



## Identifying Ourselves in EDA Meetings

In EDA meetings, identifying as “anorexic,” “bulimic,” etc., is optional. Some of us say, “Hi, I’m Jane. I’m in recovery from anorexia.” Others of us say, “Hi, I’m Jane,” and leave it at that. There are good arguments for and against “identifying.” We want to encourage everyone to follow their own conscience in deciding what is right for them.

### Reasons Why Some of Us Identify

- Doing so remind us of who we are and where we came from. There is no shame (and much peace and power) in accepting ourselves and our past. It is honest, and honesty is the foundation of recovery.
- Identifying reminds us of our continuing commitment to recovery. When we say, “I’m in recovery from anorexia” it means we are committed to embracing the attitudes and behaviors of recovery.
- When we “identify” we help the newcomer relate to and find hope among our fellowship.
- Identifying reduces the shame and stigmatization of having an eating disorder.

### If You Choose to Identify

In EDA we say, “People can and do fully recover from having an eating disorder.” If we continue to identify as “compulsive overeater” after we no longer practice this behavior, we are discounting the idea that we can fully recover. (If a smoker quits smoking, do they continue to think of themselves as a smoker?) If we identify as “bulimic,” instead of saying, “I’m in recovery from bulimia,” many will think we are active in your eating disorder and may discount whatever we say. Once we learn and practice new, active coping mechanisms it makes more sense to say, “I’m in recovery from anorexia” than “I’m anorexic.”

### Reasons Why Some of Us Do Not Identify

- “Identifying” is a form of labeling and can be self-limiting. We are what we think we are.
- Identifying can counter group cohesion. It can be all too easy for someone struggling with anorexia to discount what a person in recovery from bulimia says.
- Labels can be an excuse. When we think of ourselves as “anorexic” it can be very easy to see ourselves as “victims of our disease” when it is important to accept that we are responsible people with a full range of choices about how to meet our needs.
- Labels can promote black and white thinking. It is easy to dismiss eating disordered thoughts as “diseased,” when it is critically important to embrace our thinking, to work with it rather than reject it. Accepting and countering ED thoughts with careful inquiry, deliberation and self-care is what recovery is all about, and it is what normal people do.
- Labels can promote self-judgment. If we identify as a “binge eater” or “in recovery from binge eating” and we binge, doesn’t that mean we are not in recovery? When we fall back on old coping skills, we are in desperate need of self-acceptance, not self-judgment.
- Labels focus on the problem, not the solution.

**In EDA, we are committed to support one another in our personal search for truth and meaning.  
May you find peace with your choices.**