Helping Anorexics

by Elyse Fitzpatrick

In this article, the third in a series on sinful eating behaviors, I will attempt three things. First, I will sketch the common behaviors and the physiological consequences of that destructive pattern of life often termed "anorexia." Second, I will describe the most common ruling motivations or desires that drive this behavior. Third, I will offer advice on counseling methods. There are steps to take and things to watch out for if you are to truly help a person who presents the problem of anorexia. Don't be surprised if or when you find anorexics tough to counsel. Their patterns of behavior, belief and motivation are often deeply ingrained. Know that there is no more effective solution than God's; speak the truth in love patiently and persistently.

Without repeating what I said about psychological and medical labels in the previous article, let me simply remind you that the term "anorexia," as used here, is defined as a chosen behavior, not as a medical illness. Anorexic behavior may have severe, even fatal, physical consequences. You should urge counselees to seek medical counsel, diagnosis and intervention to monitor these consequences. But anorexia falls into the category of a chosen life-style, not an innocent victimization by a disease or trauma or genetics. Anorexia often generates real physical symptoms as do overeating, bulimia, and many other life-dominating sins. But it is not at heart a medical problem. Since anorexia is an elected behavior, you, as a biblical counselor, may feel confident that you have all the resources necessary for attaining God's goal; your counselee can be helped to a place of freedom and of usefulness to God and God's people.²

What is anorexia?

Anorexia is the practice of intentional, voluntary

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self-starvation. Often there are intermittent periods of bingeing and purging (the bulimia pattern). Medical doctors say anorexia is indicated by a person's refusal to maintain at least 85% of normal body weight. A young woman who is 20 pounds underweight may watch her diet obsessively and worry about being or becoming fat. Anorexia is most common among females 12–18 years old, hence my use of female pronouns. Eating habits typically become connected with other behaviors. For example, anorexics frequently develop ways to deceive others into thinking that they are eating. Because eating is usually a social activity, and not eating draws comments, food may be hoarded, concealed, deceptively crumbled in the pocket, or thrown away.

Since anorexia is a learned behavior, it is no surprise that a counselee's mother, sisters, classmates or college roommates may also struggle. "Being thin" and "looking good" are often stressed in the family of origin. Interestingly, anorexic patterns are typically found in western cultures where there is an abundance of food which is freely consumed. This behavior wouldn't "work" in Somalia, for instance, where there is true starvation and a desperate need for food among the people. It wouldn't "work" in Samoa or Tonga where the cultural ideal is what Americans would consider a rather "hefty" woman. Anorexic behavior usually starts as a response to a slight to moderate weight gain. Often the "pudginess" associated with normal female adolescence becomes an object of anxious concern to the girl and to those around her. The wiry 11-year-old becomes the rounded 15-year-old. She begins a pattern of dieting that can eventually become a slow form of suicide.

What are the consequences of anorexia? It is no surprise that starving oneself has serious physical effects. Continued practices of self-starvation usually result in loss of menstrual cycle, lowered body temperature, bloating of the stomach, slow heartbeat, low blood pressure and growth of a coat of downy hair. The mortality rate is approximately 15–20%; anorexia is nothing to dismiss lightly. As a responsible biblical counselor, insist upon a full medical examination as one of the first steps of counseling. Be sure that you are indeed dealing with anorexia and not with some physical problem that is affecting appetite. Be sure that the physical effects of self-starvation are being followed medically.

Among the usual steps that you would take in getting to know a counselee, pay particular attention to the following:

¹I recommend that readers review the first two articles in the series. Common themes run through the various eating problems; I will not restate in this article things previously discussed. See "Helping Overeaters" (*The Journal of Pastoral Practice*, XI:1 [Fall 1992], pages 51-56) and "Helping Bulimics" (*The Journal of Biblical Counseling*, XI:2 [Winter 1993], pages 16-20.)

² Galatians 6:1f. For fuller statement of the goals of biblical counseling, see Jay Adams's *Ready to Restore* (USA: Presbyterian & Reformed, 1981).

1. What is the counselee's relationship with God? Are you convinced of her salvation or is she only a nominal Christian? Is there any conviction of sin at all? Is there any evidence at all of repentance and faith? Does she have a legalistic view of God?³ Does she know God's love and care and have assurance of salvation? Often anorexics come for counseling only at their parents' request and lack a vital relationship with the Lord.

2. What is the history of food-related problems in her and her family? What sort of relationship does she have with her parents?⁴ Relationships with siblings? Do others have problems with food and weight? What were the circumstances surrounding the initial onset of anorexic behavior? What is her current exact weight and pattern of behaviors? Are there attendant physiological problems currently?

Knowing these things will help you construct a picture of the quality of her relationship to God and the scope and span of her eating problems.

Let me remind you as well to pay particular attention to the agenda of counseling. You will often need to spend time negotiating the agenda. She or her parents may be seeking only temporary relief from frightening physical deterioration or from bondage to a compulsion that is socially humiliating. If the anorexic is being brought in for counseling by concerned relatives, she may have little or no desire to change. She may seek to deceive you as she seeks to deceive others. You will have to make the case for *biblical* change, and not assume your counselee understands or agrees. You must work toward a goal of complete restoration of her life to God and godliness. This will necessitate working in all areas of her life, as with any life-dominating sin, not simply addressing her eating problem.

What motivates anorexic behavior?

Anorexics are sometimes calculating and sometimes blindly driven. In either case, seeking to understand patterns of motivation can bring light both to counselor and counselee. In what follows I will describe three patterns of lusts of the flesh and false beliefs that typically motivate anorexics.

1. Anorexics are typically very confused about "perfection."

Many girls practice these kinds of habits because they have a desire to prove that they are superior and perfect and are able to control the distasteful bodily impulses that dictate to everyone else. She may say in her heart, "I'm better than the rest of my family. I can control my eating and my exercise—my body doesn't rule me." She may be confused about whether her body is inherently good or evil,⁵ whether eating is good or evil,⁶ and whether looking like a full-grown woman (and therefore possibly being attractive to men) is good or evil.⁷ You should explore her view of perfection, success-failure, good-bad, and normal-abnormal. Anorexics often live out complete misunderstandings of life, and biblical counseling must aim to create true understanding.

Even though Jesus commanded perfection, "Be perfect, therefore, as your heavenly Father is perfect,"8 selfstarvation is not a reflection of God's holiness and perfection. It is rather a harsh treatment of the body to try to establish some higher moral ground which, in fact, is linked with pride. There are no standards higher than God's standards. There is no discipline or holiness that is more perfect than His. Remember Isaiah 55:8,9, "'For My thoughts are not your thoughts, neither are your ways My ways,' declares the Lord. 'As the Heavens are higher than the earth, so are My ways higher than your ways and My thoughts than your thoughts." To embrace a standard of behavior which identifies as sinful what God has not only allowed but blessed is to embrace a sinful lower standard, not a higher one. Your counselee can't be more disciplined or consistent or holier than

Paul taught the Colossians that severe treatment of the body did not establish any form of superiority or perfection. "Do not handle! Do not taste! Do not touch!... These are all destined to perish with use...such regulations indeed have an appearance of wisdom with their self-imposed worship, their false humility and their harsh treatment of the body, but they lack any value in restraining sensual indulgence." This harsh treatment of the body is of no value against fleshly indulgence. In fact, the only thing that this embracing of a "higher standard" engenders in the heart is *pride*: pride at her ability to refuse what others need, pride at her ability to control situations and prove her own strength. Instead of boasting in her heart about her severe self-restraint, she must learn to boast in the great Lord. "Let not the

³ The patterns of legalism that Edward Welch describes in "Is Biblical-Nouthetic Counseling Legalistic?" (*The Journal of Pastoral Practice*, XI:1 [Fall 1992], pages 4-21) are often present in anorexics.

⁴Eating problems in adolescents and young women may open doors into many sorts of family problems that counseling must address: anger, fears, lack of communication, etc.

⁵Genesis 1:31.

⁶I Timothy 4:3-5.

⁷Genesis 1:27 and 31.

⁸ Matthew 5:48.

⁹Colossians 2:21-25.

wise man boast of his wisdom or the strong man boast of his strength or the rich man boast of his riches, but let him who boasts boast about this: that he understands and knows Me, that I am the Lord, Who exercises kindness, justice and righteousness on earth, for in these I delight."¹⁰ Is she trying to establish herself as god in her situation? Instead she should learn about His kindness, His justice and His righteousness.

You may find your counselee trying to be the "perfect little girl." She may dress in the fashion of a child; she may try to hide her femininity and, indeed, may even act like a little girl. This heart-idol, "I'm a perfect little girl," must be crushed. In its place she needs a true relationship with God which recognizes her femininity as a gift from the Lord, her own sinfulness, her utter dependence upon God and others, and her place as the Lord's handmaiden. Further, she must see that her starvation is really just another, more nefarious and deceptive self-indulgence. She is indulging the desires of her heart to control others, to establish her own righteousness and to prove her own superiority. This is selfindulgence, and the pleasure she enjoys making food for others and watching others eat, knowing that she is above it, is just as wicked as greedy overeating.

2. Anorexics often express a lust to control, manipulate and express their displeasure with life's circumstances.

The narrative of King Ahab and Queen Jezebel's struggle with Naboth over his vineyard¹¹ gives us one picture of how refusing to eat can be used to manipulate others. Wicked King Ahab desired his neighbor Naboth's vineyard. When Naboth refused to turn the vineyard over to Ahab we read, "So Ahab went home, sullen and angry because Naboth...had said,'I will not give you the inheritance of my fathers.' He lay on his bed *sulking* and *refused* to eat." Of course, you know that Ahab's doting wife noticed his refusal to eat and his sulking; she schemed to kill Naboth and get the vineyard for the King anyway. Ahab was not "anorexic" in the modern sense, but this refusal to eat is very similar to how anorexics angrily try to manipulate situations to get their own way.

I know of one case where a daughter began to starve herself because she was upset over the abusive way her father was treating her mother. She felt that she couldn't stop her father's angry outbursts through legitimate means, so she tried to make him stop by making him more concerned with her while demonstrating her displeasure with him at the same time. I know of another

Further, I Samuel 1:6–18 points out that Hannah acted out her "bitterness of soul" and "irritation" with her husband and his other wife (and ultimately with the Lord) by refusing to eat. Note verses 6 and 7, "And because the Lord had closed her womb, her rival kept provoking her in order to irritate her. This went on year after year. Whenever Hannah went up to the house of the Lord, her rival provoked her till she wept and would not eat." Once again, I'm not supposing that Hannah was anorexic, but she also refused to eat in order to demonstrate her displeasure with God's will for her life (childlessness) and her rival's seeming triumph over her. This narrative is particularly interesting since it also demonstrates the biblical pattern to put on, which is: (verse 9) she decides to eat with her family; (verse 10) she prays and pours out her soul to the Lord; (verse 11) she gives over the very thing that she has been lusting for to the Lord; (verse 18) she eats again and her face is no longer downcast; (verse 19) she worships the Lord and waits thankfully for His salvation. The behaviors you should encourage in your counselee are consistent, disciplined eating with the family, prayer and wrestling with God and herself to humbly, graciously and willingly subject herself to God's will for her life; a thankful, worshipful heart and a complete turning over of the desired object to God's sovereign will. You should seek to discover whether your counselee is in "great anguish and grief"¹³ over some situation in her life. Teach her how to be thankful and trusting while praying earnestly about it.14

3. Anorexics often are ruled by ungodly fears. Ungodly fear and anxiety are a result of living to

case where a young woman is beginning to practice anorexia (along with the abuse of diet pills) as merely the latest in an ongoing series of attempts to manipulate her weak, overprotective mother and gain sympathy. The question you need to ask your counselee (not necessarily in so many words) is "What are you trying to accomplish or who are you trying to control by practicing this behavior?" She must be taught that she does have legitimate arenas of responsibility, one of them being the care of her own body, God's temple and that there are areas that are not her responsibility or within her purview. Her desire to manipulate and control other people's lives is sinful. At the heart level, then, there is a lack of trust—she may believe that if she doesn't control these things and get her way everything will fall apart. You could guide her to Jeremiah 17:5-8 which pointedly addresses the folly of trusting in self (and others) rather than trusting in God.

¹⁰ Jeremiah 9:23.

¹¹ I Kings 21.

¹² I Kings 21:4.

¹³ I Samuel 1:17.

¹⁴ Philippians 4:6-9.

please ourselves. Your counselee must learn to fear God rather than fear any supposed loss of power she may have over others or any prideful "uniqueness" this condition affords her. 15 She must also learn to demonstrate love for others by serving them, whether she believes that she will lose the "upper hand" or not. 16

To illustrate this point, let me relate my experience in a counseling session with an anorexic. I had progressed in an initial session to the point where I was beginning to wrap up our conversation. I assumed that we had made good progress. We had discovered some of the reasons behind her behavior; these included manipulation of her family and anger with a family member. We had discussed positive steps to overcome her slavery to anorexia which she used to control her situation. We had also discussed appropriate ways to handle her anger. I asked her if she had any questions before we would pray and be finished. She said, "But...what if I gain weight?" This fear of gaining weight and of losing her uniqueness had to be addressed in this first session. I spent time with her discussing the issue of God's ownership of her body and of her responsibility to treat it with care—not so that she would only feel better but so that she would be able, physically, to obey His commands upon her, which included caring for several pre-school children. Ungodly fears are always overcome by loving service to God and a sincere fear of the Lord.

Specific steps to take in counseling

- 1. Insist that she visits a physician and obtains the following information:
 - a. Her optimum goal weight.
 - b. A reasonable time frame in which to attain her goal.
 - c. A diet plan including food exchanges (amounts of specific foods to be eaten) and any vitamin supplements which she should take.
 - d. Physiological changes which she may anticipate as she begins to eat again—i.e., bloating, constipation or diarrhea—and the duration of these changes.
 - e. Appropriate levels of exercise (calories burned per week). This is especially important in the girl who exercises to extremes.

(You need to have a reliable scale in your office which

you will use to measure her progress. A male counselor should have a woman present to weigh counselees since most women would object to being weighed by a man. Weight losses or gains may be recorded on a weekly goal card which may be given to the counselor.)

- 2. Review the physician's plan for eating and exercise, being sure that your counselee is willing to comply with the instructions and is willing to be accountable to record the food and exercise in a weekly diary which she will give to you. She must record any binges or any time which she ate wrongly (only eating one piece of cake all day; or overeating a dessert) and then exercising (running 10 miles) to work it off. She must also record any time which she pretended to eat and was being deceptive (crumbling up food in a pocket; hiding food in a napkin and throwing it away later). Do not assume that she isn't struggling with dishonesty. Ask her specific pointed questions about deceptive behavior. Remind her that although she may be deceiving her family she is not deceiving God and is instead reinforcing her own habitual and self-defeating rebellion.
- 3. Have her list her personal goals for addressing the behavior. If all she wants to do is gain some weight (so she can starve herself safely again) or feel better, or if she is just trying to get her parents or husband off her back, you will need to negotiate the agenda. Remember that you are working toward the goal of training her to live life to be pleasing to God. Anything else will fall short of God's plan for her usefulness in His Kingdom.
- 4. In a session with her parents/husband reinforce their role in her growth:
 - a. They are to pray daily for her and with her, teaching her to give thanks and trust God for her victory not only over this behavior but also over the motivations which occasion the behavior.
 - b. They are to begin to hold a regular conference table, seeking to establish good communication. Parents should lovingly teach daughters where their responsibilities end and where the parents' begin. Parents and children are not responsible to control one another.
 - c. Parents (especially mothers) or husband should confess any sinful emphasis on outward perfection or looking good which they may have modeled or taught. This emphasis on "cleaning the outside of the dish" is pharisaical and must be avoided. They should also confess any sinful nagging or manipulation in which they have participated. In any case where they have been manipulated by her starving, they should confess that as sin, asking for forgiveness and stating that they are no longer going to be manipulated by her behavior.
 - d. Parents/husband should confess any worry or

¹⁵Luke 12:4,5. She is not to fear anything physical (especially any natural weight gain), but she is to fear God. See also Matthew 25:14-30 (especially verses 25 and 26); I Peter 3:1-16; Deuteronomy 5:29.

¹⁶ Jay Adams's pamphlet, "What To Do When Fear Overcomes You" (USA: Presbyterian & Reformed, 1975), is particularly helpful in this area. Her life is not to be spent in fear of losing control over others but in humble service to them.

fear on a daily basis. They should perhaps keep track of patterns of worry, fear or nagging which are to be put off. They should also get a plan for prayer, thanksgiving, and disciplined thinking which are to be put on. Have them list ways they can demonstrate love and service to her without giving in to manipulation by her.

- e. Once she has begun to record her eating and exercise, they are not to nag her or "remind" her about it. If she asks for help, of course, they may help her; but nagging will not be profitable. Check with them, and be sure that they are keeping their commitment to let her keep hers.
- 5. Have her list anything which she feels she may "lose" by giving up this behavior (i.e., control, uniqueness, attention, thinness). These are the things which you may identify as ruling motivations or "idols" which will require continual repentance and confession along with teaching on putting-off/on. After discussion and prayer she should offer these things to the Lord. Help her then to see the wonderful blessings of God which rest upon those who are obedient and live sacrificial lives of service.
- 6. Reinforce both hope and responsibility in every session. She can have hope because she has God's promise to help her as she trusts Him and chooses to obey Him. She is also, therefore, responsible before Him for her behavior. She should put off any habits of self-pity and blame-shifting which lead to starvation.
- 7. Consistently teach the difference between sinful fears and godly fear. Have her do a study of godly fear and the blessings available to those who fear the Lord.

Conclusion

Of course, there may be many other areas which

counselors need to address in particular cases. Some anorexics have severe problems with depression, a depression that is a by-product of living selfishly and also a physical effect of starvation. You will often face dishonesty and deceit: a counselee may habitually say, "I've already eaten," when she hasn't. You will face selfdeception: the counselee who believes herself when she says, "I look so fat." You will face blame-shifting: "If only my parents would...then I wouldn't..." Your anorexic counselees may be very isolated and lonely: people who are self-absorbed don't make very good friends, and sin breaks fellowship with God and people. 17 Of course, anorexics will often feel hopeless. Wherever idol worship and unbelief control, slavery results; slavery breeds despair. What started out as a way to obtain sympathy or to look like a cover-girl model or to control life or to express anger covertly has now come to dominate and determine her life. She may actually believe that she is now unable to control her anorexia. Each of these aspects of an anorexic's problem is thorny. But each is within the scope of biblical wisdom. The Holy Spirit is about the business of communicating forgiveness, hope, and the power to become honest and loving. You must know the anorexic and love her. In that context you must teach her that God both holds her responsible for her actions and enables her to overcome this bondage as she submits herself to Him.

Be encouraged that as a biblical counselor God has given you everything you need to spur your counselee on toward a life of love and generous good deeds, that she might grow in the love and knowledge of Jesus Christ her Savior.

¹⁷ I John 1:7.