# Biblically Overcoming Anorexia and Bulimia[1]

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[1] 
This material has been excerpted from the course "Crisis Counseling II" by Jim Berg. The course is a part of the Biblical Counseling Series available from the Extended Education Division of Bob Jones University (1-888-253-9833).

# PART ONE:
# Understanding the Nature of Anorexia and Bulimia

## I. Anorexia Nervosa

**A. Definition**—"deliberate self-starvation resulting in severe weight loss"

### Diagnostic Criteria for Anorexia Nervosa[1]

1. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).
2. Intense fear of gaining weight or becoming fat, even though underweight.
3. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
4. In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen, administration.)

*Specify* type:

Restricting Type: during the current episode of Anorexia Nervosa, the person has not regularly engaged in binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Binge Eating/Purging Type: during the current episode of Anorexia Nervosa, the person has regularly engaged in binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

**B. General Information**

1. **Age:** Anorexic behavior can start during prepuberty through early 30s, though both of these extremes are rare. It is more common during early to late adolescence.
2. **Incidence:** ANRED (Anorexia and Related Eating Disorders Organization) reports that roughly 1 in every 100 white females (ages 12–18) is anorexic. Most common ages are 14 (onset of high school) and 18 (onset of college). Approximately 5–10% of anorexics are male. While it can occur in other populations, the majority of anorexics are white, upper and middle class young people in affluent cultures.
3. **Complications:** Weight loss may necessitate hospitalization when death by self-starvation is likely. The death rate due to anorexic behavior is 5–18%.

**C. Physical Characteristics**

1. **Digestive problems** develop when the bowels become dependent upon laxatives and thus lose their normal tone and peristaltic motion. Constipation and other gastric discomforts are common, often as a result of a lack of digestive enzymes, dehydration, and insufficient material in the bowels.

[1] *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.* (Washington, D.C.: American Psychiatric Association, 1994), pp. 544-45. Please note that the use of *DSM-IV* criteria does not imply endorsement of the secular view that anorexia and bulimia are "illnesses." The *DSM-IV*, however, provides good diagnostic descriptors for these two behaviors, which help identify them. Knowledge of these criteria will also help the Christian counselor be on common ground when talking to secular physicians or when dealing with secular therapists if for some reason the counselee is already in the midst of some kind of secular treatment when the Christian counselor is brought into the picture.

2. **Skin** may appear yellowish and, as a result of dehydration, be very dry and rough. Lanugo hair (downlike white fuzz) may develop as the body tries to provide insulation for itself in the absence of the natural fat layer under the skin. As her weight drops, the anorexic may experience a body temperature drop (hypothermia) as well. Hair may be lost but should return when body weight goes up again.
3. **Menstruation** ceases in some cases even before significant weight loss occurs. Amenorrhea may result from the emotional strain caused by the anorexic behavior and from the loss of body fat, which affects menstruation.
4. **Cardiovascular problems** arise when altered electrolyte levels (sodium, magnesium, calcium, potassium)[2] produce cardiac arrhythmia (irregular heartbeat). Slowed heart rate (bradycardia) and low blood pressure (hypotension) are also common. Many anorexic deaths are the result of cardiac arrest. Poor nutrition is a factor in anemia, which is common with anorexics. As the body mobilizes more fat into the bloodstream to be burned, cholesterol levels rise. Low blood sugar can also be a problem.
5. **Brain** functions are affected as malnutrition begins to affect the nervous system. Anorexics can experience forgetfulness, shortened attention spans, confusion, slowed thinking processes, and delirium.
6. **Glandular dysfunctions**, especially thyroid problems, increase. Thyroid abnormalities can affect energy levels, body temperature, and skin and nail conditions.
7. **Many other abnormalities** appear that affect the liver, hormone levels, water retention, and other bodily functions and organs. Kidney failure is possible if body weight gets low enough—50 pounds or so.

**D. Predisposing Elements**

1. **Family background**
   - No single set of parental characteristics is universally present in families with anorexic girls, but the following patterns are frequently observed.

   a. Often parents are not modeling biblical problem solving or emphases themselves.
      1) Anorexia is more likely among girls who have excessively thin or obese sisters and mothers or who are in families where food is in some way made an issue (emphasis on nutrition, dieting, etc.).
      2) Parental conflicts in the family breed fear in the daughter, who then desires to bring some measure of "control" into her life.

   b. Often parents are overprotective (every need and action is excessively monitored), rigid (expectations are enforced but conflicts are not resolved; "keeping the peace" becomes the goal of the child), and enmeshed (child and parents appear "close" but are excessively dependent upon one another).
      1) The "good girl" who wants to please her parents either feels she is constantly failing and must "control" something (her body), must "punish herself" for her failure, or inwardly rebels at the high expectations she is measured against and uses her sinful eating habits to "punish" her family and assert her autonomy (i.e., "You can tell me what to do if you want, but you can't make me eat or make me keep it down.")
      2) High, biblical standards are not the cause of the problem here—how they are enforced and how the child is supported while under the weight of high expectations is the problem. A "good girl" doesn't seem to need attention or support—after all, she never seems to "be a problem."

2. **Previous overweight condition** (in about 1/3 of cases)

[2] "Potassium deficiency produces muscle weakness, abdominal distension, nervous irritability, apathy, drowsiness, mental confusion, and irregular heartbeat." (Patricia A. Neuman and Patricia A. Halvorson. *Anorexia Nervosa and Bulimia: A Handbook for Counselors and Therapists*, NY, NY: Van Nostrand Reinhold, 1983). Potassium deficiencies can produce musculoskeletal problems (spasms, pain, and atrophy) as well.

3. **Cultural emphasis** upon
   a. Success (high expectations)
   b. Physical fitness, nutrition, slimness, and calorie counting

> "A person has only to turn on the television set and view the vast array of commercials for diet pills, diet pop, diet foods, diet beer, and diet clubs. In these commercials, both the men and the women are shown to be extremely thin, beautiful, popular, and happy. Our newspapers and magazines are overflowing with diet information, in both the advertisements and the feature articles. At the same time, we are deluged with messages luring us to eat, eat, eat. The covers of women's magazines alternate between pictures of pencil-thin models and enticing desserts! The neighborhood junk food palaces institute major promotional campaigns promising us a great day if we chow down their malts, fries, and burgers. So to 'treat' ourselves, we are to eat heartily, but woe to the woman who doesn't somehow manage to maintain a slim, trim body in the process."[3]

**E. Emotional and Behavioral Characteristics**

1. **Control**—the most dominant characteristic
   - Perfectionistic, "model child" —most consistent trait, though not always present
   a. Strong desire to please people: Her parents would say, "She has never given us any trouble." Control and security are such big issues that she takes very few risks and never gets into trouble.
   b. Overachiever: Depression or panic (anxiety) are common when experiencing something that threatens control or success.
   c. Compulsive behavior: excessive cleanliness, orderliness, exercise, academic achievement. These behaviors are often carried out with some form of ritual, which gives the anorexic a stronger measure of control.
      1) Knowing her own "rules of life" makes her feel more secure (reaction to fear).
      2) Since "bad things" happen to "bad people," she attempts to guarantee "good things" by being "good."
   d. Delayed sexual development: "Keeping the little-girl body" is seen as a way to control or delay adult responsibility and male attention (again a reaction to fear).
2. **Deception**—most common way of covering failure to control something

**F. Precipitating Elements**

1. **Stressful life situation**—loss of control with poor (unbiblical) problem-solving skills
   a. Family conflicts
      1) Parental and family problems not only attack her security but
      2) Is an evidence that the family does not know how to solve problems biblically. It is unlikely, therefore, that she will know how to handle problem situations biblically.
   b. Major losses
      1) Loss of girlfriend or boyfriend
      2) Family moves during adolescence
      3) Comment by someone that she should lose some weight (perceived rejection because of her "looks")
      4) Incest or rape
2. **Physical changes**
   a. She may wish to continue losing weight as she did while being sick.
   b. The onset of puberty may make her fearful about becoming a woman.

[3] Neuman, p. 25.

## II. Bulimia Nervosa

**A. Definition**—"a behavioral pattern of binge eating followed by some effort to reverse the consequences of the binge (vomiting, use of laxatives, etc.)—with or without weight loss"

**Diagnostic Criteria for Bulimia Nervosa**[4]

1. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
   a. Eating, in a discrete period of time (e.g., within any two-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances
   b. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)
2. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.
3. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for three months.
4. Self-evaluation is unduly influenced by body shape and weight.
5. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

*Specify* type:

Purging Type: during the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or misuse of laxatives, diuretics, or enemas.

Nonpurging Type: during the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

**B. General Information**

1. **Age:** Begins later than anorexic behavior. Most common starting age is 18, when major life changes are taking place (college, career, leaving home, etc.), although some begin as early as 15. Many bulimics have been anorexic earlier.
2. **Incidence:** ANAD estimates that between 20–30% of college women are involved in bulimic behavior.[5] About 5-10% of bulimics are male. It is most common in men who must keep weight down for sports or some profession where weight is important (modeling, acting, etc.).
3. **Complications:** In addition to the physical problems discussed below, occasionally death can result because of cardiac arrhythmias or other complications resulting from dehydration or imbalances in the electrolyte levels.

**C. Physical Characteristics**

- Most of the physical problems of anorexia (discussed previously) apply to bulimia as well. Frequent vomiting, however, creates additional complications.
  1. **Tooth enamel** is eroded by the hydrochloric acid from the stomach. Tooth pain and discoloration result.
  2. **Esophagus** tears and inflammation (esophagitis) are common. Though rare, hiatal hernias have been reported as well.
  3. **Stomach ruptures** from overextension during binges have occurred.

[4] DSM-IV, pp. 549-50.
[5] Neuman, p. 48.

4. **Facial puffiness** as a result of swollen parotid (mumps) glands and submandibular or submaxillary glands give the face a chipmunk look.
5. **Blood sugar levels** may fluctuate enormously as binges of "sweets" are followed by vomiting.

- Of special concern with the bulimic is the fact that low electrolyte levels and other life-threatening imbalances can occur without noticeable weight loss. Thus, their true physical condition needs to be assessed immediately by a physician.

# Comparison of Bulimia and Anorexia[6]

| Anorexia | Bulimia |
|---|---|
| 1. Refusal to maintain recommended minimal weight | 1. Normal or near-normal weight<br>• May be overweight |
| 2. Started at younger age | 2. Started at older age |
| 3. Loss of menstrual period | 3. Menstrual period may or may not be lost; irregularities common |
| 4. Distorted body image common | 4. Distorted body image uncommon |
| 5. The existence of a food-related problem is generally denied | 5. Eating recognized as being abnormal |
| 6. More self-control | 6. More impulsivity (alcohol and drug abuse common) |
| 7. Anemia and vitamin deficiencies rare | 7. Anemia and vitamin deficiencies uncommon but not as rare |
| 8. Vomiting less pervasive | 8. Greater incidence of vomiting and other purging behavior |
| 9. Eating rituals | 9. Generally appear to eat in a normal manner when not bingeing and when eating in public |
| 10. 4-25% mortality rate | 10. Mortality rate not determined |

**D. Emotional and Behavioral Characteristics**

**1. Desire-oriented living**

a. Lack of self-discipline

b. Pursuit of pleasure in the midst of unpleasant situations. Food and sex are the two quickest forms of pleasure known to man. Once the habit develops, however, there is often little pleasure in the food itself since it is eaten so quickly. It is pursued then because it is a "safe" and comfortable ritual, which momentarily reduces the tension in her life as her attention is focused upon planning and executing her binge and forthcoming purge.

**2. Deception**

a. Bingeing in secret—Binges are never done in public. Often bulimics desire to eat alone so no one will notice the amount of food consumed.

b. Purging in secret—A bulimic can get quite frustrated if someone should join her at the end of a meal and thus prevent her from going somewhere to throw up. She can become quite panicky as a result. She must constantly think up excuses to be excused immediately after a meal in order to purge.

c. Stealing in secret—To support her bingeing, some girls resort to stealing from roommates and even from stores. Some women report binges costing $100 per day.

d. Excuse making

[6] Neuman, p. 64.

e. Distorted problem solving—Eventually many bulimics try solving every pressure with a binge/purge cycle. It becomes the sole source of gratification/relief amid difficult situations.

**E. Predisposing Elements**

- Most of the elements that are predispositional factors in anorexia apply with bulimia as well. In addition to those the following are often characteristic for bulimics:
  1. Frequently parents of bulimics are obese.
  2. Parents of bulimics have a higher frequency of depression than others.
  3. Adult bulimics most likely experienced some obesity in adolescence.

**F. Precipitating Elements**

1. Often stressful situations are the precursor to heavier eating.
2. Fear of obesity from the overeating leads to "shortcuts" to weight loss—one of which is purging.

# PART TWO:
# Biblically Overcoming Anorexia and Bulimia

## I. Counseling Philosophy: These eating behaviors become life-dominating sins.

Anorexia and bulimia always have destructive effects on the body's health but are not diseases in themselves. Rather, they are sinful patterns of misdirected control that the counselee has developed in order to solve problems that have arisen in her life. Biblical counselors approach these eating behaviors much as they would alcoholism, compulsive gambling, homosexual lifestyles, etc. They, too, are sinful patterns that require the following measures:

1. Restructuring of the counselee's life to avoid temptation and to break sinful habits.
2. Individual discipling toward a reconciled and growing relationship with Jesus Christ and to learn God's methods of problem solving.
3. Practicing new patterns of problem solving until they become habitual responses.

Sinful habits are changed when the counselee repents of them, makes herself accountable for indulgence in her sinful behavior, and submits herself to godly counsel. The expectations and responsibilities outlined for her by her counselor should restructure her life so that old, sinful habits can be "put off" and new, God-honoring habits can be "put on" as she "renews her mind."

Because of their deceitful and destructive nature, the following behaviors are sinful for an anorexic or bulimic and, therefore, must be rejected by her. She should be expected to refrain from the following:

- Purging (vomiting)
- Bingeing
- Starving (fasting, refusal to eat)
- Hiding food
- Manipulating weight
- Not following prescribed meal plan
- Underserving/overserving
- Using laxatives
- Using diet pills
- Using diuretics (water pills)
- Compulsive exercising

Study through *Love to Eat—Hate to Eat* by Elyse Fitzpatrick (Eugene, Oreg.: Harvest House Publishers, 1999) for a biblical overview of eating disorders.

## II. Medical Attention

**A.** **Physical Examination** is important for every situation to determine electrolyte levels, to investigate other possible side effects of the eating behavior and to make nutritional and exercise recommendations for weight gain if the girl is anorexic.

**B.** **A 1200 Calorie Diet** (often based upon a diabetic exchange plan) is recommended in some resident treatment plans. A plan of less than 1200 calories per day will leave bingers hungry, setting themselves up for a fall. A diet of 1200 calories will maintain an acceptable metabolic rate so that further weight is not lost. This plan often includes a 200 calorie per week increase until normal weight for her is reached and stabilized. A physician should be involved to recommend what is best for each case.

**C.** **Hospitalization** is imperative if her weight is 25% below normal for her age and build.

"Key factors to consider when making this decision [of hospitalization] are (1) the rapidity of the weight loss (rapid weight loss being the more dangerous); (2) the presence or absence of obesity prior to weight loss (an obese individual can tolerate a greater weight loss); (3) the physical status of the individual—this must be checked by a physician and includes testing for potassium deficiency, dehydration, cardiac irregularities, etc.; and (4) the presence or absence of starvation symptoms."[1]

[1] Neuman, p. 69.

If the girl is already suffering the confusion and labored thought processes of starvation, the physical effects of the eating behavior must be reversed before she can benefit much from any counsel she might receive.

**D. A Workable Plan at Home**[2]

"The medical management of weight gain is sometimes done in a hospital. . . . However, the family is actually the best help to reverse the process. Verbal pressure to force her to eat must be replaced with appropriate rewards for eating and punishment for failing to eat. If a person will not gain weight in a properly structured home life, then consultation with one's personal physician and hospitalization may be needed. A difficulty arises here in that many physicians will want to call in psychiatrists and psychologists for further help in managing the problem. The person with anorexia needs to be warned (without nagging or pressure) that if she does not handle the problem in a biblical way, this may happen."

"Even when hospitalized the home management conditions should be continued. The physician should instruct the hospital staff that anyone in contact with the patient must follow this procedure. Food trays are taken to the patient without comments about her eating. Detailed records of all she eats and drinks are kept, along with her daily weight. She should be praised when she eats the food served. Privileges are also given or lost depending on eating. Discussions with her center on things other than food (i.e., what she is doing, what she likes about it, other things she likes to do, school, social activities, etc.). In such conversations, conflict areas may surface. These should be reported to the physician and counselor. The bottom line of the reward and punishment system is that if weight doesn't level off and start climbing, the counselee will have to be fed intravenously. This will be continued until she changes her actions, begins eating, and the weight begins to stabilize and increase."

"Even though the home or hospital atmosphere is calm and relaxed without criticism of failure, counseling is not stopped. It should be continuing throughout each step, as it is not separate from the medical problems. If there is a refusal to follow the structure to produce a weight gain, this means either the underlying problems have not been determined and handled biblically or the counselee is resisting obedience to God's Word."

## III. Counseling Strategies

- Counseling strategy generally follows the flow of issues suggested by the chart "Getting to the 'Heart' of the Problem" on page 12.
- When dealing with life-dominating sins and the "normal" things don't seem to work, don't jettison the "normal" things. Intensify the "normal" things.

**A. Data Gathering** to determine "The Problem Situation" (box #1 on the chart on page 11)

1. Information Forms
   - These forms will take some time to fill out, especially the second supplemental data sheet, which requires some written essay work and several lists. They help the counselor get an overview of the counselee's problem and let the counselee see the seriousness of her behavior.

   a. Use the **Personal Data Inventory,** PDI, (page 16) and the **Eating Behavior Supplemental Data I** (page 20) sheets. They will tell you the following:
      1) When and how she started the behavior.
      2) What weight fluctuations she has experienced.
      3) What means she has used to manipulate her weight.
      4) Her attitudes about normal and binge eating.
      5) Concurrent alcohol, drug abuse, or stealing problems.
      6) Self-destructive behaviors and suicide attempts.
      7) Her fears of losing "control."
      8) Previous counseling/medical interventions.

   b. The **Eating Behavior Supplemental Data II** (page 25) sheet will tell you the following:

[2] Bob Smith, MD, "Anorexia Nervosa" in *The Journal of Pastoral Practice,* Vol. VI, No. 3. Laverock, PA.: Christian Counseling and Educational Foundation. pp. 28-29.

1) Deceptive and destructive elements of her eating habits.
2) The extent to which she tries to "control" her life and eating habits.
3) What foods are "forbidden" in her mind.
4) What a "typical day" looks like for her.
5) What feelings she is reacting to.
6) The extent to which her job, family, school, and relationship with God have been affected.
7) What she eats, when, and why.

2. The Counseling Interview
   a. Inquire about her salvation.
   b. Explore any predisposing and precipitating factors.
      1) Family problems
      2) Significant losses or traumas[3]
      3) Physical illnesses
   c. Get agreement with her that she will see a physician right away.
   d. Explore other areas of possible indulgence: masturbation and any other sexual activity, substance abuse, rebellion to authority, desire-oriented music, dishonesty at home and school, television and movie viewing habits, magazines and other reading materials.
   e. Help arrange to have someone eat with her every day and stay with her for at least one hour after she has eaten to insure that she does not purge.
   f. Build hope right away.

**B. Counseling Issues[4]**

**1. Emotions, Behavior and Thinking** (boxes 2–4 on "Getting to the 'Heart' of the Problem" on page 11)
   a. Identify perfectionistic/controlling traits that show she is ruled by fear.
   b. Identify anger toward any predisposing and precipitating elements.
   c. Point out her wrong view of her body (sexuality, health).
   d. Identify depression issues: how does she handle her losses?

**2. Ruling Desires/Lusts** (box 5 on "Getting to the 'Heart' of the Problem")
   - Pleasing God vs. Pleasing Self
   - Look for the clenched fist (pride) that says, "I'm going to make life work my way—without God!"

   a. Pride demonstrated in manipulation
      1) Punishing others
      2) Using others (spoiled)
      3) Rescuing others
   b. Pride demonstrated in perfectionism
      1) Perfect body
      2) Perfect behavior
   c. Pride demonstrated in self-indulgence (bulimia)
      1) Indulging in the binge (solving initial problems her way)
      2) Indulging in the purge (solving problem of overeating her way)

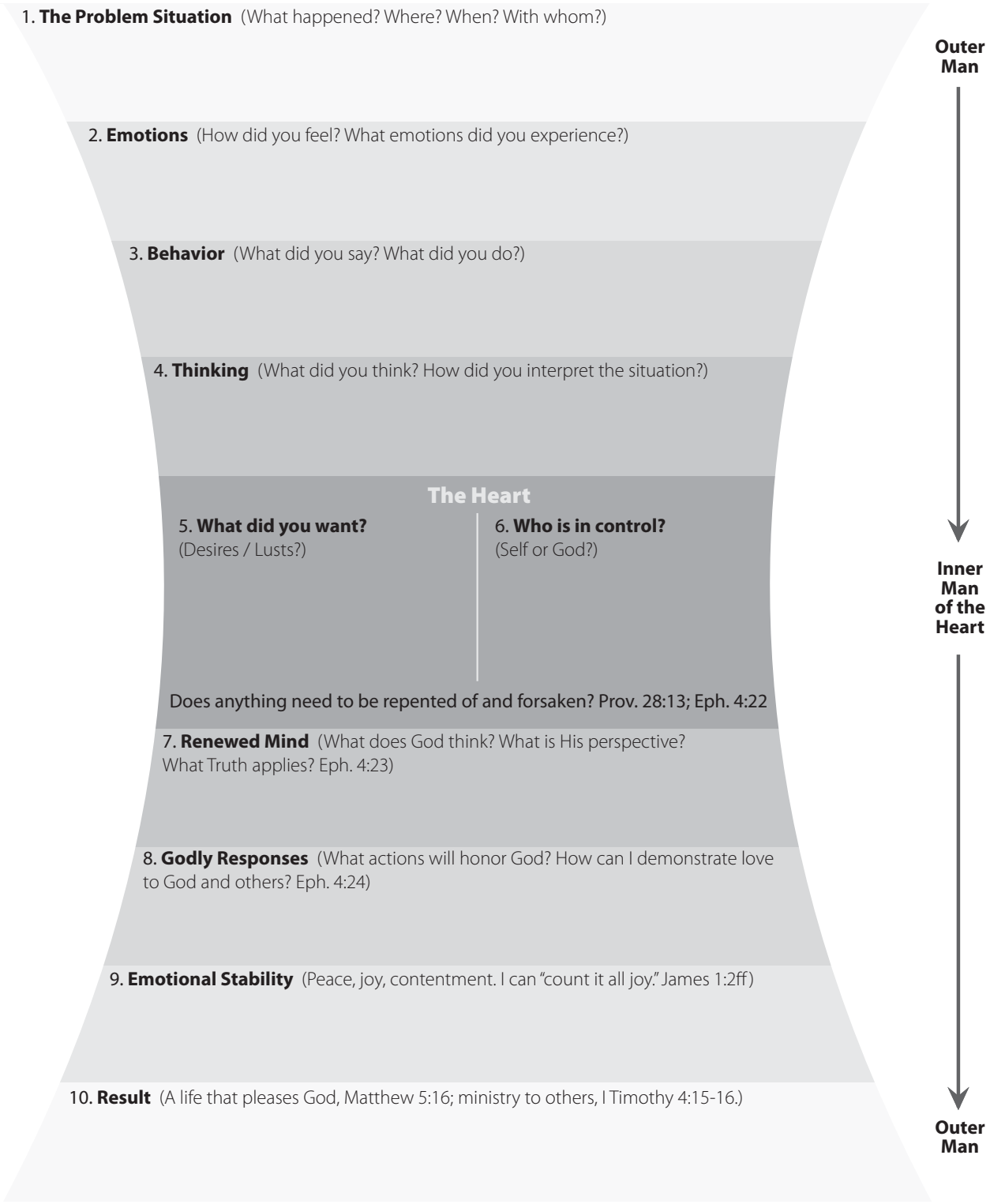
   - Her "short-cut" method (purging) of avoiding the consequences of her sins (bingeing) initially short-circuits God's sowing-reaping principle until the habit becomes enslaving.

**3. Submission to God/Giving up Control** (box 6 on "Getting to the 'Heart' of the Problem")
   a. Repentance toward God and others
   b. Reconciliation with God and others
   c. Restitution

[3] If her life includes sexual abuse, you can find the information needed to help her in the video course entitled "Crisis Counseling I" from the Biblical Counseling Series produced by Bob Jones University.

[4] These issues are covered at length in the twenty-four sessions of *Quieting a Noisy Soul*. See page 16 of this syllabus for specific details about getting started using this personal counseling tool.

# Getting to the "Heart" of the Problem



d. Restriction
e. Radical Amputation[5]

4. **Help her learn to renew her mind** (box 7 on "Getting to the 'Heart' of the Problem") about the ruling desires of her heart once she has repented of them and is willing to get God's perspective of them. Some of the following topics may need to be addressed from a biblical viewpoint as well.
   a. Enslaving power of sin
   b. Necessity of learning biblical communication skills
   c. How to handle pressure/trouble biblically
5. **Necessity of accountability and continued discipleship** (box 8 on "Getting to the 'Heart' of the Problem")
   a. Have her keep daily logs of her food intake.
   b. Have her weigh in weekly—but not at home. Have her get rid of her scale.
   c. Have her keep a log of her spiritual activity: Scripture memorization, Scripture reading, church attendance, Christian service activities, prayer journal, etc.
   d. Insist that she eliminate all laxatives, diuretics, and diet pills. She may exercise at only the prescribed rate set forth by her physician.
   e. Emotions—tracking these will be part of the discussion in *Quieting a Noisy Soul.*
   f. She may need to be restricted from going into any public bathroom unless someone is in the room with her. At home, she should have someone outside the door.
   g. She should be held accountable for making all counseling appointments and must keep up with any homework assigned by her counselor. She should be held accountable for attending all nutrition counseling sessions or classes set up by her physician, counselor, or parents.
   h. Teach her how to use the "Stop-Think" approach to handling temptation.
      - To help her become aware of her sinful habit of worry and to remind her that it must be "put off," have her carry a 3 x 5 note card with her with "STOP" written on one side in large letters. The other side should read "THINK" followed by the text of the passage on which she has meditated from the worksheet. When she is tempted to worry, she should pull the card from her pocket or purse and say (out loud, if alone, or to herself, if in public) "STOP! THINK! God says, (then she should quote the passage)." She will then need to decide whether she will please herself and go on with the worry (or other sinful behavior) or please God and reject it.
      - This technique has proven helpful in overcoming entrenched sinful thought patterns.
      - Sample Stop-Think cards are available at www.quietinganoisysoul.com/downloads/memory-cards.pdf

## Conclusion

- The problem with any life-dominating sin is that it keeps us from being useful, godly servants of Christ.
- With her cooperation, the Spirit of God will take the Word of God and make her life like the Son of God.

Biblical help and biblical hope are available for the anorexic or bulimic girl and her family. The testimonies on the Quieting a Noisy Soul website are real-life reminders that God "hath given unto us all things that pertain unto life and godliness, through the knowledge of him that hath called us to glory and virtue" (II Pet. 1:3). You or someone you're counseling, too, can be "thoroughly furnished [equipped] unto all good works" because God has given us His inspired Word and His Spirit to change us to become like Jesus Christ (II Tim. 3:16–17).

[5] This concept is discussed at length in *Ready to Restore* by Jay E. Adams (Baker Book House, 1981), pp. 58ff.

# How to Use *Quieting a Noisy Soul* to Address Anorexia and Bulimia

The heart issues of control, anxiety, guilt, and depression so prevalent in anorexia and bulimia are dealt with at length in the personal counseling program *Quieting a Noisy Soul*. If you are struggling with those sinful eating practices, follow the steps below to get the help you need.

Go to **www.QuietingANoisySoul.com** and click on the QuickStart tab. Next click on the link "Anorexia and Bulimia." Read the information on the page and then listen to the mp3 audio clips.

The first clip is an interview with three young women who have overcome the sinful eating practices of anorexia and bulimia through biblical counseling. These testimonies will give you much hope. They also provide insight for family members and counselors about how these three young women hid their problems, what issues at home contributed to their problems, and how God brought them out.

The second clip is a lecture covering the content of this syllabus. Listen to the clip with a copy of this syllabus in hand.

Next, fill out the **Eating Behavior Supplemental Data I** in order to see the extent of your problem. You will find it on page 20 of this syllabus.

Once you have completed listening to the audio clips and filled out the data sheet, click on the video clip **Obsessive Thoughts and Compulsive Behavior** and follow the steps described there about how to use the *Quieting a Noisy Soul* program. The study plan for dealing with eating disorders will follow the same plan as that for **Obsessive Thoughts and Compulsive Behaviors**. Complete the entire 24 weeks of study.

Of course, in the meantime you should be working with a nutritionist and/or your physician to deal with your caloric intake and any physical damage from anorexic or bulimic behaviors. *Quieting a Noisy Soul* gives much information about why psychiatric drugs (antidepressants and antianxiety medications) are not necessary for the treatment of these issues.

During the first couple of weeks of using the program, also fill out the **Eating Behavior Supplemental Data II** form (page 25). It will provide you with more insights into how you have been handling your sinful eating practices.

This program will be most effective if you work through it with one of your parents or a mature Christian who will go through the material and discuss the findings with you. May God bless you as you pursue biblical solutions to your destructive eating behaviors.

# A Note About Eating Disorders and College

It is my experience that girls who attend college not having biblically addressed the heart issues of their behavior are setting themselves up for failure in a pressurized academic environment.

Often they have developed sinful eating practices in high school, their parents have become concerned, and they may even have sought medical attention; but they have not faced the clenched fist of control that is often at the heart of the problem. The few months after high school seem to go better for most, but the "improvement" is deceptive. It generally just means they are not under the kinds of pressure that fed their fear of losing control. Mom and Dad are somewhat relieved that their daughter is "eating better" and putting on a few pounds.

Because her parents are so encouraged—it may be the first ray of hope they have seen for some time—they are eager for her to get to a Christian college. They do not want to discourage her or let the admissions personnel know of her eating practices for fear she will be marked as "unspiritual" (although her struggles are definitely spiritual) or "strange."

What most parents and prospective college students are not aware of, however, is that college is far more intense and demanding than any of them realize. Her perfectionism is challenged on every side—her roommates are all new to her, her professors do not know her, she is far from home, there are spiritual pressures placed upon her in a Christian college, and within a couple of weeks she feels her life is spinning out of control.

She will most likely resort to her familiar strategy when pressured—"Control the one thing I can control: my weight." Most of today's college roommates and friends are aware of anorexic and bulimic behavior, and it is not long before others sense and see the struggle. Out of embarrassment the anorexic or bulimic will be tempted to lie about her battle, adding guilt to her life and making her feel as though life is going out of control even more. She will intensify her eating battle, increasing her guilt and increasing the concern of her fellow students and eventually the college staff.

By the time she is discovered and admits her battle, she may be very wasted spiritually, academically, and physically. Out of stubbornness she may insist that she can do better and will resort to more perfectionistic, controlling behaviors. Eventually, she will have to leave school because of serious physical dysfunction—and feel like a total failure because her life has gone out of control.

Those who finally admit their struggle and begin working with the college staff counselors will make small steps of improvement, but dealing with their battle will consume enormous amounts of time usually devoted to academics. They will experience many failures and few successes in the pressurized environment of college.

My recommendation is that young women who have not been through a thoroughly biblical and extended counseling program should not attempt college until they have done so. They need some significant success over their life-dominating sin while experiencing some lesser pressures at home before being thrown into a competitive, intense college environment.

Going through the 24-week program offered in *Quieting a Noisy Soul* with a biblical counselor or mature Christian who will keep her accountable for her eating habits and for facing her spiritual issues of guilt, anxiety, anger, or despair is my suggested bare minimum. Ideally, that course of study should be completed months before she attends college so that she has time to live out what she has learned in a summer work situation.

The most destructive thing she and her parents can do is to cover up her battle and hope no one finds out. By the time it comes to the surface at college she may have severely compromised her academic record and further damaged her health. The humility of openness and teachableness are crucial for success.

## Need Further Help?

Bob Jones University can provide you with a list of fundamental churches in your area that may be able to provide discipleship and counseling in these matters. Call 864/242-5100, ext. 2850 for a list of churches. You may also check out **www.JimBerg.com** for additional resources.

Because of my duties at Bob Jones University, my travel schedule, and my ministry in my own local church, I regret that I cannot offer individual counseling for eating disorders or other counseling issues beyond what is provided in my published materials.

I will, however, consult with parents about the advisability of their anorexic or bulimic daughter entering college based upon her present condition. To be sure, we want to help her overcome her battle, but we do not want her to be set up for a sure failure at her attempt at college.

# Personal Data Inventory

The information supplied below is for the use of your counselor and will be kept confidential. Please complete as carefully and fully as possible and return to your counselor at least one day before your appointment.

## Identification Data

Your Name: Date:

Address:

Sex: Birthday: Age: Height: Home Phone:

Occupation: Work Phone:

Marital Status: ❑ Single ❑ Going Steady ❑ Engaged ❑ Married ❑ Separated ❑ Divorced ❑ Widowed

Referred for counseling by:

Education (give last grade completed): Other training (list type and years):

Have you ever been arrested? ❑ Yes ❑ No (if yes, state the circumstances)

## Health Information

Rate your physical health: ❑ Very Good ❑ Good ❑ Average ❑ Declining ❑ Other (please explain below)

Your approximate weight: Recent weight changes: Lost Gained

List all important present or past illnesses, injuries, or handicaps:

Date of last medical examination: Results of examination:

Your physician: Address:

Have you used drugs for other than medical purposes? ❑ Yes ❑ No (if yes, please describe)

Are you presently taking medication? ❑ Yes ❑ No (if yes, please describe)

Have you ever had a severe emotional upset? ❑ Yes ❑ No (if yes, please explain)

Have you ever had any psychotherapy or counseling? ❑ Yes ❑ No (if yes, list counselor and therapist and dates)

What was the outcome of the counseling?

| | | |
|---|---|---|
| Have you ever felt people were watching you? | ❑ Yes | ❑ No |
| Do people's faces ever seem to be distorted? | ❑ Yes | ❑ No |
| Do colors sometimes seem . . . | ❑ Too bright? | ❑ Too dull? |
| Are you sometimes unable to judge distance? | ❑ Yes | ❑ No |
| Have you ever had hallucinations? | ❑ Yes | ❑ No |
| Is your hearing exceptionally good? | ❑ Yes | ❑ No |
| Do you have problems sleeping? | ❑ Yes | ❑ No |

How many hours of sleep do you get each night?

## Religious Background

Denominational preference:

Member of what church?

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+ Are you baptized? ❑ Yes ❑ No

Church denomination attended in childhood:

Religious background of spouse (if married):

| | | | |
|---|---|---|---|
| Do you consider yourself a religious person? | ❑ Yes | ❑ No | ❑ Uncertain |
| Do you believe in God? | ❑ Yes | ❑ No | ❑ Uncertain |
| Are you saved? | ❑ Yes | ❑ No | ❑ Not sure what you mean |
| How frequently do you read the Bible? | ❑ Never | ❑ Occasionally | ❑ Often |
| Do you pray to God? | ❑ Never | ❑ Occasionally | ❑ Often |
| How frequently do you have family devotions? | ❑ Never | ❑ Occasionally | ❑ Often |

Explain recent changes in your religious life, if any:

## Personality Information

Circle any of the following words that best describe you now:

active ambitious self-confident persistent nervous hardworking impatient impulsive moody
often-blue excitable imaginative calm serious easygoing shy good-natured introvert extrovert
likeable leader quiet hard-boiled submissive self-conscious lonely sensitive other (list below)

## Marriage Information (If never married, check here ❑ and omit this section)

Name of spouse: Spouse's occupation:

Spouse's address:

Spouse's home phone Spouse's business phone:

Is spouse willing to come for counseling? ❑ Yes ❑ No ❑ Uncertain

Have either of you ever filed for divorce? ❑ Yes ❑ No

Have you ever been separated? ❑ Yes ❑ No (if yes, describe when and for how long)

Date of this marriage:

Your ages when married: Husband Wife How long did you know your spouse before marriage?

Length of steady dating w/spouse: length of engagement:

Give brief information about any previous marriages:

Information about children:

| PM* | Name | Age | Sex | Living? (yes/no) | Education (in years) | Marital Status |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

*Check this column if child is by previous marriage.

## Family Background

If you were reared by anyone other than your own parents, explain:

Answer this section describing your own parents or parent substitutes:

Still living (yes/no): Father Mother

Religious affiliation: Father Mother

Occupation: Father Mother

Rate parents' marriage: ❑ Unhappy ❑ Average ❑ Happy ❑ Very Happy

Rate your childhood: ❑ Unhappy ❑ Average ❑ Happy ❑ Very Happy

How many *older* brothers sisters do you have?

How many *younger* brothers sisters do you have?

Have there been any deaths in your family during the last year? ❑ Yes ❑ No (if yes, describe below)

## Briefly Answer The Following Questions

1. What is the main problem, as you see it (what brings you here)?

2. What have you done about it?

3. What do you want us to do (what are your expectations in coming here)?

4. Is there any other information we should know?

This Personal Data Inventory is an adaptation from the form suggested in *The Christian Counselor's Manual* by Jay E. Adams, pp. 433–35.

# EATING BEHAVIOR SUPPLEMENTAL DATA I[6]

Your Name: Today's Date:

1. Present Weight: Current Height Without Shoes (in inches):
2. Have you ever had episodes of eating enormous amounts of food ("binge eating" or bulimia)? ❑ Yes ❑ No

If you answered "yes" above, answer the following questions.

- Lowest weight since onset of "binge eating": lbs. at age
- Highest weight since onset of "binge eating": lbs. at age
- Weight just prior to onset of "binge eating": lbs. at age

3. Have you ever "spit out" food after chewing it to prevent it from getting to your stomach? ❑ Yes ❑ No
4. Have you ever vomited after eating in order to get rid of food eaten? ❑ Yes ❑ No

   If you answered "yes" above, answer the following questions.

   - Lowest weight since onset of vomiting: lbs. at age
   - Highest weight since onset of vomiting: lbs. at age
   - Weight just prior to onset of vomiting: lbs. at age

5. What weight would you like to be? lbs.
6. What weight do you think you should be? lbs.
7. How did your eating problems begin?

   ❑ Dieting after insults or encouragement from family members

   ❑ Voluntary dieting

   ❑ Other—Please explain:

8. What particular events, positive or negative, in your life coincided or briefly preceded the onset of your eating problem?

[6] Adapted from the "University of Minnesota Department of Psychiatry's Social and Psychiatric History Form for Eating Disorders" developed by Elke Eckert, MD; Janes Mitchell, MD, and Richard Pyle, MD Used by permission.

9. During *the entire last month*, what is the average frequency that you have engaged in the following behaviors? Check one frequency item for each behavior listed.

| Behavior | Binge Eating | Vomiting | Use of Laxatives | Use of Diet Pills | Use of Diuretics | Use of Enemas | Exercise for Wt. Control | Fasting; Skip Meals |
|---|---|---|---|---|---|---|---|---|
| Never | | | | | | | | |
| Less than once/week | | | | | | | | |
| About once/week | | | | | | | | |
| Several times/ week | | | | | | | | |
| Once/day | | | | | | | | |
| More than once/day | | | | | | | | |

Explain, if necessary:

10. Which of the behaviors, "binge eating" or vomiting after meals, came first? Check one statement.
    - ❑ Neither came first. I have never had "binge eating" or vomiting episodes. If you check this line, move next to question #17.
    - ❑ They both occurred together at the same time
    - ❑ Neither came first. I have only "binge eating" episodes.
    - ❑ Neither came first. I have only vomiting episodes.
    - ❑ "Binge eating" came first.
    - ❑ Vomiting came first.
11. Give an example of what would constitute a "binge" for you; include all foods and amounts that you would eat and drink during a typical "binge."

12. Is there any particular food you use to end a "binge"? ❑ Yes ❑ No If yes, please explain:

13. How often are you now able to eat a "normal" meal without "binge eating" and without vomiting? Check one.

❑ Never

❑ Less than one meal a week

❑ About one meal a week

❑ Several meals a week

❑ One meal a day

❑ More than one meal a day

14. After a "binge," how do you usually feel? Check all that apply.

❑ Relaxed

❑ Worried

❑ Guilty

❑ Still hungry

❑ Satisfied

❑ Too full

15. Why do you "binge eat"? Check all that apply.

❑ You are so hungry

❑ You crave certain foods

❑ You can't sleep

❑ You are unhappy

❑ You can't control your appetite

❑ You feel tense and anxious

❑ Other—Please explain:

_____

_____

16. Have you stolen food from others or from stores for your binges? ❑ Yes ❑ No If yes, please explain below:

_____

_____

17. After eating a "normal" meal, how do you usually feel? Check all that apply.

❑ I never eat a "normal" meal

❑ Relaxed

❑ Worried

❑ Guilty

❑ Still hungry

❑ Satisfied

❑ Too full

18. How do you best describe your appetite? Check one.

❑ I have no appetite.

❑ I have a normal appetite

❑ I have a stronger than normal appetite

19. For what purposes do you use laxatives? Check all that apply.

❑ To relieve constipation

❑ To get rid of food from the body

❑ To "clean out" the system

❑ I don't use laxatives

❑ Other—Please explain:

20. How many minutes a day do you currently exercise (including going out on walks, riding bicycle, exercise at home, swimming, etc.)? _____ List below the kinds and amounts of exercise in your routine.

21. Do you feel you have ever had an alcohol or drug abuse problem? ❑ Yes ❑ No If yes, please explain:

22. How frequently have you used drugs (such as sleeping pills, tranquilizers, antidepressants, or "street drugs") since the onset of your eating problem?

❑ Never

❑ Every day

❑ Less than once a week

❑ About once a week

❑ Several times a week

23. If you have used drugs, please describe:

24. Have you ever tried physically to hurt yourself (i.e., cut yourself, hit yourself with intent to hurt, burned yourself with cigarettes, etc.)? ❑ Yes ❑ No If yes, please describe:

25. Have you ever made a suicide attempt? ❑ Yes ❑ No If yes, please describe:

26. How would you rate yourself in terms of being afraid of becoming fat?

- ❑ Not at all
- ❑ A little
- ❑ Moderately
- ❑ Very much
- ❑ Extremely

27. How would you rate yourself in terms of being afraid of "losing control" of food intake?

- ❑ Not at all
- ❑ A little
- ❑ Moderately
- ❑ Very much
- ❑ Extremely

28. Approximate regularity of menstrual cycles since the onset of your eating problem:

- ❑ Fairly regular (same number days +/- 3)
- ❑ Somewhat irregular (variation 4-10 days)
- ❑ Very irregular (variation greater than 10 days)
- ❑ Not menstruating

29. Have you ever seen a physician or have you been hospitalized because of your eating problem? ❑ Yes ❑ No

30. Have you ever seen a counselor, psychologist, or psychiatrist about your eating problem? ❑ Yes ❑ No

# EATING BEHAVIOR SUPPLEMENTAL DATA II

Your Name: Today's Date:

Fill out completely the information requested for each of the following questions as they apply to your particular eating problem. Some questions will ask you to write out the responses on a separate sheet of paper.

1. How has food, bingeing, vomiting, or starving placed your life in danger or in danger of addictive behaviors?

2. Anorexics and bulimics must resort to deception to cover their behavior. How has deception played a part in your practices?

3. Have you ever tried to stop or control the use of food, bingeing, or starving? ❑ Yes ❑ No

   Describe and tell about the way you planned to stop and control the use of them?

4. *On another sheet of paper,* give five brief stories of how you tried and how you failed to stop in your use of food, bingeing, vomiting, or starving. These brief stories may describe how you were growing addicted to destructive behaviors.

5. How has the use of food, bingeing, vomiting, or starving damaged you physically?

6. What convinces you that you can no longer binge, vomit, or starve?

7. *On another sheet of paper,* list five examples of some bad experiences you have had using food or bingeing or vomiting.

8. If you are bulimic, describe how the use of food has increased as you have continued to purge.

9. List below the "forbidden foods" that you have decided may not be a part of your diet. This means you either eliminate them from your diet entirely or they must be purged immediately when you do eat them.

10. Write out below a "typical day," describing your thoughts when you first wake up, as you get dressed, as you consider the meals for the day, avoidance strategies to keep people from knowing your problem, etc. If you need more space, continue your description on another sheet of paper.

Anorexics and bulimics have a strong desire to control. In life we often experience situations over which we have no control. Particularly distressing is the behavior of other people—their perceptions, thoughts, feelings, and actions—which are not within our power to change. Recognition of these situations and circumstances beyond our control is a crucial factor in learning the proper, biblical responses that will change us.

11. Give three examples of the *feelings* you have experienced as things have gone out of control in your life and that you have tried to cover up, hide, or forget by using food, bingeing, vomiting or starving?

12. How have you tried to change the way people see you while using food, bingeing, vomiting, or starving?

13. *On another sheet of paper,* give five examples of unfavorable circumstances you have used as an excuse to eat, binge and/or vomit, or starve.

14. Many anorexics or bulimics, seeing that they are not able to control other people, will shift this "desire to control" over to the rigid control of their own bodies. List below five ways you have expressed your desire to control through controlling your body.

There are many ways in which food, bingeing, vomiting, or starving have affected your life and left it out of control. The purpose of the following inventory is to help you illustrate more clearly to yourself the extent to which various areas of your life have actually gone out of control while you have tried to control your body. Complete the following *on another sheet of paper.* Be as specific as possible.

15. Job: Describe your overeating or starving as it relates to the following: job loss or threat of job loss, attitude of your boss toward your overeating, how overeating, bingeing, vomiting, or starving has affected your work.

16. School: If you are in school, describe how overeating or starving has affected your relationships with your roommates and school officials, dating life, ability to complete assignments and expected projects, and continued enrollment.

17. Family: Discuss how your family life has gone out of control as it relates to such things as your family's feelings toward your eating or starving, money spent on eating, divorce, separation or threats of divorce or separation, arguments with family members, and your sexual relationship (if married).

18. God: How have these eating problems affected your relationship with God? Discuss whatever guilt, shame, anger, fear, etc., you may experience when you think about how God views your problem.