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Eating Disorders: Do You Know One When You See One?

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Do you know someone who has experienced dramatic weight loss? Someone preoccupied with weight, food, calorie counting, or dieting? Does this person seem to consistently offer excuses to avoid eating, or insist on eating privately? Is this person avoiding previously satisfactory relationships with friends and family? Do you notice that this person is excessively focused on maintaining exercise routines, even when they are ill or injured? Does this person's life and much of their conversation revolve around concerns about appearance, attaining a certain weight, or pants size? Have you noticed this person creating opportunities to sneak away to the bathroom to purge (self-induced vomiting) after eating?

These behaviors are some of those associated with two very serious, and potentially life threatening Eating Disorders – Anorexia Nervosa and Bulimia Nervosa. If you notice some, or many, of these behaviors in someone you know, you are right to be concerned.

Anorexia Nervosa is a serious illness which is characterized by starving oneself and significant weight loss. Typically individuals who struggle with Anorexia Nervosa have low self esteem, are perfectionistic, have a high need for acceptance, and have not developed the skills necessary to cope with the emotions that they feel so deeply. Anorexia is often the way an individual tries to gain control over their body, weight, and the emotions that are plaguing them. Anorexia can also be a way to live out the desire to remain a child, to refuse to grow up – as the bodies of Anorexics appear undeveloped and childlike.

Bulimia is also a serious Eating Disorder which is characterized by episodes of bingeing (eating enormous amounts of food) and purging (self-induced vomiting, excessive exercise, or over-use of laxatives). Like Anorexics, those who suffer with Bulimia have low-self esteem and also have difficulty expressing strong emotions such as anger or sadness. The



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Bulimia is a way to express outwardly what the Bulimic is feeling on the inside. The behaviors of the Bulimic can also serve as a display of self-hatred, a way to punish themselves for some perceived or real mistake or shortcoming. Bulimics often hide food for the purposes of bingeing secretively. Rather than being grossly underweight, Bulimics' weights usually fluctuate.

The causes of Anorexia and Bulimia are unique to each individual who suffers from these illnesses. Typically, Eating Disorders occur in response to a mixture of external and internal struggles, such as stress, anxiety, rejection, depression, unreasonable expectations, or the overwhelming feeling that life is out of one's control. Eating Disorders are a negative way to cope with these stressors. Both men and women suffer from Eating Disorders with women making up the majority of those with these illnesses.

In determining the multitude of other contributors to the development of Eating Disorders, one must start by taking a look to today's media. Adolescents are bombarded daily with messages from the Internet, television, popular music, magazines, billboards, etc., telling them what they should look like. Beauty and thinness are worshiped in our culture. Preteens and teens who are trying to develop their unique identity are told by the media that if they don't look like the model on the cover of the magazine, they aren't valuable. If there is not a powerful message of unconditional love and acceptance to counter the message of our culture, these children are at greater risk for the development of Anorexia or Bulimia.

Other contributors may include a history of physical, emotional or sexual abuse. This is not to say that every person who has an Eating Disorder (ED) has been abused, nor that every person who has experienced abuse will develop an ED. Simply put, childhood abuse causes victims to struggle with self-esteem, self-blame, powerlessness, rage, hopelessness, life being out of their control, anxiety and depression. Due to the abuse, these children are struggling with the experiences that seem to be at the core of ED development.



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Unhealthy family environments that aren't necessarily abusive can also contribute to the development of ED's. Overly rigid, perfectionistic parenting can cause children to come to believe that nothing they do is going to be good enough for their parents. This can set up children for a lifetime of striving to achieve perfection, at which time they hope they will receive their parent's approval. Perfectionism is a significant theme in the recovery of many ED sufferers. Additionally, children who are not taught that strong emotions are normal, and are also not taught how to cope with and appropriately display their strong emotions, can sometimes develop ED's as a way of expressing what they believe are unacceptable, but powerful emotions. Repetitive comments made by parents can bring about confusion and unhealthy thinking in the children who listen to them. For example, a mother who stands in front of the mirror and makes demeaning comments about her own body can send a damaging message to young girls, and fathers who regularly notice and make inappropriate comments about a woman's body also sends confusing and damaging messages to his daughter. Children who are rewarded with food, or who are given food for comfort when they are upset are being sent unhealthy messages about the role of food in their life. Teaching children that food is for our enjoyment and our nutrition, and that our bodies naturally tell us when they are hungry are being set up for success in their relationships with food. Certainly there are many ways that modeling and family dynamics can play into the development of an ED, but it is important to remember that it is not helpful to blame any parent for a child's ED.

Anorexia and Bulimia are to be taken seriously, as they are life-threatening illnesses. These illnesses cause severe and sometimes irreversible damage to the heart, liver, bones, kidneys, blood, electrolyte balances, menstrual cycle, and if not treated, can eventually lead to death for those who suffer with these illnesses.

Treatment for Eating Disorders must be tailored to the individual. For some people, weekly individual counseling/therapy is all that is required. Some therapists will include family members at certain times throughout therapy to address any unhealthy family dynamics that may play a contributing role in the ED struggle. For others, a treatment team will best serve the needs of the individual. This team might consist of a Psychiatrist,



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a Medical Doctor, a Registered Dietician, and a Therapist. Often treatment is focused on restoring/stabilizing weight along with addressing important core issues such as nutrition, self-esteem, body image, emotion regulation and management, healthy thinking, spirituality, repairing and restoring family relationships, building social skills, anxiety and depression.

Christian counseling, which would include addressing all of the core issues mentioned above, can be particularly effective as it points the patient to Christ as the ultimate answer to their pain. Christian counseling gently and lovingly assists the ED patient in developing an accurate view of God (which can be fundamentally damaged), self and others. It helps the patient to learn to see themselves as accepted by their Creator, offers guilt-ridding forgiveness and grace, and calls the patient into a life filled with purpose and meaning with Him.

If you know of someone who may be struggling with an Eating Disorder you should take action by expressing concern to the person about their health and well-being. It is important that you are prepared to listen to the individual, offer understanding, compassion, and encouragement, but never tell the person you know how they feel unless you too have battled an Eating Disorder. Keep in mind that Eating Disorders are not primarily about food, so just insisting, or forcing the person to eat does not solve the problem. If the person you are concerned about is showing signs of medical distress such as fainting, dizziness, chest pain, bone or joint pain, or significant weight loss in a short amount of time encourage the person to seek medical attention right away.

Recommended Reading List:

Beyond the Looking Glass – Daily Devotions for Overcoming Anorexia and Bulimia, by The Staff and Patients at Remuda Ranch.

Life Without Ed, by Jenni Schaefer and Thom Rutledge
Gaining: The Truth about Life after Eating Disorders, by Aimee Liu

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For Pastors and Other Helpers

Eating Disorders: A Handbook of Christian Treatment, by Edward J. Cumella, Marian C. Eberly, and A. David Wall (The Remuda Ranch Series on Eating Disorders)

For Parents

Take Charge of Your Child's Eating Disorder: A physician's Step by Step Guide to Defeating Anorexia and Bulimia, by Pamela Carlton, M.D., and Deborah Ashin

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