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TWELFTH STEP WITHIN WORKSHOP FORMAT

1. Open with the Serenity Prayer.
2. Review commitments made at the previous meeting.
3. **Read aloud:** We consider this workshop a commitment to acquire the habit of program. It is the foundation of a lifelong process.
4. **Read aloud:** It is recommended that participants attend every one of these meetings and be on time. Please call someone in the group to let them know you will be late or unable to attend.
5. **First Week:** Read aloud “A Disease of the Mind”, “A Disease of the Body”, and “A Disease of the Spirit”, then skip to #8.
6. **Subsequent Weeks:** Read aloud the step for the current session from “The Twelve Steps and Twelve Traditions of Overeaters Anonymous”.
7. Allow 20 minutes for group members to write on the questions for the current week.
8. **Read aloud:** Now is the time for sharing. You may share on what you wrote today, on the recovery exercises, or on your experience, strength and hope with compulsive eating. You may choose to pass if you would rather not share tonight.
(Leader may give guidance to members to assure that all have time to share - allow 5 minutes at the end for the 7th Tradition and making commitments)
9. **Read aloud:** Now is the time for the 7th Tradition collection. The expense for this group is producing the handouts and rent for the room. Donations beyond this amount will go to Central New Mexico Intergroup.
10. **Read aloud:** Each member makes a brief commitment. This way we plan to slowly improve the quality of our lives with the **understanding** and **acceptance** of the fact that sometimes we are not able to follow through. But we try. These commitments are seldom major ones. The idea is to combat procrastination and inertia, thus gaining more self-respect and serenity.
11. **Read aloud:** Is there a volunteer to lead next week’s session?
12. Close with a prayer.

A Disease of the Mind

Appendix A, pages 229 - 233

From *Overeaters Anonymous, Second Edition*

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Several years ago, as a psychiatrist working in drug abuse and alcoholism programs, I was led through the experience of a staff member to examine compulsive overeating as a disease process identical to alcoholism. We started to apply, in a limited fashion, the same principles to the problem of compulsive overeating that we were using in our alcoholism treatment program, and found them to be very successful. The more closely I examined the phenomenon, the clearer it became that compulsive overeating is a disease.

In medical school, we doctors are never taught about overeating, certainly not as a disease. So we are prejudiced against it. Overeaters Anonymous is very successful with cases that haven't responded to conventional kinds of treatment. This success is often threatening to the professionals because it's difficult for us to see how someone who hasn't had years of study and experience could be more successful with people we've been trying to treat, unsuccessfully, for so long.

The remarkable thing about OA's success is that the program gets people to function far better than they ever have in their lives. With any other disease, you're lucky to get back to where you were. If you have a heart attack, for example, you're fortunate to get your heart to function as well as it did before the attack.

With the compulsive overeater, not only do you get back to a normal weight but, more importantly, your life is changed and in a sense you're ahead of where you were before you became a compulsive overeater. Now you have tools of feeling, touching, caring, loving, sharing, being honest with your family, and looking at life in an understanding way and not fighting it but going along with it. Once you treat the illness, you have the potential for a more "together" person than you were. Therefore, it's exciting for physicians and others who have been ignoring the problem or expressing deep pessimism about it, to think of compulsive overeating as a disease and to realize that it can be treated so successfully.

One of the prejudices about compulsive overeating is society's view of a compulsive overeater as someone who is obese. Yet the overeater can be one pound overweight or even underweight, as in anorexia nervosa, and still be a compulsive overeater. The illness has nothing to do with weight. That's why it's so silly to go on diets or to weigh oneself all the time.

The problem is with the control of food. Is one preoccupied with controlling food intake to the point that it's interfering with one's life? Just as being an alcoholic is not related to the amount one drinks, being a compulsive overeater is not related to the amount one weighs.

The overeater's problem is not being able to control eating behavior the way other people can, and the need is for a system to control that behavior. Of course, the most effective one is a support system like that of Overeaters Anonymous. What the overeater has to do is turn over the control to a Higher Power. Once it is turned over, the behavior is under control.

A major confusion we in medicine have is the erroneous belief that compulsive overeating is a result of physiologic, psychologic, and environmental problems. We try to treat compulsive overeaters psychiatrically or physically with medicine or structures in their lives, and it doesn't work. The reason it fails is because we are doing it in reverse. What has to be dealt with is the compulsive overeating. When it is, the physiologic and psychiatric problems seem to take care of themselves.

There are some people, about the same percentage as in the general population, who, after getting the food back in its proper place, find themselves needing traditional psychiatric care because they do have a problem they pushed down with food. But that is the exception. What is probably true in most cases is that the individual develops the compulsive overeating mechanism for dealing with life at an early age and then starts to push problems down with the food. Once people become compulsive overeaters, every aspect of their lives is affected. Now they get into psychological, physical, and environmental problems and start changing their lives, their friends, and their social structure. All these changes are really caused by the compulsive overeating. Most compulsive overeaters, through a program like OA's, will lose all these syndromes and not need to have any kind of traditional psychiatric care.

We in the medical community must take responsibility for failing to understand the real problem. Compulsive overeating is a serious disease, and it is devastating this country. It is the basic cause of disorders which medicine views as primary illnesses, such as hypertension and diabetes. But physicians don't look at compulsive overeating, they look at the secondary disease process which comes from compulsive overeating. They ignore the overeating and rigorously work on the symptoms and the secondary diseases.

Obviously, that is not the way to treat it. If a patient has pneumonia, the doctor doesn't treat the fever and then send the patient home after the temperature is normal, saying "Your fever is down; now watch that pneumonia." But we certainly do this with the overeater. We take care of the symptoms of the secondary disease and we tell the patient, "Your weight (or blood pressure, or blood sugar) is normal; now watch that overeating."

It is the responsibility of the medical community to understand what compulsive overeating really means and to recognize that Overeaters Anonymous has been dealing successfully with the disease. We need to work closely with OA, to have OA as the base or structure, and only then should we offer what we as professionals are able to contribute. The doctor should have the patient go to OA, and then serve as OA's support system for that patient. Overeaters Anonymous should be the treatment and the professional should be the adjunct, not the other way around. This is very difficult for a physician or mental health professional to accept.

As long as Overeaters Anonymous continues to keep the principles it has now, it will be our most valuable means of treatment of the disease of compulsive overeating. OA's principles ensure that no individual has power. In essence, it is a leaderless organization, making the process much stronger than any one member or group.

Overeaters Anonymous is a system of people who are trying to help each other, and as such it is tremendously successful.

William Rader, M.D.

Dr. Rader is a psychiatrist engaged in clinical work with alcohol, drug addiction, and compulsive overeating. Winner of the 1977 Appreciation Award of Overeaters Anonymous, he has carried the OA message both in his treatment programs and in a number of local and national television documentaries. He is currently chairman of the board of MEDRA, a multinational program for the advancement of alternative medicine.

A Disease of the Body

Appendix B, pages 234 - 241

From *Overeaters Anonymous, Second Edition*

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I was most pleased, several years ago, to be invited as a representative of the American Society of Bariatric Physicians (a medical scientific society devoted to the study of obesity and allied conditions) to attend an annual convention of Overeaters Anonymous. I have since attended several others. I was also privileged to attend some local group meetings.

The basic concept of Overeaters Anonymous is that compulsive overeating is a disease which affects the person on three levels - physical, spiritual, and emotional. Members of OA feel that, like alcoholics, they are unable to control their compulsion permanently by unaided will power.

Obesity is unquestionably one of the major health problems in the United States today. In fact, it is a problem common to all affluent societies. Estimates as to the number of overweight individuals in the United States range from ten million to more than seventy million, depending on what criteria are used to classify an individual as obese. Furthermore, in recent years there has been a steady increase in the number of overweight individuals. This is due to many factors. Chief among them is our success in creating an abundant food supply while our physical activity continues to diminish.

To indicate the magnitude of this menace, a Gallup Poll in 1973 revealed that 46 percent of Americans polled felt they were overweight, while less than 8 percent thought they were underweight. Out of every ten persons, four or five were doing something to control their weight. Senator George McGovern's committee hearings disclosed that obesity nourishes a ten-billion-dollar industry, with 100 million dollars yearly being spent for reducing drugs alone. The U.S. Public Health Service estimates that at least 60 million Americans weigh more than they should. The most disturbing problem is that perhaps less than five percent of dieters are able to maintain weight loss for at least five years.*

As a physician, my main concern with the obese is the medical risks to which obesity exposes them. Such persons have a greater than 40 percent chance of dying in any given year from heart disease, a greater than 30 percent chance of dying from coronary artery disease, a greater than 50 percent death rate from cerebrovascular disease (strokes) as well as an increased death rate from many other diseases. It has also been pointed out recently that the risk of developing diabetes is increased two-fold by an increase of 20 percent in body weight. In women, there is also a significant increase in the development of uterine cancer associated with excess body weight. In a recent study of 75,532 fat women, there were sixteen diseases associated with obesity. Furthermore, obesity predisposes to high blood pressure, gallbladder disease and the formation of gallstones requiring surgery. Even babies born of obese mothers have more than twice the infant mortality of babies whose mothers' weights are normal.

Most individuals who join Overeaters Anonymous are aware of these risks. But, like alcoholics, they are unable to control their compulsion on any lasting basis. They have completely lost faith in life and in themselves. In OA, the hand of understanding and strength is extended to them by people who suffer the same compulsion and who are now examples that there is an answer. This probably explains OA's success with the hopeless obese person who has repeatedly failed with the usual methods of weight control. I was particularly impressed with the extreme friendliness and even love between members that was easily observable at meetings.

Many OA members are former participants (and dropouts) of commercial weight control groups. I observed a number of individuals who had been unsuccessful in the commercial organizations, but who had reached and maintained normal weight for a number of years after having joined Overeaters Anonymous. On being asked why they switched organizations, they were quick to inform me that the continual preparation of “free” foods and general preoccupation with food, as sometimes expounded, only kept their food compulsion alive.

When compulsive overeaters realize that they cannot control their eating behavior, they need to accept and depend upon another power - a power acknowledged to be greater than oneself. The interpretation of this power is left to the individual. Many, perhaps most, members of OA adopt the concept of God. But newcomers are merely asked to keep an open mind on this subject and usually they find it is not too difficult to work out a solution to this very personal problem, even if they are atheist or agnostic.

Psychologically, the obese individual is helped to attain a sense of the reality and nearness of a greater power which replaces one’s egocentric nature. Then the person’s point of view and outlook will take on a spiritual coloring. Hence, one no longer needs to maintain a defiant individuality but can live in peace and harmony with the environment, sharing and participating freely, especially with others members of the group. This is a great therapeutic weapon that I, as a physician who has dealt with obese people for more than twenty-seven years, can appreciate. The obese individual no longer defies, but accepts help, guidance, and control from the outside. As OA members relinquish their negative, aggressive feelings toward themselves and toward life, they find themselves overwhelmed by positive feelings of love, friendliness, tranquility, and a pervading contentment. These latter feelings were evident among the groups I attended.

A word frequently heard in OA groups is surrender. It can best be described as letting go. The individual gives up personal rigidities, relaxes, and admits to being beaten by compulsive overeating. The source of this feeling is almost always despair, which is so prevalent in newcomers to the group. It is all part of a crisis experience with an overload of hopelessness. In the act of surrender, one does not just give up but accepts a power greater than oneself, reducing the ego and admitting the need for outside help.

The “ego reduction” can be very profitable to the personality makeup of this person. It is important to differentiate between submission and surrender. In submission, an individual accepts reality consciously, but not unconsciously. There is acceptance that one cannot, at the moment, conquer reality, but lurking in the unconscious is the feeling that “there will come a day when I will be able to handle my problems on my own.”

Submission implies no real acceptance of one’s inadequacy; on the contrary, it demonstrates conclusively that the struggle is still going on. Submission is, at best, a superficial yielding, with the inner tensions still present. When the individual accepts, on an unconscious level, the reality of not being able to handle compulsive overeating, there is no residual battle. Relaxation ensues with a freedom from strain and conflict. This freedom is the aim of the OA groups, and complete surrender is manifested by the considerable degree of relaxation which is evident in the behavior of those who have achieved it.

Once compulsive overeaters surrender at the unconscious level, their compliance with the disciplines of the program do not lessen with time, leading to the inevitable regaining of weight. They continue to get messages from the unconscious that the need for outside help will remain for a prolonged, if not indefinite period. Their wholehearted cooperation is then forthcoming, and constructive action takes the place of skin-deep assurances that they will merely comply temporarily until the memory of their suffering and self-pity weakens and the need for compliance lessens.

Surrender, then, is an unconscious event. It is not willed by the individual. It can occur only when one becomes involved with one's unconscious mind in a set of circumstances which signal the undeniable need for an external greater power. The definition of surrender can be understood only when all its unconscious ramifications and true inner meaning are glimpsed. Observed by others, such an individual manifests an inner calm and a "live and let live" attitude.

In analyzing Overeaters Anonymous, I have reached a number of conclusions. There appears to be a deep shift in the individual's emotional tone, the disappearance of one set of feelings, and the emergence of a very different set. The member moves from a negative state of mind to a positive one. This may have the earmarks of a spiritual conversion. Be that as it may, it is an effective transformation and essential for long-term success.

By this I do not mean to imply that there are never any slipups. Indeed, there are. But they are usually due to overconfidence as people are successful in the program and once again become too preoccupied with themselves. As long as they attend group meetings, help is immediately available, inspiring them to return to abstinence and to the Twelve Steps of recovery. They are neither judged nor scolded. There are no weigh-ins. They can share their past experiences their present problems and their hopes for the future with those who understand and support them and who speak their own language. Working with a sponsor, the individual converses with a person who has been through similar experiences. Thus the communication between these two is on the same level. When OAers become sponsors themselves, their loneliness is greatly alleviated. They are needed and accepted. This has a very potent, positive influence on weight maintenance.

OA literature suggests that the newcomer visit a doctor to decide upon a plan of eating suited to both physical needs and family habits. I can verify that this was, indeed, the policy with a number of patients whom I have referred to this group. OA is not concerned with the medical aspects of obesity, but with the compulsive nature of overeating.

It is my firm belief that Overeaters Anonymous has made a definite place for itself in helping the obese individual and renders a valuable service to such a person. The empathy and attention individuals receive in meetings during trying times can be of great therapeutic value. Overeaters Anonymous can help individuals restore their faith in themselves and in others and give them hope for recovery. There is no other organization, lay or professional, that has such a profound influence on the compulsive overeater's thinking; and, after all, it is our thoughts that precede our emotions, and it is our emotions that make us eat inappropriately and become physically obese. Recovery in OA is on all three levels. It may be a tall order, but one which has the greatest chance for success.

It has been an honor and a most exciting experience for me as a professional to have the opportunity to get to know the members of Overeaters Anonymous. I will forever be grateful to them for the good work they do in combating a major health problem in the United States.

Peter G. Lindner, M.D.

Dr. Lindner was past president of the American Society of Bariatric Physicians and chairman of its board of trustees. He received the 1975 Appreciation Award of Overeaters Anonymous in recognition of his work in the field of obesity and compulsive overeating and his efforts to bring the OA program to the attention of the medical community and the general public. Dr. Lindner passed away in 1987.

*As of 2000, 55 percent, or 97 million adults, in the US are overweight or obese, with at least 33 percent of adults considered overweight and 22 percent considered obese. Obesity-related medical conditions now contribute to 300,000 deaths in the US each year. The total US costs attributable to obesity amounted to over \$99 billion in 1995; over half of those dollars were direct medical costs. Obesity has been recognized since 1985 as a chronic disease and is now the second leading cause of preventable death, exceeded only by cigarette smoking. (<http://www.asbp.org/bariatrics>)

A Disease of the Spirit

Appendix C, pages 242 - 247

From Overeaters Anonymous, Second Edition

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The title of this commentary puts in simple words the uniqueness and special place that Overeaters Anonymous has earned and is earning within the whole approach to the problem of compulsive overeating.

It was not easy to determine how to apply a program dealing with alcoholism, in which thousands have learned how to live without drinking, to a commodity - food - without which not one can live. I am sure that this difficulty still exists in the minds of some. For many others, however, it is clear that what compulsive overeaters and alcoholics have in common is a need to nourish the spiritual side of their nature.

All in all, it is the saving grace of the spiritual in the OA program that has made for its success and growth, and I can prophesy that OA will continue to grow, bringing not only sane eating habits, but spiritually and morally oriented lives that will help build society.

Spiritual values are important because they deal with the whole person. Wholeness in this sense is related to "holiness," as well as to "balance." A holy person is one whose body, mind, and spirit share an equality that was (and is) the intention and plan of God for all men. Such a person takes his or her place within the community with ease and grace, motivated by a deep and abiding sense of thanksgiving. Such individuals become creative and constructive, not only with the family circle or community but in the arts and sciences. Their creative energies are not blocked by shame, guilt, self-pity, and hate, nor by the facades of arrogance, aggressiveness, and uncaring attitudes.

It is only as the hurt and damaged soul is given emotional and spiritual sustenance that these destructive characteristics slough off, and love begins to flow freely within and from there outward.

Let us look at this spiritual food. To begin with, it falls under the heading of love, the most abused, misused, and yet the most wonderful word in the English language. Without love, every other human virtue or ability is as "sounding brass." Love is a spiritual quality that is not confined to the limits of any religious community. No one has a corner on it. It is free - free to fill the lives of all who allow it to flow freely. And as it flows, it both washes and gives life and glorifies its source - God.

This brings me to my first point. Those who are prone to stuff themselves with food that makes their bodies unsightly are refusing the food that satisfies and soothes the unhappy soul within. Have they said, "I don't deserve anything good" for such a long time that they are literally putting their heels on that source of love that alone can bring peace? Or have they become so discouraged or so angry that they deny even the existence of love, let alone God?

All of us can identify with such feelings. Compulsive overeaters and alcoholics, gamblers and drug addicts are not the only inhabitants of life's gray areas. The number of such afflicted people is legion.

There are three stages in the process of getting any kind of food. One: Take your body to the food. Two: Dish it out and eat it. Three: Enjoy it and use the energy it creates. It is the same with spiritual food, food for the soul. Let us look at these three stages.

One: Take your body to the food. Sometimes people become so sick with overeating that the "spiritual food" has to come through one who cares, one who loves. This is God's

method. He first loved us. But sometimes He knocks at the door of our lives in the form of a person or a book or magazine article - a thought, a hope.

The knocking is heard but often the door remains shut. Sooner or later, however, it must be opened to allow some kind of help to enter. In most cases, many kinds of "help" have been tried. They all involved money, effort, and disappointment. Finally, the message gets through: Someone cared enough to reach the starving soul. You allow love within your life. You are ready to take your body to spiritual food.

Two: This stage follows closely upon the accomplishment of the first. How surprising to find - and difficult to believe - that all those people at the OA meeting understood your problem and cared about you!

You see, love that is accepted immediately eliminates your aloneness. The only way you can use the word love when you are alone is by loving yourself, and no compulsive overeater does that at first. So it must begin by allowing someone else's love into your life. This very action of including others and being included is food for the soul - the starving waif within the stuffed body.

But the process of love has only begun. Carefully, even suspiciously, you allow a few people closer to your inner self. Through trusting them, even passively, you move closer to love. You may call these individuals foolhardy to love you, but the pain and loneliness drive you to respond. It becomes easier and easier, until you "over-love" and someone lets you down. This happens because immature love tries to possess and control. Then, you may run back into your shell to lick your wounds, and perhaps a few platters in the process. Like a mighty flood, you feel swamped again by that compulsion that once all but destroyed your life. A phone call: an understanding member of OA hears your story and levels with you. Thankfully, there are many who have learned the difference between loving and "over-loving." They are always standing by, ready to help.

What a relief to be on the raft of OA again - that group of people who take you firmly by the hand in love and fellowship.

It is then that you are encouraged to ingest and digest two new kinds of food: First, understanding for your straightjacketed mind. This comes from OA literature and other sources. Secondly, you learn that prayer and meditation have a lot to do with satisfying the inner hungry one. Finally, you can listen to the stories you hear at meetings with a deeper insight. You study the Traditions, born out of pain and trial, which have kept a spiritual movement living and growing for nearly seventy years. You learn that others have personal histories more traumatic than yours. You acquire humility. You learn some of the tricks of the trade of wholesome living. And finally you can turn to the healthy sauce of good humor. You can not only laugh at the ridiculous reasoning and situations others go through, but you learn to laugh at yourself.

Humor is a most important ingredient of love. I think it shakes down the food - now shrinking away - so that you can make room within yourself for others. This is a major step forward because it takes some of the emotional heat (condemnation) off yourself. And what a relief this is!

Fellowship, understanding, and humor - all of them digestible forms of love: food for the soul.

Somewhere along this pathway the spiritual itself becomes real to you. You begin to be aware of mystical qualities that become important and real. Is this the birth of a soul? No, because the soul was not dead. It was only starving, denied, and stifled. Now it moves within, purring with contentment as it begins its lifelong, God-given task of furnishing control, establishing security and, finally, giving purpose. Now you understand what it is that really attracted you to Overeaters Anonymous. Sure, you were impressed by a slim and trim

figure. You wanted that, too. But what really caught you was the love, the understanding, the soul qualities that touched you where you really lived, though you may not have been aware of it.

And wonder of wonders, you too became an instrument of love. You doubted that you could meet the needs of others, but soon the people about you began to respond to your love. Now, you have reached the third stage. You are walking on Cloud Nine, only to be tripped up by pride and even a tinge of complacency or arrogance. The power you envied in others is now yours. You must learn to use it without losing your way again.

Sometimes this experience strands us on a stagnant, arid plateau. You may see someone else maturing more rapidly than you. Disillusionment and standstill can result. There is at this crossroads a signpost you cannot miss: "Go deeper with others and with God."

God has provided many other means of fellowship and growth. They too offer soul-food. But always remember that your compulsion with food does demand that kind of understanding and experience that members of OA can provide. But now that your body is no longer your master; your mind is beginning to think clearly; and your soul is fed, nurtured, and functioning, you can reconsider those other sources of soul food.

I now leave off my description of this pilgrim's progress which takes us from compulsive eating to its replacement with food for the soul. It is a journey that leads straight out of self-made prisons and limitations into greener pastures where we find many a table spread with wholesome food and a cup that overflows.

The Reverend Rollo M. Boas

One of OA's earliest supporters, Rev. Boas was a minister of the Episcopal church and the recipient of OA's 1979 Appreciation Award. He passed away in 1993.

General View/Introduction

The following material is presented in a session-by-session format. The material includes recovery exercises **to prepare for the session**, and questions for consideration for journaling **after the step has been read during the meeting.**

For the recovery exercises, you will be asked to read much of the AA Big Book, both the first section about the program of recovery and the stories which follow. We suggest that you write about some (or all, if you choose) of the statements from the recovery exercise selections each week **prior to the step meeting.** Write in terms of what the statements mean to you as a compulsive eater.

Recovery exercises for Step 1
(to be completed prior to the 2nd meeting)

Reading	3rd Edition	4th Edition
"Bill's Story"	pp. 1-16	pp. 1-16
"More About Alcoholism"	pp. 30 - 43	pp. 30 - 43
Forewords and "The Doctor's Opinion"	pp. xii - xxx	pp. xiii - xxxii

Write on some or all of the following:

1. What is the history of my relationship with food? (p. 5) Do I believe I eat compulsively? In what ways do I abuse food?
2. "This phenomenon, as we have suggested, may be the manifestation of an allergy which differentiates these people, and sets them apart as a distinct entity. It has never been, by any treatment with which we are familiar, permanently eradicated. The only relief we have to suggest is entire abstinence." (p. xxvii 3rd edition, p. xxx 4th edition) Do I believe that I have an allergy? What foods and eating behaviors trouble me?
3. How do I feel after a binge? What do I experience physically, emotionally, mentally, and spiritually as the result of a binge?
4. Who or what do I blame for my eating/weight problems?
5. It is not surprising in our daily eating, year after year, that there have been innumerable attempts to prove we could eat like normal people. (pp. 30-31) What are the ways in which I have tried to control my eating or my weight?
6. My behavior can be as absurd and incomprehensible as the person who jay walks, is hit by a car, but once healed, jay walks again. (pp. 37 & 38) In what ways is my life unmanageable?

Additional writing for those in relapse:

1. "Surely this was the answer - self-knowledge. But it was not, for the frightful day came when I drank once more." (p. 7)
2. Once a compulsive eater, always a compulsive eater. (pp. 32 & 33)

Meeting questions for **Step 1 - We admitted we were powerless over food - that our lives had become unmanageable**

*Leader*_____ *Date*_____

Select one or more questions to write on:

1. "... compulsive eating is an illness that cannot be controlled by willpower." (p. 1) Am I willing to stop blaming myself and others for my compulsive eating? Can I accept this as a disease?
2. "What all of us have in common is that our bodies and our minds seem to send us signals about food which are quite different from those the normal eater receives." (p. 2) Am I powerless over food? What does that mean to me?
3. "We admitted we were powerless over food - **that our lives had become unmanageable.**" (p. 1) What is the unmanageability like for me?
4. "In step one, we acknowledge this truth about ourselves: our current methods of managing have not been successful, and we need to find a new approach to life. Having acknowledged this truth, we are free to change and to learn." (p. 6) Am I willing to change and to learn? Am I teachable?

Additional writing for those in relapse:

1. Here is a description of my relapse.
2. Have I returned to my former compulsive eating behavior after years of recovery?

Commitment:_____

Recovery exercises for Step 2
(to be completed prior to the 3rd meeting)

Reading	3rd Edition	4th Edition
"There is a Solution"	pp. 17-29	pp. 17-29
"We Agnostics"	pp. 44-57	pp. 44-57

Write on some or all of the following:

1. What kind of compulsive eater am I? (pp. 20 & 21)
2. List the things I am willing to change with my Higher Power's and others' help? (pp. 23 – 25)
3. Am I finally willing to quit the futile battle with food destruction and accept spiritual help from a Power greater than myself that could restore me to sanity? (pp. 20 – 25, 57)
4. "My friend suggested what then seemed a novel idea. He said, 'Why don't you choose your own conception of God?'" (Bill's Story, p12, pp. 28 & 50) What is my conception of God?
5. "... while his religious convictions were very good, in his case they did not spell the necessary vital spiritual experience." (p. 27) For me, what is the difference between a spiritual and a religious program and experience?

Additional writing for those in relapse:

1. "We needed to ask ourselves but one short question. 'Do I now believe, or am I even willing to believe, that there is a Power greater than myself?'" (p. 47)

Meeting questions for Step 2 - Came to believe that a Power greater than ourselves could restore us to sanity

Leader _____ *Date* _____

Select one or more questions to write on:

1. As I look with complete honesty at my life, how have I “acted in an extremely irrational and self-destructive manner where eating is concerned?” (p. 9)
2. “OA does not tell us we have to believe in God – only that a power greater than ourselves could restore us to sanity.” (p. 13) What is a Power greater than ourselves?
3. “Some of us began by asking ourselves: ‘What do I need from a Higher Power? What would I like such a Power to be and to do in my life?’” (p. 14)
4. What does “willingness to act on faith” mean to me? (pp. 16 & 17)
5. What actions am I willing to take that others have told me worked for them?

Commitment: _____

Recovery exercises for Step 3
(to be completed prior to the 4th meeting)

Reading	3rd Edition	4th Edition
"How It Works"	pp. 58-63	pp. 58-63
"More About Alcoholism"	pp. 42 - 43	pp. 42-43
"The Man Who Mastered Fear"	pp. 275-286	pp. 246-257

Write on some or all of the following:

1. "The first requirement is that we be convinced that any life run on self-will can hardly be a success." (p. 60)
2. How do these "pertinent ideas" relate to my disease of compulsive eating:
 - a) "That we were alcoholic and could not manage our own lives."
 - b) "That no human power could have relieved our alcoholism."
 - c) "That God could and would if He were sought." (p. 60)
3. "Once more: The alcoholic at certain times has no effective mental defense against the first drink. Except in a few rare cases, neither he nor any other human being can provide such a defense. His defense must come from a Higher Power." (p. 43) How does this relate to my first compulsive bite?
4. In what way can I turn over my will and my life, including food, to my Higher Power? (pp. 60 - 61), (pp. 279 - 280, 3rd edition; pp. 250 - 251, 4th edition)
5. "We were now at Step 3. ... We thought well before taking this step making sure we were ready; that we could at last abandon ourselves utterly to Him." (p. 63) Am I ready to use the third step prayer, or words of my choosing?

Meeting questions for **Step 3 - Made a decision to turn our will and our lives over to the care of God as we understood Him**

Leader_____ **Date**_____

Select one or more questions to write on:

1. "If we want to live free of the killing disease of compulsive eating, we accept help without reservation from a Power greater than ourselves." (p. 19) Have I made the decision to turn my life and my will over to my Higher Power?
2. "When faced with choices, we earnestly seek guidance from our Higher Power, and when that guidance comes we act on it." (p. 20) How do I feel about completely turning my will and my life over to my Higher Power?
3. "We have found that when we give up self-will regarding food and completely turn our lives over to our Higher Power, we receive all kinds of guidance." (p. 21) How will I recognize when my Higher Power gives me guidance in making a choice?
4. What area of my life today is causing the most frustration or unhappiness? What am I willing to do so that I can turn it over to my Higher Power? (pp. 21- 23)
5. What actions am I willing to take starting today to turn my will and my life over to my Higher Power? (pp. 24 - 27)

Commitment:_____

Recovery exercises for Step 4
(to be completed prior to the 5th meeting)

Reading	3rd Edition	4th Edition
"How It Works"	pp. 63 - 71	pp. 63 - 71

Say a prayer for the willingness to get going on your inventory, and follow it with action. Any action, no matter how small, will help overcome procrastination.

"Next we launched out on a course of vigorous action, the first step of which is a personal housecleaning, which many of us had never attempted. Though our decision was a vital and crucial step, it could have little permanent effect unless at once followed by a strenuous effort to face, and to be rid of, the things in ourselves which had been blocking us. Our liquor was but a symptom. So we had to get down to causes and conditions." (pp. 63 -64)

Start on your fourth step inventory from the AA Big Book, pp. 63 - 71 or the OA 12&12, pp. 34 - 44. Write on questions which really stand out to you. Do a bit every day.

Completing a thorough inventory in one week during the 12th Step Within workshop is not realistic for many. Listed below are some suggestions for writing one part of your fourth step, to be completed during this time:

- Write a resentment list using the Big Book format (pp. 64 - 65)
- Write a fear list using the Big Book format (pp. 67 - 68)
- Write a sex/relationship inventory (pp. 68 - 71)
- Write a relationship inventory on one person who has been problematic for you.
- Write the five things you hope no one will ever find out about you.

Meeting questions for Step 4 - Made a searching and fearless moral inventory of ourselves

*Leader*_____ *Date*_____

1. Write on one or more questions from pp. 34 - 43 that apply to you. What character defects have I identified from writing on these questions?

Additional writing for those in relapse:

1. What are some of the ways I can do my inventory focusing on my relapse?

Commitment:_____

Recovery exercises for Step 5
(to be completed prior to the 6th meeting)

Reading	3rd Edition	4th Edition
"Into Action"	pp. 72-75	pp. 72-75

Write on some or all of the following:

1. "The best reason first: If we skip this vital step, we may not overcome drinking." (p. 72) Is it **necessary** to discuss my character defects with another person? Why or why not?
2. "Most people approached in this way will be glad to help; they will be honored by our confidence." (p. 75) Am I making excuses for not asking someone to receive my fifth step, such as they will find it an imposition?
3. With whom will I share my inventory and what are the reasons for my choice? (pp. 72 - 75)
4. "When we decide who is to hear our story, we waste no time. We have a **written inventory** and we are **prepared** for a long talk." (p. 75) (Emphasis added) Am I prepared for my fifth step?
5. "Once we have taken this step, **withholding nothing**, we are delighted. We can look the world in the eye. We can be alone at perfect peace and ease. Our fears fall from us. We begin to feel the nearness of our Creator." (p. 75) (Emphasis added) What benefits do I expect (or hope for) from step five?

Meeting questions for **Step 5 - Admitted to God, to ourselves, and to another human being the exact nature of our wrongs**

Leader _____ *Date* _____

Select one or more questions to write on:

1. "A humble admission of our mistakes to God is our first step in this new direction. We willingly open our hearts so that a life-changing power can come in and heal us." (p. 46) How might admitting my mistakes to God begin my healing process?
2. Am I willing to let go of rationalization and other character defects with God's help? (p. 46)
3. "When working this step we do more than just recite events from the past which we consider to be our wrongs. We need to discuss the 'exact nature' of those wrongs. This means we will need to talk about *why* we did the things we did." (p. 49) How might this guidance affect my fifth step?
4. "Yet, we find that we haven't truly admitted our wrongs to ourselves until we speak about them with someone else." (p. 48) How important to my recovery is sharing my wrongs with someone? How willing am I to present my fifth step?

Additional writing for those in relapse:

1. When sharing my inventory in the past, what did I learn about fear, trust, honesty, and acceptance?

Commitment: _____

Recovery exercises for Step 6
(to be completed prior to the 7th meeting)

Reading	3rd Edition	4th Edition
"How It Works"	pp. 60 - 62	pp. 60 - 62
1 st paragraph of "Into Action"	p. 76	p. 76
"We Agnostics"	pp. 52 - 53	pp. 52 - 53
"How It Works"	pp. 66 - 68	pp. 66 - 68
"The Keys of the Kingdom"	pp. 304 - 312	pp. 304 - 312

Write on some or all of the following:

1. "The first requirement is that we be convinced that any life run on self-will can hardly be a success." (p. 60)
2. "We had to ask ourselves why we shouldn't apply to our human problems this same readiness to change our point of view." (p. 52)
3. "Referring to our list again. Putting out of our minds the wrongs others have done, we resolutely looked for our own mistakes. Where had we been selfish, dishonest, self-seeking and frightened?" (p. 67) What is on my list of character defects?
4. Am I ready and willing to take step six, to break down barriers between myself, my fellows, and my Higher Power? (p. 76)
5. "A.A. is not a plan for recovery that can be finished and done with. It is a way of life, and the challenge contained in its principles is great enough to keep any human striving for as long as he lives." (p. 311, 3rd edition, p. 275, 4th edition) Am I willing to accept that my recovery is a life-long process?

Meeting questions for Step 6 - Were entirely ready to have God remove all these defects of character

Leader_____ **Date**_____

Select one or more of the following to write on:

1. "Why is it so hard for us to be entirely ready to part with our defects?" (p. 53)
2. "The harder we try to rid ourselves of our defects, the more they control us. Because we have misread step six, we are totally defeated in our attempts to work it. Thus we learn a key truth about ourselves and our twelve-step program. We are powerless over each of our defects of character, just as we are powerless over the food." (p. 55) Is this true for me?
3. "When we work step six, we dedicate ourselves to a lifetime of growth and change." (p. 56) Is this what I bargained for when I came to OA?
4. "We might begin to do this by submitting each defect to close scrutiny." (p. 56) What are my defects doing for me as well as to me?
5. "Although we may not realize it at first, our commitment to embrace the needed changes in ourselves has given us an extraordinary power to deal with life's challenges." (p. 58) What rewards have I received thus far in my recovery?

Additional writing for those in relapse:

1. "Next we need to recognize that each of these old tools for coping with life has now outlived its usefulness. We look at the harm it is doing us to cling to each of these ways of thinking and acting." (p. 57) Which of my old tools for coping have outlived their usefulness and are harming me?

Commitment:_____

Recovery exercises for Step 7
(to be completed prior to the 8th meeting)

Reading	3 rd Edition	4 th Edition
2 nd paragraph of "Into Action"	p. 76	p. 76
"He Sold Himself Short"	pp. 287 - 296	pp. 258 - 267
"Doctor, Alcoholic, Addict"	pp. 439 - 452	see below
"Acceptance Was the Answer"	see above	pp. 407 - 420

Write on some or all of the following:

1. Am I willing to say the step seven prayer on p. 76 of the Big Book, or words of my choosing?
2. "Dr. Bob led me through all of these steps. At the moral inventory, he brought up some of my bad personality traits or character defects ... We went over these at great length and then he finally asked me if I wanted these defects of character removed. When I said yes, we both knelt at his desk and prayed, **each of us asking to have these defects taken away.** This picture is still vivid. If I live to be a hundred, it will always stand out in my mind." (p. 292) (Emphasis added) Am I inspired to follow this example?
3. "I made several decisions at that time. ... I decided I must place this program above everything else, even my family, because if I did not maintain my sobriety, I would lose my family anyway. If I did not maintain my sobriety, I would not have a job." (pp. 292 - 293, 3rd edition, pp. 263 - 264, 4th edition) How committed to my recovery am I?
4. "And acceptance is the answer to *all* my problems today. When I am disturbed, it is because I find some person, place, thing, or situation - some fact of my life - unacceptable to me, and I can find no serenity until I accept that person, place, thing, or situation as being exactly the way it is supposed to be at this moment." (p. 449, 3rd edition, p. 417, 4th edition) What recent situation could have been improved by my practicing acceptance?
5. "I must keep my magical magnifying mind *on* my acceptance and *off* my expectations, for my serenity is directly proportional to my level of acceptance." (p. 452, 3rd edition; p. 420, 4th edition) How does holding on to my expectations interfere with my serenity?
6. "This latest part of my life has had a purpose, not in great things accomplished but in daily living. Courage to face each day has replaced the fears and uncertainties of earlier years." (p. 295, 3rd edition, p. 266, 4th edition) Have I noticed changes in my life as a result of working this program? What other changes do I believe are possible?

Meeting questions for **Step 7 - Humbly asked Him to remove our shortcomings**

Leader_____ **Date**_____

Select one or more questions to write on:

1. "In OA we have discovered that humility is simply an awareness of who we really are today and a willingness to become all that we can be." (p. 60) Have I become all that I can be? Am I open to being all that my Higher Power wants me to be?
2. "Real humility about our character defects carries with it *acceptance*. We accept that each defect, as painful to us as it may be, is a part of who we are. With humble acceptance we can quietly say to our Higher Power 'I am this way, and only with your help can I change.'" (p. 61) Am I willing to say to my Higher Power "I am this way, and only with your help can I change."?
3. "Our approach to step seven, then, might begin with a prayer for genuine humility. Having said this prayer, we can proceed with the rest of step seven ..." (p.62) Do I need to wait until I achieve perfect humility to proceed with step seven?
4. "In God's time, when God knows we're ready, we will be given new insights into our true defects of character ..." (p. 63) Do I accept that I can't remove my character defects on my own? What is my part?
5. "These actions may seem like hard work at first, but we've found that our willingness to act is an important factor in our healing." (p. 64) To what lengths am I willing to go in order to be rid of my defects?
6. "Our simple prayers, humbly spoken, are answered in wonderful ways as we open our lives to God's transforming power, and we find that God does for us what we could never do for ourselves." (p. 66) Have I had this experience? If not, do I believe it can come true for me?

Additional writing for those in relapse:

1. How do I respond when one of my defects re-appears? (p. 61)

Commitment:_____

Recovery exercises for Step 8
(to be completed prior to the ninth meeting)

Reading	3rd Edition	4th Edition
3 rd paragraph of "Into Action"	p. 76	p. 76
"Freedom From Bondage"	pp. 544 - 553	pp. 544 - 552

Write on some or all of the following:

1. "We have a list of all persons we had harmed and to whom we are willing to make amends." (p. 76) Is there anyone else, besides the people from my fourth step list, that needs to be on my amends list?
2. "Remember it was agreed at the beginning *we would go to any lengths for victory over alcohol.*" (p. 76) Am I willing to go to any length to recover from my disease?
3. "I grew up believing that one had to be totally self-sufficient, for one never dared to depend on another human being. I thought that life was a pretty simple thing: you made a plan for life, based upon what you wanted, and then needed only the courage to go after it." (p. 545, both editions) Who did I harm by having such an attitude?
4. "A.A. taught me that I will have peace of mind in direct proportion to the peace of mind I bring into the lives of other people." (p. 551, 3rd edition, p. 550, 4th edition) Do I believe that making amends to the people on my list will bring me peace of mind?
5. "He said in effect: 'If you have a resentment you want to be free of, if you will pray for the person or the thing you resent, you will be free. If you will ask in prayer for everything you want for yourself to be given to them, you will be free. Ask for their health, their prosperity, their happiness, and you will be free. Even if you don't really want it for them, and your prayers are only words and you don't mean it, go ahead and do it anyway. Do it every day for two weeks and you will find you have come to mean it and to want it for them, and you will realize that where you used to feel bitterness and resentment and hatred, you now feel compassionate understanding and love.'" (p.552, both editions) Am I willing to try this suggestion to be rid of my resentments, so I can make the amends I owe?

Additional writing for those in relapse:

1. "The A.A. members who sponsored me ... said if you want to know *how* this program works, take the first word of your question - the 'H' is for honesty, the 'O' is for open-mindedness, and the 'W' is for willingness; these our Big Book calls the essentials of recovery." (p. 550, 3rd edition, pp. 549 - 550, 4th edition) Am I willing to practice "HOW" in my recovery?

Meeting questions for Step 8 - Made a list of all persons we had harmed and became willing to make amends to them all

Leader_____ **Date**_____

Select one or more questions to write on:

1. “When we did stop eating compulsively, however, we usually found that our defective ways of dealing with others were a source of pain for us. In many cases this pain was so great we were tempted to eat again rather than face it.” (p. 67) Am I willing to look at my defective ways of dealing with others?
2. “If our fourth step was thorough, it will probably contain information about most of the harm we are consciously aware of having done to others.” (p. 68) Am I willing to review my fourth step to find the names of the people who belong on my amends list?
3. “Many of us have found that our own name belongs somewhere near the top of our eighth-step list. ...We have learned that a complete willingness to make amends to ourselves and to forgive ourselves for past mistakes has been essential to our recovery.” (p. 69) Does my own name belong on my eighth step list? Why or why not?
4. “Now we must become willing to make amends to each person on our list. In many cases this will seem like a frightening and humiliating prospect.” (p. 70) Is my fear of working the ninth step keeping me from making my eighth step list?
5. “As much as we might like to, we cannot skip the making of amends. The experience of OAs who have worked the steps before us shows that recovery depends on completing steps eight and nine.” (p. 73) Am I now willing to make the amends I owe to the people on my eighth step list?

Commitment:_____

Recovery exercises for Step 9
(to be completed prior to the 10th meeting)

Reading	3rd Edition	4th Edition
"Into Action"	mid p.76 - mid p. 84	mid p. 76 - mid p. 84
"It Might Have Been Worse"	pp. 373 - 383	pp. 348 - 358

Write on some or all of the following:

1. "Now we go out to our fellows and repair the damage done in the past. We attempt to sweep away the debris which has accumulated out of our effort to live on self-will and run the show ourselves." (p. 76) Am I willing to make amends for the damage caused by my misapplication of self-will?
2. Which of the suggestions described on pp. 76 - 83 can I use when making amends to the people on my list?
3. "To most of us, making amends will take the rest of our lives, but we can start immediately. ... Making amends is sometimes doing what we are capable of doing but failed to do because of alcohol ..." (pp. 381 - 382, 3rd edition, pp. 356 - 357, 4th edition) Am I willing to continue making amends as I become aware of the need to do so?
4. "Reminding ourselves that we have decided to go to any lengths to find a spiritual experience, we ask that we be given strength and direction to do the right thing, no matter what the personal consequences may be." (p. 79) To what lengths am I willing to go to make my amends?
5. "We should be sensible, tactful, considerate and humble without being servile or scraping. As God's people we stand on our feet; we don't crawl before anyone." (p. 83) Am I willing to follow this guidance when making my amends?
6. Having read the Promises on pp. 83 - 84, do I believe these things are possible for me? If not, am I willing to believe that these things are possible for me as I work the OA program?

Meeting questions for Step 9 - Made direct amends to such people wherever possible, except when to do so would injure them or others

Leader _____ **Date** _____

Select one or more questions to write on:

1. "Before we do the step, most of us dread the thought of going to each person we've harmed, frankly acknowledging our faults, and taking direct action to remedy the damage we did or repay the losses we caused." (p. 75) What fears am I experiencing about making amends? Are there specific amends causing me fear?
2. "In making amends, we'll need to acknowledge the specific harm we've done, apologize, make appropriate restitution, and change our behavior toward them in the future." (p. 76) Am I willing to follow these guidelines in making my amends?
3. "Before starting out to make amends, we must let go of any expectations we may have of how the other people will receive us. ... We cannot control how others receive our amends. ... They don't owe us forgiveness, and we don't need it to complete step nine and recover from compulsive eating." (pp. 76 - 77) What expectations, if any, do I have about making the amends I owe?
4. "We complete our amends for our wrongful actions of the past by changing our actions in the future. ... The words we say to them will not be nearly so important as how we act toward them from now on. Were we to apologize, but then go right on hurting them, our words would be empty indeed..." (p. 78) How can I make living amends to those I have hurt?
5. "Now that we have completed the first nine steps, we can face the future with a new confidence. We no longer need the crutch of excess food because we have discovered a way of life which nourishes us physically, emotionally, and spiritually." (p. 81) Am I growing toward a way of life that nourishes me physically, emotionally, and spiritually?

Additional writing for those in relapse:

1. "Were we to skip doing some of our amends, we would deprive ourselves of the full healing that comes when we work the ninth step thoroughly, and so we'd be hurting ourselves rather than doing ourselves a favor." (p. 80) Has skipping any amends had a role in my relapse?

Commitment: _____

Recovery exercises for Step 10
(to be completed prior to the 11th meeting)

Reading	3 rd Edition	4 th Edition
"Into Action"	mid p. 84 - mid p. 86	mid p. 84 - mid p. 86
"The Family Afterward"	pp. 122-125	pp. 122-125

Write on some or all of the following:

1. "Our next function is to grow in understanding and effectiveness. This is not an overnight matter. It should continue for our lifetime." (p.84) Do I believe that I need to do Step 10 for the rest of my life?
2. "Continue to watch for selfishness, dishonesty, resentment, and fear. **When** these crop up, we ask God at once to remove them. We discuss them with someone immediately and make amends quickly if we have harmed anyone." (p. 84, emphasis added) When I think carefully about the wrongs caused by my character defects, what **new** amends do I owe?
3. "It is easy to let up on the spiritual program of action and rest on our laurels. We are headed for trouble if we do, for alcohol is a subtle foe. We are not cured of alcoholism. What we really have is a daily reprieve contingent on the maintenance of our spiritual condition." (p. 85) What can I do to keep from getting complacent about my spiritual condition and my abstinence?
4. "When we retire at night, we constructively review our day." (p. 86) What is my personal experience with this practice?
5. "We feel as though we have been placed in a position of neutrality - safe and protected. We have not even sworn off. Instead, the problem has been removed. It does not exist for us. We are neither cocky nor are we afraid. That is our experience. That is how we react so long as we keep in fit spiritual condition." (p. 85) In what ways has this become a reality in my life?

Additional writing for those in relapse:

1. Did becoming lax in my spiritual program contribute to my relapse? How?

Meeting questions for **Step 10 - Continued to take personal inventory and when we were wrong, promptly admitted it**

Leader _____ *Date* _____

Select one or more questions to write on:

1. “ ... ‘Repetition is the only form of permanence that nature can achieve.’ If we are to experience permanent recovery from compulsive eating, we will have to repeat, day after day, the actions that have already brought us so much healing.” (p.83) What actions do I take daily so that I may experience permanent recovery?
2. “The purpose of step ten is to identify and remove from our path today’s stumbling blocks, those manifestations of pride, fear, anger, self-pity, greed, and other emotions which are bringing pain into our lives and keeping us from growing today.” (p. 84) Make a review of the day’s events. What feelings did I have and how did I deal with them? What stumbling blocks did I encounter?
3. “In taking daily inventory, we seek to become increasingly aware of our true motives and emotions. We seek to examine our actions so we can learn from our mistakes and build on our successes.” (p. 87) What style(s) of personal inventory work best for me? (pp. 85 - 89)
4. “After we have taken our daily inventory, we can follow through with the second half of step ten which says, ‘when we were wrong, promptly admitted.’ This simple little clause implies that we have an opportunity to do more than just look at our defects and assets.” (p. 87) Why is it necessary for **me** to continue to take personal inventory and make any amends I owe?
5. “As we repeatedly act on step ten, we begin to see the remarkable ways the steps will, from now on, continue to remove unnecessary turmoil and pain from our lives.” (pp. 89 - 90) Is this my experience? Do I believe it can be? Am I willing to work toward this on a daily basis?

Additional writing for those in relapse:

1. “The new attitudes of honesty about our problems and surrender to a Power greater than ourselves have become a part of us by now; they are the basis of every choice we make in our day-to-day lives.” (p. 90) To recover from relapse, am I willing to continue this new way of life?

Commitment: _____

Recovery exercises for Step 11
(to be completed prior to the 12th meeting)

Reading	3 rd Edition	4 th Edition
"Into Action" (start with last paragraph on p. 85)	pp. 85-88	pp. 85-88
"Alcoholic Anonymous Number Three"	pp. 182-192	pp. 182-192
Appendix II "Spiritual Experience"	pp. 569-570	pp. 567-568

Write on some or all of the following:

1. "I knew that I had a helper whom I could rely upon, who wouldn't fail me. If I could stick to Him and listen, I would make it." (p. 189 - 190) What is my concept of a Higher Power **today**?
2. "*Step Eleven* suggests prayer and meditation. We shouldn't be shy on this matter of prayer. Better men than we are using it constantly. It works, if we have the proper attitude and work at it." (p. 85 - 86) How have prayer and meditation helped me in my relationship with my Higher Power?
3. "On awakening let us think about the twenty-four hours ahead. We consider our plans for the day. Before we begin, we ask God to direct our thinking, especially asking that it be divorced from self-pity, dishonest or self-seeking motives." (p. 86) Do I include my Higher Power in all my plans?
4. "In fact, I admitted that from then on I was willing to let God take over instead of me. Each day I would try to find out what His will was and try to follow that, rather than trying to get Him to always agree that the things I thought up for myself were the best things for me." (p. 187) What if God doesn't answer my prayers in the way I'd like?
5. "Here we ask God for an inspiration, an intuitive thought or a decision. We relax and take it easy. We don't struggle. We are often surprised how the right answers come after we have tried this for a little while. What used to be the hunch or the occasional inspiration gradually becomes a working part of the mind." (pp. 86 - 87) Am I willing to try to relax and take it easy and wait for God's direction?

Additional writing for those in relapse:

1. "I wasn't afraid that the program wouldn't work, but I still was doubtful whether I would be able to hang on to the program, but I did come to the conclusion that I was willing to put everything I had into it, with God's power, and that I wanted to do just that. As soon as I had done that, I did feel a great release." (p. 189) Am I willing to put everything I have into my program, with God's help?

Step 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

Leader _____ **Date** _____

Select one or more questions to write on:

1. "In order to recover from compulsive eating, we need a living, developing, ongoing relationship with this Higher Power, and we find having a complete freedom to seek that relationship is a vital aspect of our program." (p. 92) In what ways do I actively seek to improve my relationship with my Higher Power?
2. "Step eleven encourages us to *practice* prayer, to continue talking to our Higher Power daily, even when it seems like a senseless exercise. All of us who have utilized step eleven, consistently giving a part of each day to meditation and prayer, have been rewarded - and sometimes awed - by the results." (p. 92) What is my favorite prayer practice? Why does that work so well for me?
3. "However, now that we're recovering from compulsive eating, we need complete freedom to express our honest feelings in any situation, without fear of saying the wrong thing and damaging or destroying our relationship with God." (p. 94) Do I realize my recovery is based on honesty with myself, my Higher Power, and others?
4. "Meditation is our way of quieting our minds so we can get better acquainted with this Higher Power of ours. As with prayer, there is no one right way to do meditation; in fact, most of us vary our practices from time to time. The only way to do meditation wrong is not to do it at all." (pp. 95 - 96) What is my favorite meditation practice? Why does that work so well for me?
5. "OAs who have made prayer and meditation a regular part of their lives have found a resource for healing and strength which cannot fail." (p. 98) How have the practices of prayer and meditation affected my life?

Additional writing for those in relapse:

1. "The key is we've stopped worrying, taken an action, and turned our problems over to our Higher Power." (p. 95) How can these **key** actions help in my recovery from relapse?

Commitment: _____

Recovery exercises for Step 12
(to be completed prior to the last meeting)

Reading	3rd Edition	4th Edition
"Working with Others"	pp. 89 - 103	pp. 89 - 103
"A Vision for You"	pp. 151 - 164	pp. 151 - 164
"Doctor Bob's Nightmare"	pp. 171 - 181	pp. 171 - 181

Write on some or all of the following:

1. *"Of far more importance was the fact that he was the first living human with whom I had ever talked, who knew what he was talking about in regard to alcoholism from actual experience. In other words, he talked my language."* (p. 180) Has my experience of the disease of compulsive eating and recovery in OA helped me relate to others and they to me?
2. *"Outline the program of action, explaining how you made a self-appraisal, how you straightened out your past and why you are endeavoring to be helpful to him. It is important for him to realize that your attempt to pass this on to him plays a vital part in your own recovery."* (p. 94) How does carrying the message of recovery help me stay abstinent and in recovery?
3. Reflecting on the readings, how am I carrying the message of recovery and is it working?
4. *"There you will find a release from care, boredom and worry. Your imagination will be fired. Life will mean something at last. The most satisfactory years of your existence lie ahead. Thus we find the fellowship, and so will you."* (p. 152) What does OA mean to me?

Additional writing for those in relapse:

1. *"It is important for him to realize that your attempt to pass this on to him plays a vital part in your own recovery. Actually, he may be helping you more than you are helping him. Make it plain that he is under no obligation to you, that you hope only that he will try to help other alcoholics when he escapes his own difficulties."* (p. 94) What role does step twelve work play in my recovery?

Meeting questions for **Step 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**

Leader _____ *Date* _____

Select one or more questions to write on:

1. "Step twelve begins with the acknowledgement of a great truth: We who have worked the first eleven steps of Overeaters Anonymous program have had a spiritual awakening, and we now have a message of hope to carry to other compulsive overeaters." (p. 99) Has a spiritual awakening become a reality for me? What message of hope do I carry to other?
2. "The twelfth step invites us to continue the journey one day at a time for the rest of our lives. We need to keep moving forward in recovery, keep developing our spiritual consciousness, if we are to remain spiritually awake and fully alive." (p. 100) How do I feel about this being a **lifelong process**?
3. "Some of us have tried to follow our program in isolation and have been unable to keep our emotional balance and abstinence. Had this been possible, we might not be here today to carry the message to newcomers. We would have missed the best part of the twelve steps, for the greatest joy of recovery comes to us when we share our OA program with others." (p. 101) Are there barriers preventing me from carrying the message?
4. "The twelfth step suggests that we continue to practice our new way of acting upon life 'in all our affairs,' and the vast experience of recovering compulsive overeaters confirms the importance of this suggestion." (p. 103) Having read the principles associated with each step (pp. 103 - 106), in what ways am I practicing them in my life today?
5. "Those of us who live this program don't simply carry the message, *we are the message*. Each day that we live well, we *are* well, and we embody the joy of recovery which attracts others who want what we've found in OA." (p. 106) How do I carry the OA message?

Additional writing for those in relapse:

1. How will sharing the experience of my relapse help others?

Commitment: _____