
ARTICLE NINETEEN

WHAT ABOUT ANOREXIA AND BULIMIA?

If you understand the dynamics of obsessive-compulsive behavior as described in articles sixteen and seventeen and in sessions 17–18 of the seminar, you will understand the underlying issues in these two sinful eating practices.

Anorexia is deliberate starvation, which results in severe weight loss. While the self-starvation of anorexia has physical consequences, anorexia is not a physical disease. It is a mindset—a set of beliefs—that leads to destructive habits of excessive dieting and exercise, purging, or the misuse of diuretics and laxatives to lose weight.

Negative comments of family members to a girl about her body and our culture's preoccupation with thinness often trigger the first attempts of a young girl to control her body weight. A few snide statements about how nobody will want to date her unless she loses her pudginess or living with parents who place a high emphasis upon body image themselves will often start a young girl on a pattern of destructive eating habits.⁵¹

The crash dieting of young girls obsessed with thinness is just as destructive to their bodies as the obesity of the general population. In fact, many girls who have “religiously” removed fat from their diet in prepubescent and early teen years develop serious health problems during the young adult years. They have deprived themselves of essential nutrients during the development of their bodies and pay an enormous price in endocrine dysfunction, loss of stamina, and autoimmune disorders under the rigors of college and marriage.

Anorexia is not just about weight loss. It is more importantly about control. For some it is about the control of their weight as we have just seen. For others the issue is more complex.

Some girls who become anorexic have been raised by overprotective parents, where every need and action is excessively monitored and where rigid expectations are enforced but interpersonal conflicts are never resolved. “Keeping the peace” becomes the goal of the child. The child and parents appear “close” but are excessively dependent upon one another. Everything seems to be “controlled” for her. She is often an overachiever with a strong desire to please people.

Early manifestations of compulsive behavior may appear before compulsions about food: excessive cleanliness and orderliness, overachievement in sports or academics. She sets up her own “rules” for life and feels more secure when she keeps them—often ritualistically.

She is often the “good girl” who wants to please her parents and everyone else but feels as though she is constantly failing to measure up. She may rebel against the high expectations of those around her and assert her autonomy and “punish” her family by her sinful eating practices (e.g., “You can tell me what to do if you want, but you can't make me eat or make me keep it down”). She is asserting her own form of control.

In other situations the girl has been the victim of sexual abuse or has lived in a fear-filled, dysfunctional environment where she feels everything about her life is out of control. Focusing on her body image gives her a sense of control over something in her life. She has a sense of mastery every time she can trim off another pound. That lordship of some aspect of life—even if it is destructive—is intoxicating. It feels so good to be in control of something.

Others start anorexic behaviors as attempts to punish themselves for their failure to live up to the high expectations of themselves and others. High biblical standards are not the problem here. The undue pressure comes from how those expectations are enforced, why they are

⁵¹Young men who practice anorexic behaviors are often interested in modeling, where body image is essential, or are engaged in sports such as wrestling, where being at a lower body weight gives them an advantage of being placed in a lower category.

enforced, and how much support is given to the child under the weight of high expectations. Parents who create this kind of climate don't even recognize the child's need for support and desire for approval because she is such a "good girl" and "never seems to be a problem."

Bulimic behavior is characterized by excessive eating (binging) followed by some effort, usually purging (self-induced vomiting), to reverse the consequences of the binge.

Again control is at the heart of the issues. The bulimic woman often feels that her life is out of control. She finds comfort in eating—food is the one thing that feels good in a life spinning out of control. The eating practices also spiral out of control, and the fear of gaining weight tempts her to undo her overeating.

Bulimics are harder to recognize than anorexics because their body weight is often normal or slightly above normal. Overall health can degenerate even faster than for anorexics since a bulimic is regularly emptying her stomach of all nutrients. Blood sugar levels can greatly fluctuate between the binges on sweets and the purging that follows. Low electrolyte levels, which affect brain function, and other life-threatening imbalances can occur without noticeable weight loss. Thus, once her bulimic behavior is discovered, she should immediately be seen by a physician knowledgeable about eating disorders.

In extreme cases, hospitalization is required to restore the body functions that have been lost as a consequence of self-starvation. Most of these programs incorporate psychiatric medication and therapy aimed at behavior modification, anger management, and assertiveness training. Though these strategies are often unbiblical, parents may have no choice for treatment once the physical disintegration reaches emergency proportions. Hospitalization usually lasts as long as insurance coverage allows. The best strategy for parents is to learn to have quiet souls themselves so that they will recognize when their children are on "The Way Down."

This brief article obviously cannot cover the counseling strategies for helping someone overcome these life-dominating sins, but it is intended to alert you to the parallels of these sinful eating practices with any other obsessive-compulsive and self-destructive behavior.

The underlying components of "The Way Down"—unbelief, discontent, anxiety, anger, and despair—must be identified. The issues uncovered must be repented of, and a comprehensive discipleship effort to teach her the truths that God is more than enough must be started. Many applications to her life can be found in every session of *Quieting a Noisy Soul*, making it a starting point in her discipleship.

Many counseling issues of anorexia and bulimia are covered in extended articles in this study guide, particularly "Obsessions and Compulsions: Breaking Free of the Tyranny" and "Self-Injury: When Pain Feels Good."

For more specifics on anorexia and bulimia, check out *Love to Eat; Hate to Eat: Breaking the Bondage of Sinful Eating Habits* by Elyse Fitzpatrick (Eugene OR: Harvest House Publishers, 1999).