



Eating Disorders Anonymous

FAQ for Professionals

What is Eating Disorders Anonymous (EDA)?

EDA is a 12-step support group for individuals with eating disorders. Members share their experience, strength, and hope with one another that they may solve their common problems and help others to recover from their eating disorders.

How does EDA mesh with professional treatment?

- EDA, like other 12-step fellowships, is entirely peer-led; our meetings, sponsorship, and fellowship work is never paid. (This is what EDA's Eighth Tradition means when it says EDA is committed to remaining "forever non-professional.") Unlike some 12-step programs, EDA recognizes the tremendous importance of professional medical, dietary, psychiatric, and psychological support to the recovery process. EDA literature explicitly encourages members to seek and make use of credentialed supports as needed.
- We believe that EDA can be a strong complement to professional treatment, providing forms of support that may otherwise be absent. We therefore want to assist treatment providers in referring to EDA.

How is EDA different from other 12-step groups?

- **EDA is not abstinence-based.** EDA discourages rigidity around food, focusing on
 - *Balance*, not abstinence;
 - *Milestones of recovery*, not numbers or days of "perfection";
 - *Feelings*, not food, weight, exercise, or body image.
- **EDA embraces and promotes full recovery.** We do not believe an eating disorder is a life sentence for which the best hope is remission. Rather, we hold that full recovery is possible when utilizing the tools of recovery (which may require professional support).

What is EDA's approach to food?

- EDA endorses sound nutrition and discourages any form of rigidity around food.
- EDA does not prescribe any specific plan, allowing members to identify a way of eating that suits their particular problem, in consultation with professionals if necessary.
- EDA discourages groups from discussing numbers and food plans. We encourage transparency and accountability while noting that cataloging specific details of one's eating disordered behaviors is mainly helpful in gaining initial perspective as part of Step 1. We think focusing on body weight, calories, and behaviors can be a distraction from the essential work of recovery. We believe that EDA works by enabling changes in deeper perspective and that changes in food choices and other behaviors will follow. This does not preclude members from also focusing on behaviors with their treatment professionals; this focus is simply not part of EDA.
- In EDA we recognize and respect that eating disordered thinking and behavior are coping mechanisms that temporarily relieve the pain of chaotic, intense and/or unwelcome feelings and ideas. We work together to express and address these feelings and ideas with both sensitivity and dignity. As we say in EDA, "it's not about the food."



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Does EDA consider eating disorders to be addictions?

EDA does not adhere to any particular model of eating disorders. EDA rarely uses the language of addiction in its literature, and members are not required to identify as “addicts.” However, members are certainly free to identify as addicted to certain behaviors or ways of thinking if they find that helpful for their recovery. EDA does not endorse the idea that food itself is “addictive.”

Would EDA be a fit for my patient/client?

- We believe EDA can be a fit for most eating disordered individuals, including those who don’t conform to common stereotypes about people with eating disorders and 12-step group members.
- *Religiosity:* EDA fully supports those who embrace an organized religion, those seeking a less traditional approach to spirituality, and those who are not interested in a spiritual solution. EDA’s version of the 12 steps includes a path specifically for atheists and agnostics.
- *Type and severity of eating disorder:* EDA is intended to support individuals with any type of problem with food, eating, exercise, or body image, whether mild or severe.
- *Demographics and identity:* Although local group demographics may vary, EDA as a whole welcomes individuals from all ethnicities, countries, backgrounds, walks of life, beliefs (or lack thereof), genders, and sexual orientation. EDA is less appropriate for prepubescent clients, though they may attend open meetings with a parent or guardian.

How can EDA support recovery?

EDA addresses common factors that maintain eating disorders. Some potential mechanisms include:

- *Social support:* Through in-person meetings, over the phone, and on the web, EDA provides a built-in social support network. In 12-step group settings, intimacy can develop quickly through mutual self-disclosure. Members are encouraged to reach out to one another for support throughout the week.
- *Interpersonal skill-building:* EDA provides opportunities to practice a variety of essential interpersonal skills, including self-disclosure, requesting help, assertiveness, and appropriate apologies.
- *Motivation:* EDA fosters motivation in a variety of ways.
 - Social influence: In groups, members find examples of others who are willing to change.
 - Hope: EDA affirms that full recovery is possible and worth the investment of time. Members who have recovered and the EDA Big Book stories of recovery provide supporting evidence.
 - Steps 1 and 2: In Step 1, members reflect on the problems that their eating disorders have caused them and acknowledge how clinging to those behaviors has been maladaptive. In Step 2, members identify a source of strength and hope that they believe will help them recover.
- *Self-efficacy and personal responsibility:* EDA encourages members to take responsibility for their own recovery (which can include reaching out to others for help). Participation in EDA and the 12 steps are an active process which one must choose to undertake.
- *Emotion regulation:* EDA encourages members to engage in a variety of emotion regulation techniques ranging from healthy self-soothing to problem solving.
 - Such techniques are mentioned in the opening readings for most groups, and listed in pamphlets.
 - Completing Step 4 entails developing personalized strategies for dealing with each person’s most common difficult emotions and maladaptive behaviors.
- *Self-awareness:* EDA gives members opportunities to learn more about themselves through sharing at meetings, and through Steps 4, 10, and 12. Self-awareness forms a foundation for improved interpersonal communication and for continued growth of mature perspective and self-esteem.