



Getting Past Step Zero: Putting down the food and picking up the Steps

by John Kiernan, CDAC-1

Preface

This article concerns itself with one thing: how to deal with that decision point concerning “the first compulsive bite.” It is geared towards those who are members of a 12-Step program and who are dealing with relapse.

There’s one thing noticeably absent here: any mention of what food to eat, or in what amounts, or when. If you are a member of a program that has a specific food plan, consider that food plan your abstinence. If you are a member of a 12-Step program without a specific food plan, it’s imperative that you develop one. Getting guidance from someone you can trust to help you make decisions concerning the details is crucial. We need objective third parties to help us, because after all, we know what the optimum food plan would be if left up to us: whatever we want, as much as we want, whenever we want it.

This article looks at dealing with one thing: the first compulsive bite. Take care of that one and all of the rest take care of themselves.

I've given a great many talks on relapse over the years – all from a 12-Step perspective. I believe the 12 Steps are definitely the key to long term abstinence. My talks have involved analyzing the mindset of a person about to relapse, how to avoid that, and many other helpful tips. I've even written a book about it. And yet, at the end of all of those talks, people would come up and say to me “All this is fine and good, but how do I go about getting *out* of my relapse? *How do I stop?*”

Stopping the relapse in its tracks is indeed the most important thing to deal with first. Experts agree that trying to work the Steps while continuing to self-medicate is a waste of time for all concerned. 12-Step programs speak about the two-fold nature of the disease: the allergy of the body and the obsession of the mind. However, for the most part, those programs are working on the obsession of the mind, because it's assumed the user has already stopped. However, for those in relapse, this is not the case. This article, hopefully, can help you get to the jumping off point of diving into the program and the Steps.

First of all, the concept of “relapse” is often seen as an ongoing activity. The truth, however, is that a relapse involves many relapses. There is the important distinction those of us in relapse lost somewhere along the way: *we all wake up abstinent in the morning*. I would talk about “being in a relapse,” but in actuality I was starting a new relapse every day. We have to take the active step of eating things that are not on our food plan, or amounts greater than we want. This requires a decision on our parts – although for those in a longer relapse that decision might have been made a while back followed by resignation of being hopeless when it came to the food. When hope is lost during a relapse, that “should I? or shouldn't I?” discussion at the moment of the first compulsive bite becomes almost irrelevant. The decision to “should I?” was made by my relapsing self as a blanket decision at some point and was acted on every day as if that decision had become immutable.

But it wasn't – and isn't.

The decision to stay abstinent can happen at any time, if the person in the relapse has the hope that maybe this time their abstinence will “stick.” So, the first step to pulling out of the dive of relapse is to again recognize the “should I? or shouldn’t I?” question, even if the answer is not currently in abstinence’s favor. Recognizing that there is a fork in the road is the first step towards taking one road or the other – towards abstinence or relapse.

Here’s the thing: all the things people in relapse hear about getting abstinent again, including from my writings and talks, are all theoretical and motivational. The absolute nexus of staying abstinent concerns that “should I? or shouldn’t I?” question. It still all comes down to the first unabstinent bite.

This is what those people were asking me to help them with after those talks I gave. They needed to rediscover “the fork in the road,” followed by a plan of what to do when they found themselves at that fork again. To that end, this is what this article and the program that I outline here is all about.

Being able to see yourself standing at the fork in the road is Step Zero. We need the Steps and Big Book to help us recover and stay recovered (and happy), but for many people they can’t get into the race because they can’t even make it to the starting line. This program works to move those people up to the starting line, which is Step 1.

As I have continued working as a drug and alcohol counselor, many various forms of therapy have helped people addicted to drugs and alcohol, but not many have attempted to modify any of these programs to help compulsive eaters get out of their relapse cycle.

After analyzing all that I know about relapse into the food (including my own relapses), I have developed what I think is a way to stand at the fork of the road and hopefully make the right decision. I have taken concepts from various other sources that people use to deal with very complex personal issues and modified them to deal specifically with the relapse cycle as it pertains to food.

The way to Step Zero involves the components I will talk about, all of which are interrelated. While it is possible to start anywhere and proceed in any order, the order I

put things in for this article seem to make the most sense for dealing with relapse concerning food.

This is the program I will outline here. There's one vital request from me: please read this all the way through. In this article, the program is laid out in a specific order, but it could just as easily be addressed in a different order. This means that what might be the last step for some people might be your first step. To get there though, you have to read this to the end.

Just to reiterate, this is not a substitute for the Steps. It's not meant to be seen as an alternative to the Big Book. What is written in the Big Book has helped millions to recover from a hopeless state of mind and body. In some ways, this can be thought of as a "prequel" to the book for those in an unremitting relapse cycle.

In what follows, I will lay out the aspects of this program (please be careful to not get this "program" confused with the 12-Step program). Since all of the aspects of the program can affect each other, I decided to start with the one that is hopefully driving you right now. The reason you are reading this at all.



Aspect #1: Identifying your motivation

When most people are asked about why they want to be abstinent, there are a few common responses: Get to and maintain a healthy body weight; To relieve the insanity

of constantly thinking about the food; and to help lose the shame and self-criticism that comes from failing at something again and again.

These are quite valid, but let's pull the camera back to look at the bigger picture: what are your *values* in life? Also, what are your goals? What kind of person do you want to be? Most importantly, what are you trying to achieve with abstinence? Think of your values as the compass point you wish to follow, and your goals as the steps to get there.

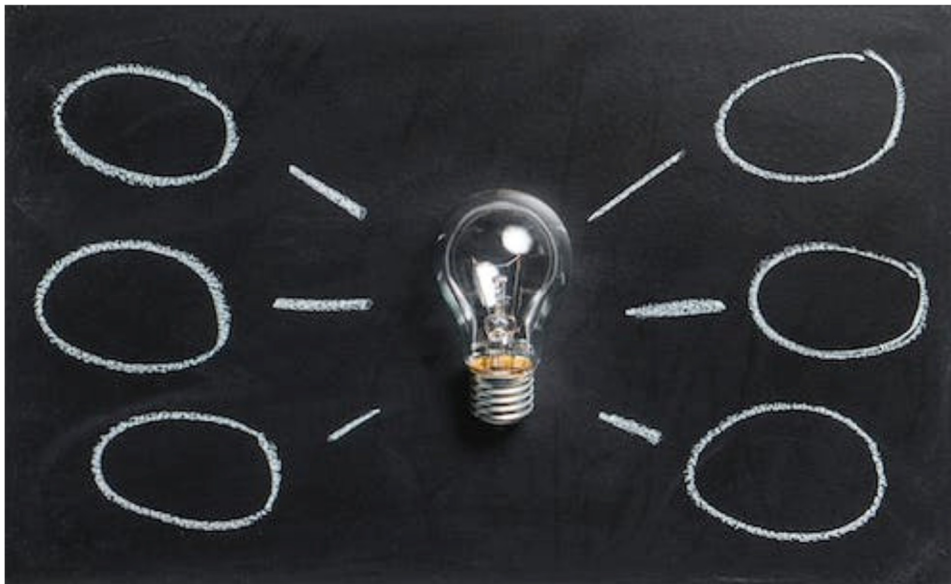
Hopefully, abstinence for you is about more than losing weight. Many of us did that before with diets – except it didn't last because we didn't change. An initial period of abstinence can certainly help you achieve that, but what happens once you get to where you want to be, weight wise? If you're like I was, both in diets and later in 12 Step programs, you then go back to being the old you and you gain the weight back.

Admission that you are an addict, a compulsive eater with food needs to come with an admission that this condition is never going to change. AA and the Big Book figured this out long ago (*"we are like men who lose their legs, they never grow new ones"*). However, science has caught up with what was at that time an opinion, not based on any scientific facts. PET scans and other tests on active addicts shows one very important thing: they have changed their brains. We have changed those neural pathways in our brain, and also body chemistry. Long term use with any substance means those pathways and that blood chemistry have been permanently changed. It is the now proven scientific version of "losing your legs and never growing new ones."

If you are thinking about goals, look back at your life in the big picture. What did the food *take* from you. Yes, it gave you weight, but how many things did it rob from you? How many things did you not do, or did in a limited fashion because of your eating? Do you really want that back?

Is all of that behavior – not only the eating but the sneaking of food, denial of the effects of eating, the self-loathing, the frustration – moving you towards or away from those values and goals I spoke about previously? Are you still pointing toward the compass point your values turned you towards?

This is the first consideration you will need to figure out. This will help you keep the reasons you are working so hard in the forefront of your mind. This, however, is exactly what your disease will try to wipe out of your thoughts totally if it starts to get its hooks back into you. To fight the disease's "mind-wipe," I believe writing this down into a tangible document you can use is an important step. The act of writing your thoughts down instead of having a vague idea about your motivations is important. It's also important to periodically go back and read what you wrote to remind yourself of why you are working to stay abstinent (and sometimes it can be work).



Aspect #2: Acceptance of the disease.

Most people who have been around 12-Step programs for any amount of time are familiar with the concept of acceptance. Overall, finding a way to integrate acceptance in your life will make it a much more peaceful one. You can find an appendix to this article near the back that explores the "big picture" of acceptance in more detail.

However, when we are dealing with getting abstinent, there is that single, absolute point that is the fork in the road. One way leads to relapse, and the other towards long-term abstinence. The question is: *why did the fork appear at all?* For most of us who have dealt with relapse, there was a time before relapse where we felt pretty secure with our abstinence, and then everything fell apart. There was one thing that made that fork in

the road reappear and pushed us toward “the path not wanted.” That one thing is a *craving*.

In my business, we use the word “craving” as a general catchall for whatever ideas start coming into an addict’s head that have them considering making their substance an option again. The same is true with the food.

How does acceptance figure into all of this about cravings? We have to accept that we will have cravings. In my experience, almost every newly sober or abstinent person – no matter how pink of a pink cloud on which they might find themselves in the present moment – will find her or himself face to face with a craving or cravings at some time in the future. How this situation is handled is absolutely critical. Understanding and accepting that this phenomenon will happen at some point in the future makes it easier to be ready for it. Forewarned is forearmed.

Let’s fast forward to a later time. You’ve been doing well with your newfound abstinence. Things have been easy, and there were even thoughts that this time you might have “gotten it.” And then it hits. Maybe it starts with a passing thought about something you used to eat that you no longer eat now. It might be accompanied by fond memories about it. This is called “euphoric recall” in my business. The thoughts now come more and more and there is a point where you are actively considering breaking your abstinence.

So, lo and behold, that time that was predicted did indeed come to pass. You are now face to face with the possibility of getting back into the food. What comes next?

What comes next is acceptance: acceptance that you’re having a craving. Acceptance doesn’t mean that you fight it. It doesn’t mean you try to push it out of your brain. It doesn’t mean you beat yourself up for having it: you have a disease and you happen to be experiencing one of the symptoms.

Having a craving is not the problem. The way we deal with the craving can either be useful or then can become a problem. To that end, we move to the next step, which is:

Aspect #3: Becoming the Observer

The beginning of the triggering process is where the concept of “the observing self” comes in. The main shift in thinking involves looking at our thoughts, rather than from our thoughts. Our thoughts might evaluate a situation perfectly, if it’s not touching on anything that might skew the evaluation of that situation.

But... we have a disease. This is where we need to learn to question our thoughts, which may be coming from the genuine us, but which might also be coming from our disease. This is where we need to utilize “the observing self.”

I will often ask clients “What are your thoughts telling you?” instead of “What are you thinking?” That’s a subtle difference, but an important one. It’s changing the viewing point from which these thoughts are seen. “The observing self” involves the ability to ask yourself the same question. What are your thoughts telling you – especially when you’ve opened up the possibility of relapsing? If you can recognize when the disease is talking and that it is not the real you, you’ve got a chance to battle as the enemy from outside rather than as “the enemy within.”

I always liken the disease of compulsive eating to that of the world’s best salesman. Imagine a salesman who is the most charming, likable person – who also is the smoothest talker on the planet. Now imagine he is selling something that you really like, but have decided was no longer good for you. That salesman already has a half a foot in the door, doesn’t he? Now imagine that this salesman can also read your mind. Whatever you’re going to say to decline the offer, he has a “logical” counter argument all ready to go. Imagine how hard it would be to say “no” to that salesman. That is the disease of compulsive eating.

Now here’s the nastiest part of that salesman’s “pitch”: when he’s done, and he’s “made the sale” (and you’ve picked up the food), he leans over and whispers in your ear: *“remember, this was your idea all along.”*

Was it really your idea? If it was really what you wanted to do, would you be going to all those meetings? Why would you be doing all the work to try to stay abstinent? You can

look at the motivation writing exercise you've already done and know the truth: of course it wasn't your idea, it was the disease's idea!

This is, at its core, the perfect example of an addiction at work. At the exact moment of impulse, the disease won the day and made the sale. And yet, you – the victim of your disease – blames yourself. What a perfect setup – for the disease.

Learning to master the observing self helps you realize that you are not your disease. You are not your cravings, and you are not without weapons. As we say in 12-Step programs, *"We're powerless, but we're not helpless."*

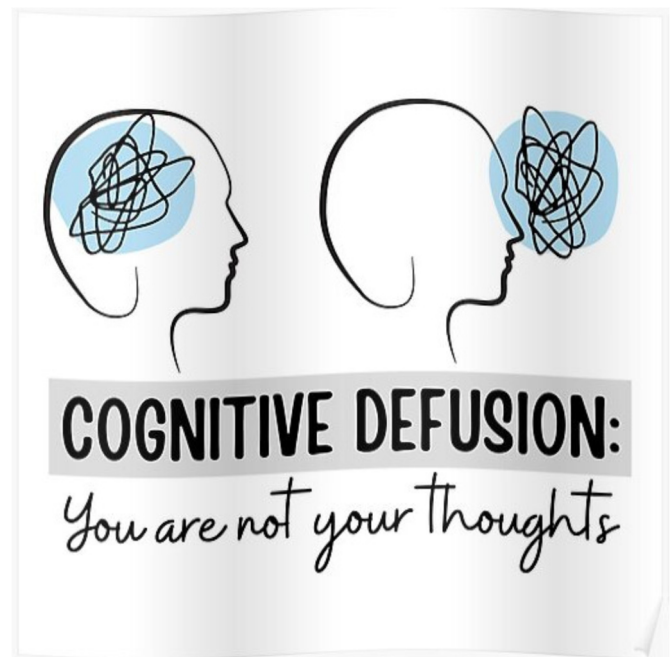
Mastering the observing self means that you will be able to stop yourself and ask "who is really doing the talking here?" When the craving hits, you'll be able to step back and say to yourself "Oh look... I'm having a craving. I'm having the urge to go eat. That's interesting!"

Moreover, the observing self can even be used to take this out another level, the "meta" level. You can step back and look at yourself *looking* at the craving. "Oh look... *I'm observing* that I'm having a craving. Let's see how I handle it."

Now, let's look at exactly how that is done.

Aspect #4: Defusion – The thought to break your abstinence is not an action

Let's stop for a minute and talk about our brains and our relationship with them. Yes, they are part of us, and they are the most complex part – by a longshot. The brain is made up of 100 billion neurons – cells that work together to make up our minds. It is, by far, the most sophisticated computer ever designed – by an exponential factor.



What makes those of us that are compulsive eaters different from other humans with the same type brains? In 12-Step land, the second Step speaks about the word “insanity,” a word which people sometimes find offensive. How can you say I’m insane? Yes, I have a problem with food, but I otherwise lead a productive life.

What is spoken about in this case concerns a *very* narrow band of faulty thinking, not a generalized situation of mental illness. A while back, I found a definition of “insanity” that fits addiction perfectly. The definition says: “*a state of mind that prevents normal perception.*”

While we can handle most mental functions perfectly well, these functions depend on our *perceptions*. We do a great job of using our perceptions to formulate thoughts. However, in this one area, the disease is *corrupting the data* on which you make your decisions – and on *just this one topic*. Thus, as a story from the AA Big Book illustrates, putting whiskey in a glass of milk and thinking it will prevent anything bad from happening seems like a *perfectly sound and logical idea* (it wasn’t).

Let’s look at our brains. I always joke that humans are born with all hardware, but no software. We then all went through years of loading that software: it was called school and involved facts. Up until this point, it is very much like a computer.

Then, however, we throw a monkey wrench into the works. In addition to the facts, we have loaded in emotions. We also loaded in years of memories, some of them hurtful, some of them traumatic. We also load in memories of how we have responded in the past. This allows us to save time by remembering how we handled things in the past so that we can use a “shortcut” that allows us to follow that previously used path again – often over and over. I used the word “path” for a reason: it corresponds with what we spoke about earlier: parts of the brain called “neural pathways.”

Let’s say you have an upsetting event, which causes you to feel emotional pain. Or, something comes in via the senses that brings up the memory of using food for comfort. This brings up the euphoric memory. Both of these things are triggers. We then look for the shortcut, and there is our usual rut: let’s go binge!

Let's look at the difference between an addict's brain and a non-addict's brain. At the same decision point, a non-addict sees the same thing in terms of triggers, but usually won't think of eating (or drinking or drugging). That person will deal with the emotions in many ways, but chances are none of them will usually involve a substance.

Or... perhaps that non-addict does consider going to a substance for comfort. He or she will then weigh that decision based on a number of factors: what happened the last time I did this? Did it work? Were there any negative ramifications then? Are there any now? This last part of the decision-making process does not exist in the addict. This is part of "the disease": it has corrupted the data we can use on which to make a rational, well thought-out "should I or shouldn't I?" decision about relapsing.

Having taken whatever input has come into the thinking part of the brain, the brain makes a decision and sends its information back as the output, in this case: a thought.

Remember this program you're reading about here relies on one important thing: operating by looking at thoughts, not from thoughts. Instead of acting on that thought, we stop and examine it. Going back to something I mentioned earlier, now is the time to ask yourself "*What is that thought telling me?*" This change in perspective is a very important way of re-framing *your thinking about your thoughts*.

In the past, when I had an urge to relapse, that thought was fused with the pre-programmed actions that followed. The disease might as well have been a puppeteer pulling the strings making my body, arms, and legs snap into motion. Many times, that thought immediately set the relapse in motion. There might as well have been no time between the first thought and the first bite.

At other times, I would get the thought and think "No, I'm going to stay abstinent" and try to fight it. I'd try to put it out of my mind, doing something to distract myself. Meanwhile, that thought sat there, cooling its heels, knowing it could snap back into action as soon as there was silence in my head. Near the end of triggering, one of the thoughts in my head was "Quit fooling yourself. Why bother delaying this? You know you're just going to eat eventually anyway, just like you did every time before."

Here's the one thing I *never* did: I never stopped and *looked at* the thought. I never said to myself "Huh... look at this. I'm having an urge to go eat – to go break my abstinence. I wonder what that's about?" I certainly never teased the thought away from any succeeding action – in other words, *defusing* the thought from the subsequent action. I just moved on in my zombie-like pursuit of that first compulsive bite.

Let's fast forward and say you're now trying to follow this program and the urge to eat comes into your head. Instead of acting on it or trying to fight it, you accept it, you don't judge it, most importantly, you just observe it. The next, most obvious question is: *"Okay, so I've observed the thought, now what?"*

This brings us to the next step:



Aspect #5: Pausing to Examine – Who's really running the show?

If you were like me, when you were trying to stay abstinent, you tried to not keep any of your "problem foods" in the house. This was a lot easier when I was single. Later on, when I did have a problem, I would ask my wife to put the foods that she ate (that I had quit eating) somewhere that they were not a constant reminder to me. I wasn't asking her to forego her pleasures, just to put them somewhere that made it a little easier for me to stay abstinent.

Hopefully, you have made the same kind of arrangement. Assuming that you have, there is one stone cold fact you have to admit to: if the urge to go relapse has happened, none of the foods you're going to relapse on are within arm's reach. There will be some concerted effort needed on your part to get up and get your food of choice. Perhaps it's just walking into the kitchen, but for me it was often going out, getting into a car, driving somewhere, picking up "the goods" and bringing it home (probably eating some in the car on the way back).

The point: the time from the instigation of the thought of eating to the eating itself is not instantaneous! There is a time gap there and there are things you can do to put between those two events.



This is where the concept of pausing and utilizing some mindfulness comes into play.

Aspect #6: Commitment to Action

At this point, I need to stop and speak of one of the other aspects of this program: commitment to action. For this to work, you have to be willing to commit to following the mindfulness regimen I am about to explain to you before eating.

Here is the super important key to this working (or at least giving it a chance): *you do not even commit to not eating*. You just commit to do

these things before you pick up that first compulsive bite.

Why not make this exercise a commitment *instead* of eating? Simple. I had it drilled into my head, first in one program then another, that if I had an urge to "pick up the

phone and call someone.” Did I? Nope. Why? Because they might talk me out of it and right at that moment I wanted to eat!

Am I saying it’s okay to go eat? No. I truly hope you do not eat, but at the same time I’m trying to stress to you that the important thing is committing to “following the plan” no matter the outcome. Maybe this activity won’t stop it today, but perhaps the knowledge you glean from the experience will help you the next time. When it comes to a relapse, I always say “you may lose the days, but you don’t lose the lessons learned.”

This program is one of discovery: discovery of yourself, discovery of your disease, discovery of what kinds of lies your disease is telling you. It’s also discovery of the machinations of the relapse process, an examination of it from first inkling to the first compulsive bite. It will be like taking a snapshot of your brain at a specific point in time, and in the peculiar mindset of a craving. What you do with it will be totally your choice, but what it will do is give you more knowledge about how the process plays out for you. Everyone is different, so your path to the first bite will be different from others.

What is this mysterious activity you’re going to do commit to do before eating? Quite simply, it’s a systematic method of self-examination, through writing (when possible) – at the point when you are considering eating. The how you do this will depend on the circumstances in which you find yourself when the urge hits.

I originally designed this based on my own past experience and those of many of the people I know who relapsed. For them (and myself), nights were the most dangerous times. As a result, I designed this to be done at home. It was set up to be a writing exercise, and I feel if it is at all possible to do these following exercises via writing, do them in this manner.

I found that I was often not fully in touch with all of my feelings. If you are the same, then sitting down and writing is a way to help uncover buried feelings. Writing is important for those of us dealing with addiction of any kind. The disease does a marvelous job of “mind wiping” us, so that we forget how we felt from one moment to the next. Taking some time to formulate and examine your thoughts and feelings is

crucial. Putting those thoughts down on paper is an important part of that “discovery process.”

Sometimes just the act of writing down some of the rationalizations and justifications your disease is telling you will snap you out of the trance it is trying to put you into. Looking down at the words on paper – now out of your head – will make your cognitive brain assess just how true these thoughts really are.

The ability to write depends on the situation, of course. If the urge to break your abstinence happens when you are out at a restaurant, it’s probably unlikely you’re going to be able to step away and do some writing. However, it is rarely the case that you cannot step away to the restroom for a short time to consider some of the questions I will mention in the following paragraphs. Since the basis for all of this is mindfulness, it’s important to take some time to be mindful.

I have forms at the end of this article. I think these are a good basis for this part of the program, but feel free to modify them for your specific situation. If you are not in a position to write, then perhaps you can take the overall concept and do some ad hoc introspection. I have also put the questions down in a form that perhaps you can carry with you in a wallet or purse.

Here’s an important point: these are not *assignments*. These are self-examination exercises. They’re not meant to please me, or a sponsor, or a loved one – they’re here to help you (and you alone). Don’t allow them to be seen as onerous. You don’t have to spend a huge amount of time or write a novel in each section, just take the time to stop and think about what your thoughts (or rather the disease’s thoughts) are telling you.

Just take a quick moment to assess yourself and where you are. Where are you *exactly*? Are you sitting? Standing? What can you see? What can you hear?

The main goal of this exercise is to remind yourself that you are not in the refrigerator, out the door, or ordering food you truly don’t want (in the big picture). You’re still sitting in your house, or possibly in the same place you were before the thought to go eat came into your head. *It’s time to do some writing.*

What are my values? Getting in touch with your higher self

As I mentioned earlier, it's important to stop and write on why you are going down this path. There's a part of you that has gotten pretty discouraged, I'm guessing. By the same token, you're still moving forward, trying to arrest this deadly disease one day at a time.

This means you know a higher truth. You know that doing things that are deliberately self-destructive are not being a kind person – to yourself. There's something going on inside, something that is hurting and looking for the soothing that food can do (or more likely formerly did). Some people call it “the God shaped hole.”

It's time to make sure the future you, the person who will find her or himself face to face with the “should I? or shouldn't I?” decision has all of the facts.

Close your eyes and channel the good that is within you – within us all. At this exact moment, you're not battling the food. You're working towards a different future and tapping into your “higher self” – the one that wants to stay abstinent and find recovery.

Let this “higher you” write a letter to the you of the future – the one that may be wobbly, may be dealing with the “should I? or shouldn't I?” question yet again. If you are more spiritually attuned, you can write it as a commitment to your Higher Power, or conversely write a letter to that future you as you feel your Higher Power would dictate it to you. God speaks through people, and sometimes that's you.

What's in that letter? Find a quiet place, take some time and tap into that higher place and then find out what's in that letter. If you are like me when I get into these spiritual spaces, you won't feel like you're writing it – just that you're the first person reading it!

Once you are done with this one-time exercise, put it somewhere easily accessible. It's important to take it out and read it (even revise it!) every once in a while. As a good friend in program says “I'm not a slow learner, I'm a quick forgetter!”

Self-examination #1 – “The Craving Has Hit”

Having assessed your situation from without, it's time to look within. Sit still for a few moments and then write about what you are feeling. Start with the body sensations. “I am getting excited about going to eat my favorite binge food. My heart is beating a little faster, I'm ready to stop this stupid exercise and get going.”

Next, let's examine the disease and what it's telling you. What are the *thoughts* going through your head? After all, you've been working on staying abstinent, so there's going to be something the disease is telling you, although it will seem like you're telling yourself. Whatever those thoughts are, they are geared to make breaking your abstinence a little easier. “I'll just start again tomorrow. I've had a hard day, so I deserve a reward.” There are loads of these. I've compiled a list from my workshops and it is in an appendix at the end of this article, in case you need more suggestions.

You've looked at your motivation, now let's look at the plan. What's your next step? “I'm going to put on my coat, go down to my car, drive over to the convenience store and buy a pint of ice cream.” Will there be any excuses to make to anyone about your behavior? “I have to tell my husband I am still hungry, that I didn't eat enough at dinner.” Or perhaps: “I'm going to think of a reason to go out. I'll then get my food, sneak it into the house and eat it when I'm sure I'm alone. I'll then hide the evidence.” Or even: “I'm going out to get my food, and I'll stay out until I'm done and then throw away the evidence before I get home.”

Fast forward in your mind to the point at which you have the food and you're about to eat it. What's the physical feeling? Excitement? How about the thinking going on in your head? Is there any type of argument going on up there or is eating now just a fait d'accompli? What's it going to taste like? How are you going to feel when you're eating it? Will you be enjoying it? Will the food accomplish anything for you physically? Will it make you feel calmer?

Having taken stock of what's going on in your body and your mind, let's dig deeper:

Self-examination#2 – What’s beneath the surface?

Time for the \$64,000 question: what is this *really* about? A short time ago, the thought of going to compulsively eat wasn’t even in your mind. Now you’ve got one foot out the door. What happened? What changed in your mind from then until now? Was there some kind of trigger? Was it something someone said? Was it a memory of an incident with some connection to the food that you experienced – some sense memory – that triggered the thought chain? Was it something you saw on TV? When *exactly* did breaking your abstinence go from not being an option to being part of a plan?

Take a few minutes and become your own therapist. What questions would you ask of someone else who has decided to go down this path? Ask them of yourself and write down the answers.

If you have incorporated the spiritual part of the program into your life, perhaps take a moment to communicate your plan to your Higher Power and wait a bit to see if you get an answer. If so, write it down.

Moving forward

The choice is now yours. As I mentioned previously, your commitment to follow this program does not include a commitment to not eat. At the same time, it’s not “permission” to go eat. This writing exercise is simply to make sure you don’t just go on “automatic pilot” without at least getting a sense of what is going on within you. Hopefully, it’s allowing enough time for you to make a thoughtful decision.

If you decide that the negatives outweigh the positives, then perhaps you can go back to what you were doing before the thought to go eat came up. There’s a good chance that following this plan will work as a “pressure valve” to dissipate the pressure that was building up in you to continue your march towards relapse.

If this was the outcome of your struggle, it’s important to stop and write about it. It will be a chance to remind yourself that the urge to eat does not have to end with eating. You will have proven to yourself that following this program will help you get that the urge to eat go away on its own. If you were like I was when I was relapsing, I had never

tried this before. The urge and the action were fused together in my mind. Why? Because I didn't believe that urge could go away without eating. If only I could have seen it was possible to try a different way, I might have considered trying the alternative.

Now might also be a good time to call a fellow member and relate what just happened. It helps reinforce the memory, and might very well help *that* person down the road.

An important fact: the average craving goes away within 20 minutes. I never would have known that because I never waited that long before heading out the door.

Self-examination #3 – What did last night look like?

It's the next morning. Whether you went out and ate or you didn't, take some time to read what you wrote the night before. Take some time with 20/20 hindsight to evaluate what you wrote and decide if it was helpful. This last part involves just a little more writing, but it's important. It's an investment of your time that will pay dividends later.

Firstly, what are you feeling about yourself and the actions you took last night? It doesn't matter which side of the fork in the road you took, although if the actions from last night involved eating, this is hugely important to document.

If you didn't eat, how do you feel about your decision last night? How do you feel about yourself in the light of the next day? Write about the positive feelings about what happened. It was probably not as easy as choosing the other path, so it's important that you don't gloss over how positive a choice that was.

If you did end up eating, it's important to write as well. However, self-recrimination is totally unhelpful. Remember what the AA Big Book says in the 9th Step Promises: "*We will not regret the past nor wish to shut the door on it.*"

What happened was an experience we went through and can learn from. To grab another piece of those Promises: "*No matter how far down the scale we have gone, we will see how our experience can benefit others.*" Or in this case, how it can benefit ourselves. Hopefully there will be others who will benefit when you recount your experiences and the inevitable positive outcome of long-term abstinence.

These actions I just laid out in this section come under the category of “*pausing to examine*,” but the actions here are meant to work hand-in-hand with defusion. For many of us, the urge and the action were fused together. The key is taking some time to examine the thoughts and realize that not all thoughts are truths – especially when they involve addiction and the user.

This was a project – whether it led to continued abstinence or to relapse. In many businesses, when a team works on a project, after it is completed, a “lessons learned” document is formulated. The team formulates a document that’s meant to help make such a project easier in the future. And this is the last part of the “should I? or shouldn’t I?” event.

Take a moment for a role-playing exercise: Pretend you are reading last night’s writing as if it were written by someone else. Write down your thoughts in assessing what was written. If you could get in a time machine and go back to that point in time, what would you tell that person? What could that person have done differently to guarantee a different outcome? Can you generate some compassion towards this person and realize that this is a person suffering with a disease that he or she neither wanted nor asked for?

Hopefully, as the document is called, there will be “lessons learned.” No matter which path you took at that fork in the road, those lessons contain important information for you to use in the future. If things went well, it’s important to look at those lessons to reinforce you for the next time it happens (remember, we accept that these thoughts will happen again). If things did not go well, perhaps you’ll be able to tell two different people about the lessons you learned. Those two people are the you of last night and the you of the future. It’s important to remember that you are the only beneficiary or victim of whatever happened last night. Choosing abstinence has to be seen as your choice, not one imposed on you by others.

No matter what happened, hold on to what you wrote. Perhaps if you find yourself in the same dilemma in the future, you can start by re-reading how you handled the situation the last time.

This is the program and all you have to do is just commit to doing it no matter what. It won't take a huge amount of time and if it at least helps you formulate why you're doing what you're doing, it's important information for the future.



One important warning sign: a cunning, baffling and powerful foe

To quote Shakespeare: “The devil can cite Scripture for his purpose.” In our case, the “devil” is the disease. It’s crucial to never forget that denial is a major component of addiction. Denial is not merely about someone denying he/she has a problem before finding the program. It can also be about doing things in program that are not helpful and becoming convinced that those actions are helpful.

What does this mean? It means that your disease could grab hold of this program as a way to excuse continually relapsing. *“Yes, I’m continuing to relapse, but I’m following the First Bite program, so I am learning new things every time I go out!”*

In case I haven’t belabored the point enough: this is a program to help you learn lessons that will point you toward the right path if you find yourself at that fork again. At some point, however, abusing this program by using it as an excuse to go out defeats its entire purpose. I’m not wishing this on you (or anyone), I’m just saying this is something to watch for. Realizing that if you are abusing the process, that might well become a “lesson learned” in and of itself.



Conclusion

If I've done my job, I have hopefully helped you understand the process that occurs in the space between being abstinent at one moment and eating the next. If you can commit to take some time – not a huge amount of time – to do this, you can break the destructive cycle of relapse that many of us have experienced.

Perhaps it won't stop you... this time. However, taking the time to do these small writing exercises will allow your pre-frontal cortex (the reasoning part of your brain) to drive the bus on the decision, not the amygdala (the reactionary, impulsive part of the brain). Just remember, our disease resides in all parts of the brain, so keep on guard.

If taking this time still leads to that first bite, at least let the thinking, reasoning you – the *real* you – come back and look at what “lessons learned” might be gleaned. Reading what you wrote in the sunlight of a new day might help you see exactly how the disease of compulsive eating works on you.

This gives you knowledge, and knowledge is power. Don't misunderstand an important thing, as it says in the Big Book: *“But the actual or potential alcoholic, with hardly an exception, will be absolutely unable to stop drinking on the basis of self-knowledge.”*

I agree wholeheartedly. However, knowledge and action can give you a different perspective when hitting that “fork in the road.” Hopefully, it will start your journey to

long-term abstinence. If you *do* find yourself at the beginning of the road on the abstinent side of the fork, you've accomplished the easiest part of the journey. The hardest part will be maintaining that abstinence, no matter what life has to throw your way. And you can do it. Thousands and thousands of others have done it – and none of them possess a special “abstinence gene” or “abstinence gland” that you don't. How did they do it? Through the 12 Steps.

If you have committed to this program, I've will tell you an unspoken truth I haven't said up until now: that commitment was an admission that you are powerless without help. You might have been at Step Zero when you first started this plan, but you were at Step 1 once you committed to it. You cannot delay in moving forward with your Steps and working *the* program from here because long-term abstinence is not about stopping, it's about staying stopped.

To continue “staying stopped,” you need a life and way of living that's working towards that end, not against it. For me, that way was getting into the Steps, working the Steps, and staying involved in a 12-Step program. The Steps aren't a rite of passage, but rather a way of life. Why did I choose that way? Because people I knew and trusted told me it was the way to a life without addiction and one where I can be happy, joyous, and free while living that life.

I will take one last moment to advocate for something I think anyone who has had any type of trauma in their past should consider: therapy. If you were like me, you might have tried it in the past and not had much success. However, the key to making therapy work for me was for it to be an *adjunct* to the program, not a *substitute* for it. The reason I got very little out of therapy in the past was because I was continuing to self-medicate with the food. Once I was gifted with abstinence, therapy became an essential tool to dismantle that “engine of relapse” that resided within me. It's the reason Bill Wilson thought so highly of it.

The choice moving forward is yours. Hopefully, that choice will involve this program, and then the Steps. Trust me, if I can make it work, anyone can.

[This program is based on ACT – Acceptance and Commitment Therapy. ACT is a treatment modality which was developed by Steven C. Hayes, Ph.D. ACT was developed to help those with anxiety, depression, OCD, grief, chronic pain, and other mental health conditions. The ACT Therapy model was itself based on Relational Frame Theory (RFT). ACT has also been shown to be effective within the substance abuse community.]

Self-Examination Exercises

Why am I doing this?

How do I feel about my relationships, overall, when I'm in the food? How does compulsive eating affect those relationships?

How do I feel about myself when I am in the food?

What has the food taken from me? What are some examples of how food limited or changed your life?

What circumstances will change if I get and stay abstinent?

How will I feel about myself change if I get and stay abstinent?

Self-examination exercise #1:

Taking stock of “what’s going on”

Physical sensations – what’s going on with your body?

Mental Inventory – what are thoughts about what you’re going to do telling you?

What’s the plan – describe the next hour and how it will go?

Self-examination exercise #2:

Looking under the hood – What changed?

Was there a trigger? Was there a recent upsetting event?

Has something been preying on your mind? Was there a previous upsetting event?

What would tell someone else going through the same experience?

Self-examination exercise #3:

Parallel universe #1 (you relapsed):

Did everything go “as planned” with respect to your actions?

Did you enjoy what you ate? Did it align with your predictions?

How are you feeling about your actions in the light of day? Does it align with your predictions from last night?

Parallel universe #2 (you continued your abstinent path):

How are you feeling about your actions in the light of day? Does it align with your predictions from last night?

Either universe:

What advice would you give your future self, based on what happened last night?

Appendix I

[The word “Acceptance” can connote weakness and passivity – which is the exact opposite of what is really is – self-care.]

You’re done hurting me

A hot button word in the 12-Step world is “**Acceptance.**” To many this word, like the word “surrender,” is also seen as describing a passive action. *“Oh well, this is just the way it is, I guess I might as well accept it.”* No – that’s not how it is. Acceptance is quite often a very active action. It is a person taking care of her or himself regardless of the circumstances.

Acceptance is, at its base, a very selfish act. By “selfish,” I mean that in the good definition of the word “selfish.” It is an action that helps only one person: me. It is me practicing self-care in its purest form.

Firstly, realize that almost always, if you’re having to consider accepting something or not, it’s something you don’t like. There aren’t a lot of people sitting around saying *“Crap! I guess I have to accept the fact I hit the lottery!”*

No, we need to accept situations or actions taken against us that we don’t like. They are often things that were hurtful to us, things we don’t think are fair, things done to us that we would never do to another person. Except... they are what they are. Most importantly, they are almost always things in the present we cannot change, or things from the past – which, again, we cannot change. I always heard acceptance defined as *“being willing to let go of the hope of a different past.”*

Let’s say somebody did something hurtful to me. Not just inadvertently hurtful, but deliberately hurtful. It hurt me at the exact time it happened (or when I heard about it), as it would hurt anyone. This thing, however, happened let’s say last Thursday. That person hurt me last Thursday, but I have been the one hurting me since last Thursday if I don’t find acceptance about it. Whether it’s a person who’s hurt me, or some situation I don’t like that is happening – they both have one thing in common: I can’t change it. Chances are that if it’s a person I am dealing with, they haven’t thought about it at all

since. If it's a situation, it's devoid of directing any personal attention towards me either.

I am the only one generating stomach acid about it. *I'm* the one who grits his teeth whenever he thinks about it. *I'm* the one walking around with those bad, inwardly directed feelings. And when I don't feel good, I want to make those feelings go away. Do you know what would help them go away? A drink, a joint, a pill, a piece of cake – but only for a short time. And then that pain is back again, stronger than ever.

If, however, we take the active step of accepting whatever the situation is, we are saying to that person or situation “You are done bothering me. You're not worth my precious and limited time on Earth.”

Finally, back on the topic of words, we usually use the word “acceptance” about situations we cannot control. When it comes to personal hurts from other human beings, the word “forgiveness” can be substituted. It doesn't mean we like their actions, or agree with them, or condone them. We're just done letting those people live rent-free in our heads.

Appendix II

Lies our disease tries to tell us

(If any of the phrases below are things you might say in a situation other than breaking your abstinence, cross it out. Then all of the rest of these are from your disease, not you!)

I don't want to
It's not fair, they can eat it and I can't
I can eat, but I do not have to tell my sponsor
I only had a couple of days, restarting is no big deal
I'll start tomorrow (or Monday or the 1st of the month, year)
I'm not eating sugar or flour, so what's the big deal? I am still abstinent
I'm not eating too much, my metabolism slowed down
F**k it!!
I don't need to weigh and measure, I can eyeball it
I don't want to annoy or be an annoyance by asking the waitress so many questions
I'm entitled
I just need something to take the edge off
It's just one bite. I'll walk it off.
I need a little pick me up for my brain
I can only get this (food item) at this time of year
They made it especially for you. You are not going to insult them by refusing
It's sugar free and gluten free

I'm not as bad as I used to be, so a little won't hurt.
I'm not sure, but it's probably fine (i.e. sauces)
There is only a little left
Not enough to leave for another meal.
Just this one time. One bite won't hurt me
I just want it
I can have an extra tenth of an ounce
It's the Holidays
It's not flour or sugar
I am so hungry
I need the comfort
I need to manage the pain
I haven't had it in a long time
I messed up, I might as well have it all
This doesn't have sugar.
No one will see me
No one loves me
I'm bored
No one will care
You've had a hard day (week, month, year, life)
You need this comfort now
You'll get that ease and comfort of that first bite
I already screwed up, what's another day?
I'm going to fail anyway, just eat it now and enjoy it.
You need the food to stay awake for this project
Just finish it
You've already had sugar, go for what you really like
This little change in your plan is not a big deal
You're alone now, no one will know
You already bought it, don't waste it

Somebody worked hard making this, don't
waste this
I won't buy it again, but I need to finish it
If you throw it away, you know you're going to
buy it again, just eat it now.
Everyone in my family is fat, it is a genetic
problem
Italians (*or other ethnicity*) are meant to be
voluptuous
You will hurt your mom, sister's, hostess'
feelings
It's healthy food!
I can't afford healthy food
I have rights! I have a right to eat this!
I'm tired
It's only food I'm not worth it
It was on sale
It is free food It's no big deal It won't kill you
I can handle this once (a little bit, etc.)
You've been exercising
You've earned this! You need this!
It's only food!
I paid for the buffet, I want to get my money's
worth!
This time will be different
Just a little bit won't hurt
It's a holiday!
It will make me feel better
I'm not as big as I used to be
I don't binge the way I used to
Why am I the only one who can't eat it?
No one is interested in me, so it doesn't matter
You waited too long to eat
You just can't do this abstinence thing

That's all that is in the refrigerator
Everyone else is eating it, I'll stand out
At least it's not booze (drugs, cigarettes, etc.)
I can't stand looking at it any more
It will make me feel better
It's on my food plan
It tastes so good!
I'm too tired, fast food/takeout is easier
I'm just buying it for my family
I'm tired of abstinent food
It's okay, I didn't gain it overnight
I'll eat it in the store, I won't take it home
My clothes don't feel tight any more
I need to get enough
It's easier for everyone if I don't ask for what I
need
I skipped a meal, so it's okay
I've never had this kind of food before
I can handle it now, I've learned a lot
You HAVE to eat, just don't eat so much of it
Don't be so hard on yourself
It's only food!
It's nobody's business what I eat!
OAs brainwashed you, there's nothing wrong
with you!
You asked God to control your food, so it's no
problem
Other people can eat this way, why can't I?
You can handle this, you don't need God
Food will make it better
Food is my only friend
If I could just find the right food plan
I'm at a normal weight, so it's okay