

SYMPTOMS LEADING TO RELAPSE

(from "A Look At Relapse", Chas. W. Crewe, Hazenden Pub., Inc.)

1. EXHAUSTION: Allowing yourself to become overly tired or in poor health. Some compulsive overeaters are also prone to work addictions - perhaps in a hurry to make up for lost time. Good health and enough rest are important. If you feel well you are more apt to think well. Feel poorly and your thinking is apt to deteriorate. Feel bad enough and you might start thinking a bit too much that food is justified or at least won't make things worse.
2. DISHONESTY: This begins with a pattern of unnecessary little lies and deceits with fellow workers, friends and family. Then, more important, lies to yourself. This is called rationalizing -- making excuses for not doing what you do not want to do or for doing what you know you should not do.
3. IMPATIENCE: Things are not happening fast enough. Or, others are not doing what they should or what you want them to do.
4. ARGUMENTATIVENESS: Arguing small and ridiculous points of view indicates a need to always be right... "Why don't you be reasonable and agree with me?" Looking for an excuse to overeat.
5. DEPRESSION: Unreasonable and unaccountable despair may occur in cycles and should be dealt with --- talked about.
6. FRUSTRATION: At people and also because things maynot be going your way. Remember, -- everything is not going to be just the way you want it.
7. SELF-PITY: "Why do these things happen to me?" "Why must I be a compulsive overeater?" Nobody appreciates all I am doing (for them?).
8. COCKINESS: Got it made -- no longer fear the compulsion -- going into situations where abstinence is bound to be difficult to prove to others you have no problem. Do this often enough and it will wear down your defenses.
9. COMPLACENCY: "Overeating was the furthest thing from my mind." Not overeating was no longer a conscious thought either. It is dangerous to let up on discipline because everything is going well. Always to have a little fear is good thing. More relapses occur when things are going well than otherwise.
10. EXPECTING TOO MUCH FROM OTHERS: "I've changed; why hasn't every-one else?" It's a plus if they do -- but it is still your problem if they do not. They may not trust you yet, may still be looking for further proof. You cannot expect others to change their life-style just because you have.
11. LETTING UP ON DISCIPLINES: Prayer, meditation, daily inventory, O.A. attendance. This can stem either from complacency or boredom. You cannot afford to be bored with your Program. The cost of relapse is always too great.

12. USE OF MOOD-ALTERING CHEMICALS: You may feel the need to ease things with a pill and your doctor may go along with you. You may never have had a problem with chemicals, including alcohol but you can easily lose your abstinence this way -- about the most subtle way to have a relapse! Remember, that to rely on any chemical or drug that makes you feel different is just shifting the food dependence to a drug and you may not be able to withdraw from that dependency without a relapse.
13. WANTING TOO MUCH: Do not set goals you cannot reach with normal effort. Do not expect too much. It's always great when good things you were expecting happen. You will get what you are entitled to as long as you do your best but maybe not as soon as you think you should. "Happiness is not having what you want, but wanting what you have."
14. FORGETTING GRATITUDE: You may be looking negatively on your life, concentrating on problems that still are not totally corrected. Nobody wants to be a Pollyanna -- but it is good to remember where you started from -- and how much better life is now.
15. "IT CAN'T HAPPEN TO ME.": This is dangerous thinking. Almost anything can happen to you and is more likely to if you get careless. Remember, you have a progressive disease and you will be in WORSE shape if you relapse.
16. OMNIPOTENCE: This is a feeling that results from a combination of many of the above. You now have all the answers for yourself and others. No one can tell you anything. You ignore suggestions or advice from others. Relapse is probably imminent unless drastic change takes place.

Some compulsive overeaters can get along without O/A, but how do you know you are one of them without taking the risk of destroying yourself physically or having a total and final relapse? There is another reason for active involvement in O/A. Everyone who recovers incurs an obligation to the source of that recovery. Those who recognize their obligation to O/A, who try to fulfill their obligation by loyal attendance, by 12th step work and by other personal involvement are usually the ones who are enjoying their abstinence and sobriety. Permanent recovery may depend on paying back to others what one has received from others. The dubious pleasure received from entertaining any of the above symptoms of "Stinking Thinking" is hardly worth the risk of possible permanent relapse.

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(Adapted slightly for application to compulsive overeaters by
Barbara B.)