

Checklists of Relapse Warning Signs

A Checklist of Symptoms Leading to Relapse

While the individual her/himself must maintain the disciplines that insure abstinence, there are ways in which others can help. Nearly every person close to the food addict is able to recognize behavior changes that indicate a return of the old ways of thinking. Often these individuals and fellow OA members have tried to warn the subject, who by now may not be willing to be told. S/he may consider it nagging or violation of his or her privacy. There are many danger signs. Most food addicts, if approached properly, would be willing to go over an inventory of symptoms periodically with a spouse or sponsor. If the symptoms are caught early enough and recognized, then the food addict will usually try to change his or her thinking, to get “back on the beam” again. A weekly inventory of symptoms might prevent some relapses. This added discipline is one which many food addicts seem willing to try.

The following is a list of common symptoms leading to possible relapse—or to what OA commonly calls “stinking thinking!”

1. **Exhaustion:** Allowing yourself to become overly tired or in poor health. Some food addicts 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 begin thinking “a little Sara Lee” couldn’t make it any worse.
2. **Dishonesty:** This begins with a pattern of unnecessary little lies and deceits with fellow workers, friends, and family. Then come 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.

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 eat?
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 may not 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 food addict?” “Nobody appreciates all that I am doing (for them).”
8. Cockiness: Got it made—no longer fear disease of addiction—going into eating situations to prove to others you have no problem. Do this often enough and it will wear down your defenses.
9. Complacency: “Eating was the furthest thing from my mind.” Not eating was no longer a conscious thought either. It is dangerous to let up on disciplines because everything is going well. Always to have a little fear is a good thing. More relapses occur when things are going well than otherwise.
10. Expecting too much from others: “I’ve changed, why hasn’t everyone 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 lifestyle just because you have.
11. Letting up on disciplines: Prayer, meditation, daily inventory, OA 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, chemicals, or alcohol, but you can easily lose your abstinence this way—about the most subtle way to have a relapse. Remember, you will be cheating if you use alcohol or mood altering drugs.
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 not

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 from whence you started—and how much better life is now that you are abstinent and recovering.
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. Collapse is probably imminent unless drastic change takes place.
17. Isolation: Isolation is a large part of our disease. Have you physically or emotionally removed yourself from others and/or from daily life? This happens subtly with excuses for not interacting with others.
18. Expectations: Are your expectations realistic for yourself and/or others, or are you still holding yourself and others to impossible and/or inappropriate demands?

