

WORKING THE PROGRAM

Dignity of Choice

Sample Plans of Eating
From Overeaters Anonymous Inc.

What is Overeaters Anonymous?

Overeaters Anonymous is a fellowship of compulsive overeaters who practice a Twelve-Step program based on the Alcoholics Anonymous program of recovery. Just as alcoholics join AA to stop drinking alcohol, we join OA to stop eating compulsively.

Does OA have any membership requirements?

The only requirement for OA membership is a desire to stop eating compulsively.

What makes OA different?

OA offers us recovery from compulsive eating on three levels: physical, emotional and spiritual. The basis for stopping our compulsive eating behaviors – – and staying stopped – – is spiritual growth. We achieve this by working the Twelve Steps of OA and learning to live according to the principles underlying them.

How can I stop eating compulsively?

We must admit that we are powerless over food. That is the essence of Step One. Next, to begin abstaining from compulsive eating, we need a plan of eating. We learn we must change our destructive ways of eating if we are to recover from our disease.

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Do I have a choice of plans?

Yes. Choose any plan of eating from any source that works for you. In OA, we recognize that no two people are the same. Because our experiences and backgrounds are so diverse, our particular problem foods and/or behaviors vary tremendously. Respect for individual differences has led to the preparation of this pamphlet, which contains some examples of plans of eating that have worked for some OA members. We each choose what is appropriate and nutritionally sound for ourselves.

We urge you – – especially if you have a medical problem – – to seek the help of your health-care professional as well as the support of a sponsor in choosing a plan of eating. In addition, make sure your health-care professional is aware of your inability to handle certain foods that create cravings for you.

We keep in mind that if we are not reaching a healthy body weight, we need to re-examine our plan of eating and question whether we are being honest with ourselves about our food. A healthy body weight is not necessarily what is fashionable or what we think we'd like to be. What is healthy for us is a matter we discuss with our health-care professional and share with our sponsor.

As we reach a healthy body weight or as our bodies change, we sometimes need to modify our

choices. We consider whether we need to change the portions or the kinds of foods we eat. No matter what our body size, age or gender, in addition to refraining from compulsive eating behaviors, we still need to commit to a nourishing plan of eating.

Reviewing Our Eating Patterns (Dignity of Choice, pp. 3-5)

To develop a plan of eating, we review our eating patterns in order to learn which foods and/or eating behaviors create cravings. Discussing our eating history with a sponsor and health-care professional gives us objectivity and insight. When we seek help in developing a plan of eating, we practice the willingness to review our behaviors in a way we would not be able to do on our own. We have learned that a suggestion made by a sponsor or health-care professional should not be automatically rejected just because it makes us feel uncomfortable.

We believe that the body and mind of a compulsive eater reacts differently to food than the body and mind of a normal eater. We find it best to list and then remove all the foods, ingredients and behaviors which cause problems for us. We urge you to be honest and not continue eating certain foods or practicing certain behaviors simply because you can't imagine ever living without them. Those may be precisely the things that should be on your list. The practice of the Twelve Steps will, with time, relieve you of the desire to eat those foods or return to those eating behaviors. When we think of this process not as deprivation but as a positive act and an ongoing spiritual discipline, we begin to find freedom.

Below are examples of foods and eating behaviors that some of OA members have identified as causing uncontrollable cravings.

Choosing specific foods to refrain from – – our "trigger" or "binge" foods

"Trigger" or "binge" foods are foods we eat in large quantities or to the exclusion of other foods; foods we hoard or hide from others; foods we eat secretly; foods we turn to in times of celebration, sorrow or boredom; or foods that are high in calories and low in nutritional value. In addition, we look to see whether there are any common ingredients among those foods – – like sugar or fat – – that might exist in other foods we have it listed.

Each of us may have problems with different foods or ingredients. If a food has been a binge food in the past, or if it contains ingredients that have been binge foods for us, we remove it from our plan. For example, if pasta is a trigger food, then other foods made with flour (breads, muffins, crackers) could cause problems. Extra servings of non-trigger food might create cravings. If we are unsure whether food causes problems for us, we leave it out at first. Later, with abstinence, the correct answer becomes clear.

Here are some examples:

- comfort foods or junk foods (such as chocolate, name-brand fast foods, cookies, potato chips)
- foods containing sugar (such as desserts, sweetened drink products and cereals, many processed meats, many condiments)
- foods containing fats (such as butter and other high-fat dairy or nondairy foods, deep-fried foods and snacks, many desserts)

- foods containing wheat or flour or refined carbohydrates in general (such as pastries, certain pastas and bread)
- foods containing mixtures of sugar and fat, or sugar, flour and fat (such as ice cream, doughnuts, cakes and pies)
- foods we eat in large quantities even though they aren't are trigger foods

When we identify the food and food ingredients that causes cravings, we stop eating them.

Choosing eating behaviors to refrain from

Many people in OA say they could overeat anything, even if it isn't a binge food; so we also look at eating patterns that normal eaters would find abnormal – – whether we eat all the time, or eat at specific times even though we aren't really hungry, or have specific habits or excuses that give us permission to overeat. Although sometimes those food behaviors are linked to certain foods, sometimes we have those behaviors even with foods we don't especially like.

Here are some examples:

- eating until we are completely stuffed
- rigidly restricting calories until we are weak
- having to finish whatever's on our plate (or even someone else's plate!)
- devouring our food, often finishing before everyone else
- hiding our eating, or hoarding or hiding food, in order to eat extra amounts
- searching magazines for the latest weight loss scheme, or following unrealistic diets or regimens
- eating because it's free because someone cooked it especially for us
- eating to celebrate or because it gives us comfort during times of stress or unhappiness
- needing to keep our mouths busy by chewing
- eating at particular times or in particular situations, whether we need to or not
- purging excess food with restrictive dieting, laxatives, vomiting or extra exercise
- eating out of containers or while standing up
- eating while driving, watching television or reading
- distorted thinking leading us to believe more and more foods will cause us problems – – this can lead to dangerous undereating.

When we identify the behaviors that apply to us, we stop them.

Creating a Plan (Dignity of Choice, p. 6)

Virtually all plans of eating found among OA members involve refraining from specific foods or food ingredients and/or specific eating behaviors. Some in OA find just eliminating these to be a sufficient plan of eating. Others in OA have found, however, that they need more structure.

Those of us who need more structure determine exactly what and how much we can eat, and the time of day, intervals between meals and the environment in which we will eat. We may also weigh or measure our food, count calories or commit our food to another person on a daily basis.

Honesty is the key – – we have to make certain we are not fooling ourselves. This is a serious business. We have to eliminate the foods and eating behaviors that trigger our compulsive eating, even though it means setting aside eating patterns that seem to form important parts of our lives. Most of us find we cannot define and select our plan of eating alone; we need to ask for help from sponsors, health-care professionals and a Higher Power. We also need the guidance and support to follow our plan. Because our disease is so cunning, we commit to a plan of eating and make changes only after consulting with others.

Dealing with Quantities (Dignity of Choice, p. 7)

Most of us have a hard time recognizing how much food to eat, so we use some objective means to tell us when we've had enough. Some of us eat only one plate's worth, don't go back for seconds, leave something on our plate, or stop when we feel full. Others find it important to weigh and measure their food.

Weighing and measuring at home, on occasion or at all times may help us honestly assess our needs and progress. If we find it difficult to determine appropriate serving sizes, we may choose to weigh and measure for time, or whenever we make changes to our plan of eating, just to be sure we are eating the right amounts. Some of choose to weigh and measure to free ourselves from having to struggle with daily decisions about how much food to eat. OA takes no position on weighing and measuring; we find it more helpful to discuss these matters individually with our sponsor or health-care professional.

Please Note (Dignity of Choice, p. 8)

OA is not a diet club, and we recommend no plan of eating in particular. We do, however, believe as a Fellowship that freedom from the obsession and compulsion to eat is at the heart of our recovery, and a plan of eating that helps us achieve a healthy bodyweight is an essential part of our recovery.

OA takes no position on nutrition. It is between you and your health-care professional to decide whether these or any other plans of eating provide the nutrition your body requires. We urge OA members with diagnosed medical problems (including bulimia, anorexia, diabetes, heart disease, high blood pressure, hypoglycemia, etc.) to seek and follow the advice of a health-care professional before adopting any plan of eating.

What follow are samples of what some OA members have chosen as plans of eating. They may help you as a written, or as a guide in developing your own plan. We suggest you talk to your sponsor and health-care professional about how to tailor any of these plans to your personal needs. For example, if you have special dietary requirements (vegetarian, lactose intolerant, carbohydrate sensitive, etc.), you may need help selecting and implementing a plan. In addition, if you need to modify your plan to suit your schedule or health conditions you might split up your servings into more than the number of meals suggested.

Some plans set out the number of servings of each food; see the "What is a serving" section on page 11 for choices and serving sizes. Because OA is a global Fellowship, foods native to your area that are not included in this section can certainly be part of your plan. Also, depending on your height, weight and activity level, you may need 8-12 cups of fluid a day.

[To see the Food Plans in this pamphlet, pages 9-12, please work with your sponsor.]

Plans of Eating (Dignity of Choice, pp. 9-12)

3-0-1 PLAN

- Three moderate, nutritious meals per day, with nothing in between, one day at a time.
- Don't eat the foods and food ingredients you identify as causing cravings.
- Stop the eating behaviors you identify as causing cravings.

BASIC PLAN #1

Breakfast

2 ounces protein
2 starch/grain servings
1 fruit serving
2 cups milk or milk substitute

Lunch

4 ounces protein
2 starch/grain servings
1 fruit serving
2 vegetable servings
2 fat servings (10–12 grams fat total)

Dinner

4 ounces protein
2 starch/grain servings
1 fruit serving
3 vegetable servings
2 fat servings (10–12 grams fat total)

BASIC PLAN #2

Breakfast

2 ounces protein
1 starch/grain serving
1 fruit serving
1 cup milk or milk substitute

Lunch

3 ounces protein
1 starch/grain servings
1 fruit serving
3 vegetable servings
2 fat servings (10–12 grams fat total)

Dinner

3 ounces protein
1 starch/grain serving
1 fruit serving
3 vegetable servings
2 fat servings (10–12 grams fat total)

Bedtime

- 1 starch/grain serving
- 1 fruit serving
- 1 Cup milk or milk substitute

HIGH-CARBOHYDRATE PLAN

Breakfast

- 2 starch/grain servings
- 1 fruit serving
- 1 cup milk or milk substitute

Lunch

- 2 ounces protein
- 2 starch/grain servings
- 1 fruit serving
- 3 vegetable servings
- 2 fat servings (10–12 grams fat total)

Dinner

- 2 ounces protein
- 2 starch/grain servings
- 1 fruit serving
- 3 vegetable servings
- 2 fat servings (10–12 grams fat total)

Bedtime

- 2 starch/grain servings
- 1 fruit serving
- 1 cup milk or milk substitute

HIGH-PROTEIN PLAN

Breakfast

- 4 ounces protein
- 1 starch/grain serving
- 1 fruit serving
- 1 cup milk or milk substitute

Lunch

- 4 ounces protein
- 4 vegetable servings
- 3 fat servings (14-16 grams fat total)

Dinner

- 4 ounces protein
- 4 vegetable servings
- 3 fat servings (10–12 grams fat total)

Bedtime

- 1 fruit serving
- 1 cup milk or milk substitute

VERY LOW CARBOHYDRATE PLAN

Breakfast

4 ounces protein
1 fruit serving

Lunch

4 ounces protein
1 Cup cooked vegetables
2 cups raw vegetables

Dinner

4 ounces protein
1 Cup cooked vegetables
2 cups raw vegetables

Other

3 fat servings (14-16 grams fat total) **throughout the day**

Note: Before choosing any of these plans, we urge you to consult with your sponsor and a health-care professional.

What is he serving?

The serving sizes suggested below our general guidance.

Measurements: The relationship between volume measures and weight measures is variable, dependent on the food, and the conversion to metric units is sometimes in precise. In general:

1 tablespoon = 3 teaspoons = 15 ml
1 cup = 16 tablespoons = 240 ml
1 ounce = 28.35 grams

Protein: Protein servings include all meats, poultry and fish. One egg, 2 ounces of cottage cheese or ricotta cheese, 1/4 cup or 2 ounces of cooked beans, 1 ounce of regular tofu or 2 ounces of soft/silken tofu, 1 tablespoon peanut butter count as 1 ounce protein. Count 1 ounce of nuts (peanuts, pistachios, soy nuts or almonds) as 2 ounces of protein.

Starches/grains: One serving is an ounce of cereal regardless of volume (hot cereal to be weighed before cooking); one slice of bread; 1/2 cup cooked pasta, potatoes, rice, corn, peas, winter squash and other starchy vegetables. By weight, one serving is 4 ounces of cooked, sweet potatoes and yams; one serving of the other starches (rice, peas, corn, barley, milk, etc.) weighs 3 ounces cooked.

Fruit: one fruit serving means a moderate sized piece of fruit, 6 ounces (or 1 cup) of cut-up fresh fruit, 1/2 cup canned fruit packed in its own juices, or 3/4 cup or 6 ounces frozen, unsweetened fruit (after thawing).

Vegetables: Only the low starch vegetables are usually used as vegetable servings; the starchy vegetables (corn, peas, winter squash) are usually considered starch/grain servings. One cup (4 ounces weighed) raw vegetable or 1/2 cup (3 ounces weighed) cooked vegetable are counted as a vegetable serving.

Milk/milk substitute: One cup (8 ounces) of low-fat unsweetened milk, soy milk or yogurt

counts as a serving.

Fats: Because so many low-fat and reduce fat items are available, we have elected to specify the grams of fat suggested. Usually 1 teaspoon of oil or butter contains 5 grams fat. One ounce of avocado, five olives, 2 tablespoons sour cream, 1 tablespoon cream cheese are 5–7 grams of fat.

Note on reading labels: We carefully read labels or ask about the ingredients to make sure the foods on our exclusion list are not and what we are eating. Some ingredients like sugar are harder to remove, because there are many different names for sugar (e.g., sucrose, dextrose, fructose, glucose, etc.), and it is found in so many foods. Some of us eliminate any item that contains are trigger foods, while others eliminate only the items in which the triggers are listed in the first four ingredients.

Structure and Tolerance (Dignity of Choice, p. 12-13)

True admission of powerlessness means putting down the foods over which we are powerless. Those foods may be different for each of us. We need to be completely honest with ourselves, our sponsors and our health-care professionals about what foods, ingredients and eating behaviors cause cravings, compulsive eating or other problems.

Often, the idea of never again eating certain foods seems terrifying and impossible. Be assured that with adequate support and the Twelve Step recovery program, you can do things that used to seem totally impossible. We have learned that as we work the Twelve Steps abstinely, a miracle occurs; our sanity returns. We no longer want to have those foods or behaviors in our lives.

Some of us require a more structured plan than others. Some of us must avoid foods that others can eat freely. We are all different. When we find a plan that works for us, we are often so happy we want to share it with others. There is a difference between sharing our plan and imposing it on others. We accept the views and needs of others, always retaining our own plan of eating as a commitment and priority. World Service Business Conference Policy 2000a (amended 2005) states that "no OA members shall be prevented from attending, sharing, leading and/or serving as a speaker at an OA meeting due to choice of food plan. Group sharing food plan information must adhere to OA's policies on outside literature, as well as copyright law."

Conclusion (Dignity of Choice, p. 13)

Abstinence is a state of mind characterized by freedom from our obsession with food. A plan of eating – – our individual guide to nourishing foods in appropriate portions – – is a tool that helps us begin the process of recovery from compulsive eating. This pamphlet encourages respect for individual needs and differences by allowing us to determine what is right and nutritionally sound for ourselves. Remember that the Twelve Step program of Overeaters Anonymous, and not any particular plan and eating, is the key to long-term recovery from compulsive eating.