

EDA Meeting Guide

This guide may help with founding, chairing or facilitating an EDA meeting.

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Getting a new meeting started

1. Get and leaf through the EDA Meeting Starter Kit. You will use these materials in running the meeting and in making literature available to attendees and professionals who may send clients to the group. Please copy these materials freely and save the originals to make more copies.
2. Pick a time and day of week you can reliably show up for.
3. Find a location near your home. It is better not to use your home so the meeting can continue when you are not there. Libraries, churches, half-way houses, 12-step meeting halls, and treatment centers are generally good choices.
4. Look for a buddy who might be willing to do this with you.
5. Make up flyers. Flyers should include "See www.4EDA.org for more info."
6. **Remember to keep your anonymity** at the level of press, radio, film and web. Contact info should for your meeting should be something like YourCityEDA@gmail.com instead of a personal address (you can forward the email to whoever will be answering email in the future). Avoid giving out personal phone numbers to the general public.
7. Talk to treatment centers and therapists. Hand out flyers. Call back every month. Ask if you can hold meetings for clients at treatment centers or halfway houses (especially those for women). Ask therapists if they would like literature. Distribute literature to therapists for free. Discuss EDA principles with therapists. Be sure to clarify that EDA is about balance, not abstinence, and be prepared to discuss this to the best of your ability. Other 12-step groups are abstinence-focused. Offer to talk with therapists' clients about the group and your own recovery. Remember, EDA is based on attraction, not promotion. But it is essential to get information out about the group. So, *don't* say "Join up for free recovery!" (promotion), *do* say "New support group available" (information).
8. Get meeting listed in local papers. Community sections usually do this for free.
9. Get listed in local recovery magazines, etc.
10. Let EDA's support staff know about the meeting. Email wm@eatingdisordersanonymous.org with:
 - meeting day of week,
 - time of day and time zone,
 - location (city, state and address)
 - your contact information (email or phone with area code).
11. Ask to post flyers in local 12-step meeting locations, gift shops and bookstores.
12. Be patient, be persistent, and show up on time. People who come to meetings where there is no one to greet them will not come back.

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Personal challenges in starting a new meeting

Patience: new people often need to hear about a meeting 3-5 times before they develop the courage to attend. It requires incredible stamina to keep showing up when no one else does.

Persistence: therapists often require convincing. Few are eager to recommend an untested group to their clients. Refer them to the web site and keep calling back.

Strength: until people are willing and able to take up responsibilities, the meeting founder or chairperson is essentially a facilitator. This is an added responsibility, but if met squarely will enhance recovery. Any issue faced squarely enhances recovery. As we perform our duties well, we build self-trust as well as the trust of others. We build recovery by accepting responsibilities and carrying them out. Emphasize this to those who attend.

Faith: it is depressing to have only hard cases to work with. That's all Bill and Dr. Bob (AA's founders) had to work with, and they failed with all but two other people in the first year. The important thing is that they stayed sober themselves through their efforts to help others.

Punctuality: it is critical to show up on time or newcomers won't keep coming back.

Responsibility: if you cannot attend the meeting for some reason, find someone else who can be relied on to show up and open the meeting. If all else fails, post a notice on the door asking whoever shows up to run the meeting, and leave whatever supplies they may need. If you take your commitments seriously, others will, too.

Sharing Responsibilities: it is essential to share responsibilities for the meeting with whoever attends. Remind people that, like themselves, you are just one other person showing up to get or maintain recovery. Emphasize the importance of accepting and carrying out responsibilities to newcomers looking for recovery. Most will not be happy to hear it, but self-esteem comes from doing the deal and accepting responsibility for sharing the load. Ask others to call newcomers, call therapists, call newspapers, download and print literature, etc. Remember the primary purpose of every EDA group is to carry its message of recovery to others with eating disorders. That means getting information about the group out to other people who could benefit from it. Remind others that EDA is based on attraction, not promotion. That means we share information about the group, but we don't proclaim "We've got the answers!"

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Additional Information for New Meetings

Service position

Once your group gets going, EDA suggests you hold a business meeting to elect:

- Chairperson responsible for opening meetings (have them flip through this guide), greeting newcomers, and making sure the other positions are filled.
- General Service Representative (GSR) to carry information to and from EDA's General Service Board. This person joins the monthly GSB meetings. See www.4EDA.org/generalserviceboard for more information.
- Treasurer to collect 7th Tradition funds and pay the rent.
- Literature Representative to make copies of EDA literature (from www.4EDA.org/publications) available at meetings.

Define length of service positions and rotate them

Service positions in meetings, such as chairperson and treasurer, generally rotate every three to six months. A chairperson may be re-elected if they wish. The group conscience (group vote) can determine how long service terms should last. It is important to emphasize importance of sharing service commitments. It is good for our recovery to accept and carry out service commitments to ourselves and others. It is amazing how many people involved in EDA service say service (chairing meetings, answering email, writing literature, etc.) has been very helpful in building their recovery and helping them develop good coping skills. (When thinking about helping we're not thinking about hurling.)

Self-supporting through our own contributions

According to our 7th Tradition, each EDA group ought to be fully self-supporting through its own contributions. Each meeting should take a collection at its conclusion. Once your group has established a prudent reserve of 2-3 months rent, it should decide (by group conscience vote) what to do with the surplus, bearing in mind that each group's purpose is to carry the message of recovery. We suggest a percentage of the surplus be sent to EDA's General Service Board to help fund public information dissemination, web site and hotline support. A 7th Tradition Contribution Form is included in the Meeting Starter Kit: please send in a copy with each contribution, or contribute online via PayPal at www.4EDA.org/support. We suggest the balance be used to carry the message of recovery to others with eating disorders in your local community, setting up a local EDA service office and hotline, or whatever group conscience dictates.

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Knowing when to say “enough”

Sometimes meetings just can't seem to get off the ground. If you have been trying hard for six months and no one is showing up regularly at your meeting (or if you just can't take it any more) or if no one is willing to accept responsibility for the meeting it is all right to call it quits. Please let people (including the webmaster) know if you so decide: It is the responsible thing to do. When a meeting does not succeed it is sometimes indicative that other things in life need attention. Failure of a meeting should not be taken as a personal failure. Remember, our focus should be on our effort, not outcomes. We are responsible for our efforts. The results are not our responsibility, but we must accept them with as much grace and dignity as possible.

Keeping it going

- Don't be late.
- Keep a recovery focus. See “Recovery focus” in the following section.
- Find a backup. Someone needs to be there to open the meeting.
- Delegate. Helping others is a great way to build recovery. Ask others to chair, to call therapists and newspapers, to leave flyers, to download literature, etc.
- Make sure everyone gets a chance to talk. If there are too many people in the meeting for everyone to get a chance to share, break into smaller groups after picking the topic or hearing the speaker.
- Find something positive to say to each person in your group, but do not say anything you do not really mean.
- Do not try to be the authority on all issues. Leaders are not necessarily models of recovery. No one has all the answers. The most important answers come from the person with the problem.
- It is not necessary to be in perfect recovery. It is important to be honest.
- Do not permit anyone, no matter how sick, to monopolize the meeting. Please see “Monopolizers” in the following section. It can be very hard to stop someone who is over-talking their time or who always needs feedback, but it must be done or the whole group suffers.
- Encourage people to talk about their own issues rather than just providing feedback to others.
- Keep the meeting focused on solutions, not particular people's issues.
- Keep literature on hand.
- Make sure new people get on the phone list.
- Make sure current copies of the phone list are available.
- Call people back.
- Confront people who over-talk their time, i.e. “I'm sorry but could you please wrap it up? We need to move on or we will run out of time.”
- End on time. Encourage people to get together to talk after the meeting. Set the example.

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- Confront ill attitudes and behavior after the meeting using “I” language.
 - “When I focus on the problem, the problem seems to get bigger. When I focus on solutions, the solutions get more power. What might be a solution you are willing to try this week?”
 - “I cannot make much sense of what I am hearing you say. A malnourished mind does not work well. Is it possible you are malnourished?”
 - “Hmm, you seem pretty stuck. What is your current pattern doing for you? When I understand the purposes my patterns serve, I get the power to change the patterns.”;
 - “It felt really good to finally be honest about what I liked about my eating disorder. When I pretended to myself that I was *totally* disgusted with myself *all* the time, I didn’t make much headway.”
 - “For me, focusing on what *others* do wrong does not help. What helps me is to focus on *what I can do right*.”
- Remind people not to talk about one another after or between meetings. Set the example. Please see “Anonymity” in following the section.

Making it strong

- Delegate responsibility. The meeting is strong if it can run well without any particular person or set of people. Everyone should take a turn at service work. See “Sharing Responsibilities” in the previous section on “Getting a new meeting started.”
- Read EDA literature. Encourage others to do so.
- Try to maintain a sense of humor. It is good to be lighthearted when confronting people, except on issues like suicide talk and anonymity.
- Confront ill behavior and attitudes after the meeting (see examples in previous section, and “Sharing content” above).
- Confront people who break anonymity (talk about others in the group) outside the meeting context, or make a general announcement that does not single anyone out. (See “Anonymity” in the following section.)
- Call people between meetings, especially to follow up on confrontations.
- Focus on the process, not the state. When people only say “I’m doing great” or “I’m doing crappy” ask them (after the meeting), “What are you thinking?” and “What are you doing?”
- Ask new people to share. Come back to them if they pass on the first round.
- The point of meetings is to vent emotions and practice recovery tools so we can do life outside of meetings. If people don’t have alternatives to eating disordered behavior they will get stuck. If people don’t vent emotions safely their eating disorder will get worse.
- Remind people to get involved. **Part of recovery is carrying the message of recovery to others who suffer from eating disorders.**

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- When people ask, “What can I do to help?” ask them, “How do you think you can help?”
- When people bemoan their fate, approach them after the meeting with something like, “That’s a terrible problem! What are you going to do about that?”
- If people don’t have an answer, remind them after praying for a solution they should act on what they think.
- Fear of being real may be part of why we have an eating disorder. Part of the solution is to be real and accept the consequences. Not “being real” does not mean we escape consequences. It is okay to talk to people who seem stuck after the meeting, “Hey, you seem pretty stuck. Are you sick and tired of the same old results? What are you willing to do differently this week?”
- Don’t feed the disease: validate feelings, but do not condone ill behaviors.
- The process of recovery really feels raw and miserable a good bit of the time, but it is worth it: in the end there is real recovery (peace, freedom and usefulness) and hard work to be proud of. We grow up, and that feels good, right and happy. It is important to talk about this.
- Any one thing is not enough: not meetings, not therapy, not calling people, not fellowship. Consistent honesty, open-mindedness and willingness are attitudes and behaviors that *do* work, and using the tools *does* help. Working the 12 Steps provides peace and perspective, but people need guidance in getting through them the first time.
- Our primary purpose is to fit ourselves to be of maximum service to God (Higher Power) or a higher purpose, and to the people in our lives. We are selfish until we get our own needs met. It is good to say these things aloud from time to time.
- Making a mistake does *not* mean “going back to square one.” Acknowledge mistakes, try to understand what went wrong and why, plan for how to handle things differently to get a better outcome, then let go and move forward. Talk about your mistakes and how you work through them.
- Working the steps should not take forever. A step a week is fine for a first time through. More than that, and people tend to get bogged down and morose.

Dealing with issues

Hope of recovery: how do we get this message to the people who need to hear it? EDA chairpersons should ask people with recovery to speak once a month or read recovery stories from the EDA Big Book (available online at www.4EDA.org/EDAbigbook). At discussion meetings, once a topic is brought up, the chairperson should reframe it as a recovery issue, i.e. say “That’s a great problem! Sounds like we might want to talk about ____ (A solution: i.e. acceptance, building self-trust, accountability, taking

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responsibility, etc).” Or “Great topic! Let’s talk about solutions to this problem.” Also, see suggestions above on “Getting a new meeting started.”

Monopolizers: how do you get somebody to stop focusing the group on themselves? How does a chair-person refocus a meeting without hurting someone’s feelings? While it is important to be gentle, it is not respectful or helpful to ignore unacceptable behavior or to pretend things are fine when they are not. If a person is over-talking their fair share of time, the chair-person is responsible for stopping this. One way to do this is to look directly at the person and say something honest like, “I’m sorry to interrupt, but can you please wrap it up in a sentence or two? We need to move on or others will not have a fair chance to talk.” Each person should be allowed an equal share of time, no matter what they want to say. We should not cut people off for any reason other than overrunning time or cross-talk (see time-keeping, cross-talk, recovery focus, and sharing content sections below). If a person is focusing on issues and not solutions, see “sharing content” below. When people ask for feedback too often, the group tends to become focused on problem-solving for that person. This is not good for the group. When someone asks for feedback the chairperson should suggest, “It is important for each of us to think about how the topic applies to our own lives. Please make time to talk with ___ after the meeting if you have feedback.”

Time-keeping: the chairperson must use his/her best judgment about making sure every person gets an equal chance to share, or the group can agree to use a timer. People certainly do need to talk about their issues, but if someone rambles on and belabors an issue they are not helping themselves or others. A group suffers when people are allowed to talk without end if others do not get an equal chance to share. If the meeting is heavily attended, it may be best to break up into smaller groups after the topic is selected or after the speaker shares their story. Everyone should get an equal amount of time to share whatever they wish unless they cross-talk. (See “cross-talk” and “sharing content.”) The chair-person is responsible for keeping the group discussion focused on recovery. (See “recovery focus.”)

Welcoming newcomers: greet them after the meeting. Each group can take a vote (that is, a poll of the group conscience) about giving newcomers free literature. That is probably a good idea if the group can afford it. People often come back if they connect with someone after a meeting.

Cross-talk: the chairperson is responsible for stopping crosstalk and not engaging in it. Cross-talk is when one person directly addresses another, usually in response to something the other person said, and often takes the form of unsolicited advice. When someone says something like, “Look, what you really need to do about that is...” the chairperson should interrupt, saying something like, “Whoa! Please save requested feedback for after the

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meeting. It is really important for us to solve our own problems. Now, we'd like to hear your ideas about our topic. Please continue." Speaking out of turn is also cross-talk. One approach to this problem, unless there is a persistent pattern, is to ignore short outbursts. Long exhortations should be interrupted with something like, "I'm sorry, but we all need an opportunity to be heard. I'll make sure you get a turn. Let's continue where we left off." Persistent patterns are best addressed *outside* the meeting with a direct approach, i.e. "It bothers me when you make comments out of turn. I think it disturbs the flow of the meeting. I would be happy if you saved your comments for 'burning desires' at the end of the meeting." That said, many of us think it is good to encourage one another, to be excited by one another's successes and sad about one another's failures. Short things like, "Bravo! Well done!, etc." that are generally positive should not be discouraged.

Recovery focus. The chairperson is responsible for keeping the group focused on recovery. If someone picks a topic for discussion that is a problem, not a solution, the chairperson should say something like, "That's a great problem! Sounds like we might want to talk about ____ (A solution: i.e. acceptance, building self-trust, accountability, taking responsibility, etc)." Or "Great topic! Let's talk about solutions to this problem." Also, after someone shares but does not talk about solutions, the chair should speak up before the next person shares with a comment like, "That's a great problem to talk about. Let's also talk about solutions as we go around the room." The discussion can then continue where it left off.

Sharing content: Some people don't like others to talk about food, weight, diets, etc. Others don't like people eating or drinking soda during the meeting or coming to the meeting high, etc. We think each group can take a vote (poll the group conscience) about acceptable meeting behaviors. In general, we think distracting behaviors should be discouraged. We think people should be allowed to talk about whatever they need or want to talk about without restrictions. Leaders can refocus the group after any person shares with a comment like, "Wow. That's a horrible problem. Please stay and talk to people after the meeting. Let's try and think about how we might work our own solutions to some of these issues as we continue." We do not think we should keep people from saying what they are thinking, no matter what that is. If people are triggered by someone else's illness, that will be good for them. It is good for people to bottom out, to face and deal with what they are afraid to face. People do have awful thoughts and need to talk about them in meetings. When we talk openly about whatever is bothering us it takes the power away from that and allows us to hear solutions. The chairperson has the responsibility to keep the meeting recovery-focused. See "Recovery focus" above.

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Suicide talk

Chair-people should not interrupt someone discussing suicidal thoughts. After the person finishes and before the next person speaks, the chairperson should say something like, "Wow. That's a really terrible problem. Please be sure to stay after the meeting to get some support. I know we all want to help out right now, but it is important for each of us to think about how we would handle such problems in our own lives. Let's talk about that as we continue." The chair should not allow the meeting to become focused on that individual. Talk of suicide can and should be regarded as an automatic request for feedback after the meeting. Be sure the person has at least two phone numbers of meeting members to call. Talk to the person after the meeting, i.e., "Are you going to be safe? Do you need someone to stay with you? Do you have professional help? Are you using it? Do you need to call someone now?" Remember, however, that we are each responsible only for our own behavior.

Crying

The group should make sure tissues are handy but should not offer them unless asked and should not try to stop the crying, and should not hug or comfort the person unless asked until after the crying abates. Many people will feel like they are being "shushed" if interrupted while crying. It is extremely important to let people feel their feelings in a safe environment where they will not be interrupted.

Anonymity

Members of a group often enjoy fellowship after the meetings and between meetings. Such fellowship is usually a wonderful support to recovery. Sometimes, however, especially when people become concerned about a member who is struggling, such associations foster gossip. It can be hard to know what to do when someone we love is struggling, but it is important that conversations between group members be about how to be a good support for one another, rather than about a specific individual or that individual's specific issues. When we specifically discuss a person we know from meetings, no matter how well-intentioned our motives, we are breaking their anonymity. This is not good for our recovery, and it makes meetings unsafe places to talk about issues. It is critical to mind our own business. If someone's issues trigger us, that is helpful in outlining our own problems, and we ought to be glad for the opportunity to deal with them. The resolution to being triggered by someone else is to change our own thinking and acting. The answer to our issues is not to flee from them, nor from the person who generates our discomfort, nor is it to get others to change their attitudes or behaviors. We can get well and live in peace regardless of anyone. Our job is to learn to live at ease in the world, regardless of the behavior of others.

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Additional Information

Relationship with other EDA groups

Each EDA group is autonomous except in matters affecting other groups or EDA as a whole, but groups may choose to band together to provide central services, such as printing area-wide meeting lists, creating web sites, supporting hotlines, etc. No group may be compelled to participate in such activities.

Relationship with the General Service Board

The General Service Board is an organization created to support the fellowship of EDA. It is a non-profit corporation directly responsible to the fellowship of EDA, and it is responsible for maintaining the web site, www.4EDA.org, providing information to the public and professionals, and for helping support meetings. General Service Board positions are strictly voluntary, year-long commitments to such roles as Public Information Coordinator, Webmaster, Email Response Administrator, Professional Contact Coordinator, etc. Elections for these roles, most of which (including voting on GSB issues) can be fulfilled from anywhere that has internet access. Anyone interested in a General Service Board position may apply however we suggest that those wishing to serve on the board be in recovery. Each group should have a General Service Representative (GSR) to carry information between the group and EDA's General Service Board (GSB). This person is responsible for getting General Service Board minutes (sign up for email with wm@EatingDisordersAnonymous.org), for reporting GSB minutes to the meeting, and for sending in votes (via email) on issues for the meeting. For more information about the organization of the General Service Board, email wm@EatingDisordersAnonymous.org.

Relationship with other 12-step groups

EDA is not affiliated with any other organization. Unlike many other 12-step groups, EDA focuses on developing balance and perspective rather than on abstinence. As we develop and practice maintaining balance, perspective and authenticity, our eating disorders gradually become a less and less attractive way to meet our emotional needs. EDA members are encouraged to reach out to members of other 12-step organizations, to share what they have and to make use of what they find. EDA has no opinion on outside issues and ought never be drawn into public controversy. Live and let live, we say.

About literature

EDA literature may be downloaded, free of charge, from www.4EDA.org/publications. EDA groups are encouraged to use EDA literature. Per EDA's 4th Tradition, use of outside literature (including literature from other Twelve Step groups) in EDA meetings is contingent on

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Group Conscience vote. To prevent impact to other groups and EDA as whole, please state, "This group has voted to include outside literature, [name of specific text]" at the start of each meeting where outside literature is used. Per request from AA World Services, please refrain from substituting words if using AA literature in EDA meetings.

Sponsorship

Carrying the message of recovery reinforces gratitude, solidifies new habits of thought and action, and fills us with purpose and joy. Sponsorship is a fundamental and vital component of Step Twelve: it is carrying the message of recovery in the most immediate, direct and meaningful way possible.

In EDA, a sponsor:

- Takes others through the process of working the Twelve Steps
- Listens
- Shares their personal experience, strength and hope
- Provides honest, positive feedback
- Avoids offering unsolicited advice on matters unrelated to working the program

If you have applied the Twelve Steps to your eating disorder and have found peace and freedom with yourself, with food, with your body, and with others, your recovery will flourish and your happiness will grow as you help others grapple with their impediments.

In EDA, a sponsee:

- Commits to working the Steps
- Maintains regular, frequent contact with a Sponsor
- Is open to honest, positive feedback
- Asks for guidance
- Takes responsibility for their own decisions and actions

Although sponsees often develop strong and durable bonds with their sponsors, the relationship is not one that should be expected to extend beyond the context of working the Steps.

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Each sponsee should work to build his or her own network of friends in recovery. We encourage everyone who has made it through Step Three to consciously practice reliance on their Higher Power or higher purpose, rather than depending too heavily on individual people to see them through life challenges.

Each sponsee is responsible for his or her own recovery. Switching sponsors is allowed, however, it is important to accept and work with what life presents to us as best we can, searching for positives. We take what we can use and leave the rest.

A sponsor-sponsee relationship is no substitute for professional therapy. We earnestly encourage everyone to work with qualified, trained counselors and other experienced medical professionals as circumstances warrant.