerous under-eating
- grazing mindlessly throughout the day

When we identify the behaviors that apply to us, we surrender them to our Higher Power and discuss them with our sponsor.

Dealing with Quantities

Most of us have a hard time recognizing 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 and don't go back for seconds. Some of us leave something on our plates or stop when we feel full. Others of us find it important to weigh and measure our food.

Weighing and measuring food at home, either 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 period of time or when 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 sponsors or health care professionals.

Please note:

OA takes no position on specific food plans. It is between you and your health care professional to determine whether your plan of eating provides the nutrition your body requires. We urge OA members with diagnosed medical problems—for example, obesity, bulimia, anorexia, diabetes, heart disease, high blood pressure, hypoglycemia, kidney disease, or thyroid disease—to seek and follow the advice of a health care professional before adopting any plan of eating.

Sample Plans of Eating

In addition to the 3-0-1 Plan—**three** moderate, nutritious meals per day, with **nothing** in between, **one** day at a time—what follows are samples of what some OA members have chosen as plans of eating. They may help you as they are written, or as guides for 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 specific dietary requirements (vegetarian, lactose intolerant, carbohydrate 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 change the servings to greater or fewer than the number of meals suggested.

Some plans set out the number of servings of each food; see “What Is a Serving?” for choices and serving sizes. OA is a global Fellowship, and foods common to your area that are not included in this section can certainly be part of your plan. Also, depending on your height, weight, age, and activity level, you may need 8 to 12 cups (1,920 to 2,880 milliliters) of fluid a day, depending on medical advice.

Again, before developing a new food plan, we urge you to consult your health care professional and share with your sponsor.

Plans of Eating

Sample Plan #1

Breakfast	2 servings protein 2 servings starch/grain 1 serving fruit 2 servings milk or milk substitute
Lunch	4 servings protein 2 servings starch/grain 1 serving fruit 2 servings vegetable 3 servings fat[1]
Dinner	4 servings protein 2 servings starch/grain 1 serving fruit 3 servings vegetable 3 servings fat[1]

[1] 14 to 16 grams total

Sample Plan #2

Breakfast	2 servings protein 1 serving starch/grain 1 serving fruit 1 serving milk or milk substitute
Lunch	3 servings protein 1 serving starch/grain 1 serving fruit 3 servings vegetable 3 servings fat[1]
Dinner	3 servings protein 1 serving starch/grain 1 serving fruit 3 servings vegetable 3 servings fat[1]
Evening	1 serving starch/grain 1 serving fruit 1 serving milk or milk substitute

[1] 14 to 16 grams total

Sample Plan #3
(High Carbohydrate)[2]

Breakfast	2 servings starch/grain 1 serving fruit 1 servings milk or milk substitute
Lunch	2 servings protein 2 servings starch/grain 1 serving fruit 3 servings vegetable 3 servings fat[1]
Dinner	2 servings protein 2 servings starch/grain 1 serving fruit 3 servings vegetable 3 servings fat[1]
Evening	2 servings starch/grain 1 serving fruit 1 serving milk or milk substitute

[1] 14 to 16 grams total
[2] Keep in mind that some OA members are sensitive to carbohydrates and struggle with volume of food as well.

Sample Plan #4
(High Protein/Low Carbohydrate)[3]

Breakfast	4 servings protein 1 servings starch/grain 1 serving fruit 1 serving milk or milk substitute
Lunch	4 servings protein 4 servings vegetable 6 servings fat[4]
Dinner	4 servings protein 1 serving starch/grain 4 servings vegetable 6 servings fat[4]
Mid–Afternoon or Evening	1 serving fruit 1 serving milk or milk substitute

[3] Calcium supplementation may be required with this plan. You may substitute 4 ounces low–fat cottage, ricotta, or mozzarella cheese or 2 ounces hard cheese for the milk serving. Milks need to be calcium fortified. Use variety; do not eat the same foods more than once a day.
[4] 28 to 32 grams total

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 nutritional guidelines.

Measurements

The relationship between volume measures and weight measures varies depending on the food, and the conversion to metric units is sometimes imprecise. In general, however, the following measurements are acceptable as equivalents.

If measuring by volume, in general:
1 tablespoon = 3 teaspoons = 30 grams
1 cup = 16 tablespoons = 8 ounces = 240 grams
1 quart = 4 cups = 32 ounces = 960 grams

If measuring by weight, in general:
1 ounce = 30 grams

Proteins

One protein serving equals:

- 1 ounce (30 grams) of all meats, poultry, and fish; 1.5 ounces (45 grams) white fish
- 1 egg
- 2 ounces (60 grams) of cottage cheese or ricotta cheese
- ¼ cup or 2 ounces (60 grams) of cooked beans
- 1 ounce (30 grams) of regular tofu or 2 ounces (60 grams) of soft/silken tofu
- 1 tablespoon (30 grams) peanut butter
- ½ ounce (15 grams) of nuts (peanuts, pistachios, soy, almonds, or other nut butters)

Starches/Grains

One starch/grain serving equals:

- 1 ounce (30 grams) of uncooked cereal

- 1 slice of whole grain bread
- ½ cup or 4 ounces (120 grams) of cooked potatoes, sweet potatoes, yams, winter squash, or other starchy vegetables
- ½ cup or 3 ounces (90 grams) cooked of other starches (rice, peas, corn, barley, millet, or quinoa)
- ½ cup or 4 ounces (120 grams) cooked beans

Fruits

One fruit serving equals:

- 1 moderate-size piece of fruit (6 to 7 ounces or 180 to 210 grams)
- 1 cup or 6 ounces (180 grams) of cut-up fresh fruit
- ½ cup (4 ounces or 120 grams) canned fruit packed in its own juice
- ¾ cup or 6 ounces (180 grams) frozen, unsweetened fruit (measured after thawing)

Vegetables

Only low-starch vegetables are usually used as vegetable servings. Starchy vegetables (corn, peas, winter squash, potatoes, etc.) are usually considered starch/grain servings. Vegetable servings may vary by weight. One vegetable serving equals:

- 1 cup measured by volume (4 ounces or 120 grams measured by weight) raw vegetables
- ½ cup measured by volume (3 ounces or 90 grams measured by weight) cooked vegetables

Milk/Milk Substitutes

One milk/milk substitute serving equals:

- 1 cup (8 ounces or 240 grams) of low-fat, unsweetened milk
- 1 cup (8 ounces or 240 grams) soy milk
- 1 cup (8 ounces or 240 grams) yogurt

Fats

One fat serving equals:

- 1 teaspoon of oil (5 milliliters) or butter (5 grams) that contains 5 grams of fat
- 1 ounce (30 grams by weight) of avocado
- fourteen medium-size black olives or ten medium-size green olives. Check label as serving sizes vary.
- 5 grams fat for mixed foods, such as salad dressing, mayonnaise, sour cream, or cream cheese. Check label as serving sizes vary.

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, such as sugar, are harder to exclude because there are many different names for sugar (for example, 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 Sanity

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 behaviors cause cravings, compulsive eating, or other problems for us.

Often, the idea of never again eating certain foods seems terrifying and impossible. Be assured that with adequate support and the Twelve Step recovery program, 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 behaviors in our lives.

When we find a plan that works for us, we are often so happy that 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, "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

Spiritual, emotional, and physical recovery is the result of living the Overeaters Anonymous Twelve Step program on a daily basis. 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 program 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 to indulge repeatedly in destructive eating behaviors.

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

For some, the disease acts much like an alcohol or drug addiction; except in our case, it is food, rather than drugs or alcohol, that stimulates an insatiable craving for more. The OA definition of compulsive eating covers all facets of unhealthy eating behaviors. It's not only how much we eat or how much we weigh, but also 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: 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 alone 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 Twelve Step recovery program that has proven successful for countless numbers of us. We believe that compulsive eating is a progressive illness from which we can have freedom, one day at a time. Whether OA will work for you depends on your sincere desire to stop compulsive food behaviors and your willingness to take the actions suggested in the program. The OA recovery process is one of action.

How can I tell if I am a compulsive overeater?

Only you can decide if you suffer from compulsive eating. Many of us have been told by family, friends, and even physicians that all we need is a little self-control and willpower to eat normally. Believing this, we experienced frustrating periods of abnormal eating and fluctuation in weight.

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 program, recovery is possible.

"Slips" into compulsive eating 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 eaters and become overconfident. Or we may have let ourselves become too preoccupied with business or personal affairs to remember the importance of abstaining from compulsive eating. Or we may have let ourselves become tired, letting down our mental and emotional defenses. Whatever the cause of a slip, the solution can be found through practicing the Twelve Step recovery program of Overeaters Anonymous.

Can OA help me if I am bulimic or anorexic?

Yes. All who struggle with compulsive food behaviors 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 it 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. We were powerless, but not helpless.

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

Before coming to OA, most of us had already realized we couldn't control our eating. Somewhere in the progression of our food problem, we found that food began to take over our lives. In essence, we had become defenseless to our compulsion. Food had become a Power greater than ourselves.

OA experience has taught us that to achieve abstinence from compulsive eating and maintain recovery, we need to accept and rely on a Higher 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 develop a relationship with this Higher Power. The focus and intent of the OA program is to help us do this.

Is OA a religious society?

No. OA is not a religious society because 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 program 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?

OA literature is a powerful Tool that helps members learn more about the disease and helps us to stop eating compulsively, one day at a time. However, the OA program works best for those who recognize and accept that they can't stop eating compulsively on their own and that it is a program involving other people. We have found that communicating with other members is essential for us to stop eating compulsively.

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 eaters, 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, telephone, or non-real-time meetings.

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 program 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 program is available to all who want to stop eating compulsively, regardless of personal financial situations. While there are no dues or fees for members, according to Tradition Seven we are fully self-supporting, declining outside contributions. Members may make a Seventh Tradition contribution when they attend meetings, either face-to-face, by telephone, or virtually.

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?

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

In even the most informal organization, 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 centers. 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 program?

The Twelve Steps offer a new way of life that enables compulsive overeaters to live without the need for excess food and foods that cause us to eat compulsively. Members who make an earnest effort to follow these Steps and 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 Twelve Steps are listed below toward the bottom of this document.

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 behavior, including our attempts to control food and other areas of our lives. A person with sound thinking would not repeatedly engage in self-destructive behaviors. A person with sound thinking would not repeatedly take actions that had not worked previously and expect different results. The words "restore us to sanity" in Step Two do 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 behavior, we are taking a step toward achieving sanity.

What are the Twelve Traditions?

The Twelve Traditions are to OA groups what the Twelve Steps are to the individual. The Twelve Traditions are one of the 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 that comprise Overeaters Anonymous.

Like the Twelve Steps, the Twelve Traditions have their origins in Alcoholics Anonymous. These Traditions describe attitudes that those early AA members believed were important to group survival and that have proven to be effective.

OA members ensure group unity—which is so essential to individual recovery—by practicing 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 it safeguards us from gossip. Of course, we as individuals have the right to make our own membership known and, in fact, must do this if we are to carry the message to other compulsive eaters (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 public level, we help ensure that egotism and self-glorification do not adversely affect the OA Fellowship.

Humility is fundamental to anonymity. In practicing these Principles and 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![5]

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.[6]

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.

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[5] *Alcoholics Anonymous*, 4th ed. (Alcoholics Anonymous World Services, Inc., © 2001) p. 63.
[6] *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 favorite 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 hamper, 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 mold 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:

To the Newcomer (#270)

A New Plan of Eating (#144)

Many Symptoms, One Solution (#106)

The Tools of Recovery (abridged)

Taste of Lifeline (#970)

In OA, Recovery Is Possible (#135)

To the Family of the Compulsive Eater (#240)

Additional literature is available for download and/or purchase at oa.org and bookstore.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.

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.

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 non-professional, 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.

OA Responsibility Pledge

Always to extend the hand and heart of OA
to all who share my compulsion;
for this I am responsible.

OA Board-Approved
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Printed copies and e-book versions are also available in English and Portuguese.