

Sponsoring Anorexics and Bulimics in Compulsive Eaters Anonymous-HOW

The Compulsive Eaters Anonymous (CEA)-H.O.W. program is *inclusive*, not *exclusive*. As we read from our Preamble at every meeting, “We welcome everyone who wants to stop eating compulsively.” This means that anyone who suffers from any form of compulsive eating, whether he or she stuffs, starves, or purges can expect to find help within the meeting halls of our fellowship. As a CEA-HOW sponsor, you may find yourself working with a sponsee who is anorexic or bulimic. Fortunately, all can get well in the CEA-HOW program. What a relief! What a miracle! Or as it says in the Big Book of Alcoholics Anonymous (AA), “Rarely have we seen a person fail who has thoroughly followed our path.”

Definitions

Let us take some time to define anorexia nervosa and bulimia more precisely. One source sums up these definitions briefly:

Anorexia Nervosa is characterized by an intense fear of body fat and weight gain. The individual maintains a weight that is less than 85% of normal, denies the seriousness of their low weight, and experiences feeling “fat” even when emaciation is clear to others. Some anorexics severely restrict their food intake and others binge and purge.

Bulimia (also called bulimia nervosa) typically refers to binge-eating followed by compensatory weight-loss behaviors of a purging (e.g., self-induced vomiting, diuretic or laxative abuse) or non-purging (e.g., restricting, excessive exercise) nature. Although individuals with bulimia are usually within a healthy weight range, they are preoccupied by food, weight, and body concerns.¹

Failure to stop these extreme behaviors can have a wide array of dire consequences including irregular heartbeat, loss of bone and muscle mass, changes in the brain, liver damage, weakened immune systems and even death.

Medical Abstinence

Because of the dire nature of anorexia nervosa and bulimia, as a CEA-HOW sponsor, it is up to you to advocate professional help for your anorexic and bulimic sponsee. When someone so affected joins CEA- H.O.W, the combination of the 12 Steps and professional expertise helps make recovery possible. Our AA pioneers had parallel experiences with drunks with mental illnesses that confounded them. Our literature not only permits, but encourages us to use outside help when necessary as evidenced by this excerpt from page 133 of the Big Book:

...God has abundantly supplied this world with fine doctors, psychologists, and practitioners of various kinds. Do not hesitate to take your health problems to such persons. Most of them give freely of themselves that their fellows may enjoy sound minds and bodies. Try to remember that though God has wrought miracles among us, we should never belittle a good doctor or psychiatrist. Their services are often indispensable in treating a newcomer and in following his case afterward.

¹ Leigh Cohn and Lindsay Hall, “About Eating Disorders,” *The Gurze 2010 Eating Disorders Resource Catalogue*: Gurze Books, p.48
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Your anorexic or bulimic sponsee may require a specialized food plan. In CEA-HOW, we refer to a food plan that is designed and implemented by the medical professional as “medical abstinence.” Medical abstinence becomes the framework for a food plan for anyone who requires any deviation from the food plan. But remind your sponsees that a medical food plan is only *one* part of an entire program of recovery, only one seventh of our Seven Tools for Recovery. There are six other tools that are required as our program of recovery.

CEA-HOW publishes a pamphlet titled *A View of Medical Abstinence* that provides valuable assistance when sponsoring someone on a medical abstinence. One of the most important directions you will gain in reading that pamphlet is that

...one cannot ask a sponsor or anyone else to “create” a medical abstinence plan of eating. ... It follows that when it comes to medical intervention of any kind, the CEA-HOW rooms and sponsors insist on a doctor’s written acknowledgement of what the CEA-HOW food program is and how it is to be altered to conform to the medical abstinence necessary.

Since CEA HOW has as one of its core elements the belief that members are sugar- and flour-addicted, it follows that any medical abstinence must conform to this belief....we have to fit in with the medical practitioner’s recommendations if we are to be successful.

No sponsor may offer- or be expected to create - a food plan for any sponsee. We cannot emphasize this enough! Therefore, when sponsoring an anorexic or bulimic on a medical abstinence, the following points are essential:

1. The sponsee has a medical abstinence food plan prescribed by a health care professional that correlates with the CEA-HOW Concept (no sugar, no flour)

and
2. that this food plan is well-defined, written down by the professional, and made clear to sponsor and sponsee alike.

The sponsee is responsible to take the *Forever Abstinent* booklet to his or her health care provider to read, and to have the provider sign for any changes to be made on page 19 of the booklet. This makes it clear that the doctor understands the requirements of CEA-HOW and agrees to create a sugar/flour-free food plan for the patient. (Anything else is not sponsorable. The issue of abstinence from sugar and flour is non-negotiable. If the sponsee and doctor cannot work with that, then the sponsee needs to look outside CEA-HOW for guidance.) Next, the sponsor should be given a copy of the food plan so that daily commitments by the sponsee can be verified and monitored.

Sponsors may also refer to page 18 of the *Forever Abstinent* booklet for further discussion of medical abstinence. Please note the final paragraph which contains a word of caution to sponsors:

When dealing with medical abstinence, be sure that the individual is, in fact, someone who requires the “adjustment” and is told to do so by their physician or treatment center. Although some other recovery groups do this routinely for recovery, the idea of some individuals getting more than others plays into the addict’s need to be unique and is often counter-productive to long-term abstinence.

We are talking about Honesty, Open-Mindedness and Willingness here. We must emphasize that the sponsor can only be of help when the sponsee is truthful. Sponsors may be required to “listen between the lines” for signs of denial, non-compliance and justification in his sponsee’s behaviors.

The Role of the Sponsor

Recovery may take a long time as the anorexic or bulimic comes to term with psychological issues that have the disease active for years. The role of the sponsor can be a fine balancing act. While it is important that you listen compassionately, you must not allow yourself to be drawn into the role of psychologist or counselor. We leave that up to the experts who are working with their patients. A good sponsor’s aim is simply to support and encourage the sponsee’s surrender to his or her own medical food plan, designed by a professional.

Our vital support as CEA-HOW sponsors comes through offering a spiritual solution to our sponsees, remembering our primary purpose to “abstain from compulsive eating and to carry the message to those who still suffer” (Tradition 3). We cannot, nor are we expected to, sponsor beyond our level of expertise. We cannot give away what we do not have, so we leave the medical food plan and psychological aspects of treatment to the professionals.

As CEA-HOW sponsors, we have Higher Powers to enable us to be of service to anyone who asks. The Higher Power, the CEA HOW Concept, the Seven Tools and the 12 Steps and 12 Traditions of CEA-HOW are the mainstays of our sponsorship plan. If we remember to include our Higher Powers in the recovery process, if we pray alone and with our sponsees for good thinking and right actions, we are promised tremendous rewards. As it says on page 83-84 of the Big Book: “We will be amazed before we are halfway through.... We will suddenly realize that God is doing for us what we could not do for ourselves.”