



resources

Helena Wilkinson

Eating Disorders

Why would someone in their right mind starve themselves to death?

I walked into the hospital ward to visit a woman in her twenties who, in appearance and mannerism, was a young child. Jose was intelligent and capable, and yet was lying in a hospital bed, having come round from a coma after her weight dropped to 3½ stone and she collapsed. She had survived, but was still in critical condition, with possible damage to vital organs. Despite obvious signs that she was underweight, Jose would only consume 'diet' products. It was only through the grace of God – and the prayers of many – that she is alive today. In fact, I stayed in touch with Jose and I'm happy to report that twenty years later, in her forties, she married and gave birth to a little boy.

So there is hope. There is always hope.

Jose's experience was extreme. Many with eating disorders don't end up facing the possibility of death. However, eating disorders are extremely prevalent in society. They have the highest death rate amongst psychiatric cases, and many

sufferers battle the condition for more than half their adult lives. Some live with the daily torment of anorexia, rigidly controlling their calorie intake; others battle bulimia, oscillating between self-starvation and uncontrollable binges. Still others camouflage their needs and feelings by eating compulsively. Whatever the eating disorder, this agonising obsession takes hold not only of young women, but men too, and children and adults alike.

Whilst sufferers themselves are fascinated by food and body image, the counselling world (and the Western world at large) is equally fascinated by eating disorders. Many counsellors try to understand the intriguing mind-set of the sufferer; others are driven away by the scale of the problem. They're put off by the overwhelming feeling that it's just too difficult to tackle what appears to be such irrational and life-threatening behaviour.

So often a clear understanding of the problem appears to be absent. The words 'eating disorder' are misleading. The 'eating' – or not as the case may be – is merely a distraction; it's a reaction

to the underlying causes.

Common causes include:

- Bullying
- Abuse
- Control
- Separation anxiety
- Lack of bonding
- Unmet emotional needs
- Fear of the adult world
- Lack of life skills
- Low self-worth – based on low achievement

The eating disorder becomes the person's way of coping. However, once the eating patterns are carried out over an extended period of time, they can become habitual, resulting in physical and emotional addiction. Sometimes, these are related to spiritual strongholds.

Sadly, many doctors & therapists believe that a person cannot fully recover from an eating disorder, which is simply not true. If this were true, no one would be able to recover from any emotional trauma – and its resulting addictions – and that is simply not the case. I believe the Christian approach to eating disorders is one that offers total freedom, without fear of relapse.

In 1984, I published my autobiography, following my own recovery from anorexia. It seeks to educate sufferers and those who care for them, with the message that freedom is indeed possible. It includes teaching principles that facilitate this, alongside prayer.

Aware of the need for a Christian approach to eating disorders, I set up a registered charity, *Kainos Trust*, in 1996. Over the years, the work has focused on prayer, counselling, teaching days, and residential courses. It was always my vision to have a house where people could come for periods to receive teaching, prayer and practical help. In 2004, the Lord graciously led me down that path. In 2004, I merged Kainos Trust with Nicholaston House, which is situated in a beautiful location near the sea in South Wales; it offers residential courses for eating disorder sufferers.

I should add that God is not bound by location.

Whether on a residential course or anywhere else, He is able to touch those who suffer from eating disorders. He equips those He has chosen as His vessels to facilitate the recovery process. Ultimately, only He can bring complete freedom from the entanglement of the physical, emotional and spiritual complexities, which hold a person captive to addictive behaviour.

Why Eating Disorders?

Eating disorders can affect anyone – children and adults, male and female. They cause more deaths than any other mental illness.

The behaviour itself is not so much the problem as the solution sought by someone who is struggling with a whole series of other problems. The sufferer uses under- or over-eating (and related patterns) in response to unresolved emotional issues. Eating disorders serve a function in a person's life; in most cases they are a coping mechanism.

The following may lie behind eating disorders:

- Attachment issues (separation, lack of bonding, and disruptions to attachment).
- Emotional hunger (unmet emotional needs, resulting in inner emptiness).
- Negative attitude towards self (low self-worth, loss of sense of value and identity).
- Sexuality issues (fear of the adult world, and need for sexual protection).
- Past or current trauma (physical, emotional and sexual abuse, bullying and loss).
- Family issues (unhelpful communication, boundaries, handling of painful feelings).
- Personal factors (personality and genetics).

Whilst the underlying issues may be similar, there are clear distinctions between the various eating disorders. They produce different behaviours.

Anorexia nervosa

With anorexia, a person severely limits their food intake. They have a distorted body image, and refuse to maintain normal body weight. They are also intensely afraid of gaining weight, despite weighing well below what is normally considered

healthy. When the anorexic looks in the mirror, an abnormally large figure stares back, and fills the individual with horror and disgust.

The anorexic may try to establish a sense of individual identity and independence, yet at the same time, they fear that without their controlling behaviour, they are a nobody. Anorexia provides a sense of achievement over one area of life, when other areas are considered out of control. There is a strong element of perfectionism in this – to attain a life that is ordered and pure.

Not eating may also become a substitute for expressing anger. This anger may be denied or suppressed because it causes shame, yet inner conflict still remains. All the feelings, needs and drives become bound up in shame, and the sufferer looks at him or herself with disdain. This lack of self-acceptance drives them into routines of calorie counting, starvation and self-punishment.

Bulimia nervosa

The main feature of bulimia is binge eating, followed by unhealthy behaviours to compensate for eating and to prevent weight gain, such as self-induced vomiting. The illness expresses itself through hiding: hiding the truth, hiding feelings, hiding food. Everything is done in secret – the eating, the vomiting, and the tears.

There is a split between the part of the bulimic which is very much in control and copes, and the part which is dependent and does not cope well. The person tries hard to take control of their life, but there is also a great deal of inner conflict. They want to present themselves as strong, and yet inside they feel needy and emotionally hungry.

The bulimic often feels desperate and in need, yet they fear that these desires, if exposed, will consume everything and everyone in sight. Their emotional hunger drives them to continue looking for love, but nothing ever seems to satisfy. They turn to food to fill the empty hole, and then get rid of the food to return to a place of numbness.

Compulsive eating

Compulsive eating is characterised by uncontrollable eating, 'grazing' on food, and consequent weight gain. Food is used to block out feelings, and provides a means to cope with stress, emotional conflicts and daily problems.

To the compulsive eater, food means either over-eating or dieting. They also fantasise about food a lot, which offers comfort. If a compulsive eater is asked what they've eaten that day, they frequently fail to include certain foods. Though this might sound strange, some sufferers subconsciously believe that if they eat whilst standing up, driving, or walking, it doesn't count.

The compulsive eater may set out on a diet because of the pressure to be slim. However, because dieting feels like imprisonment, later on they'll binge on those foods which they went without during the diet. Compulsive eaters consume their food quickly and with strong feelings of guilt, not really enjoying what they are eating, afraid that others might catch them.

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Before sufferers can change, they need to look at the advantages and the disadvantages of having an eating disorder. In the early stages, they may want to recover, yet at the same time, they will also fear recovery. This is a normal part of the healing process. We are physical, emotional and spiritual beings, and with eating disorders, there is brokenness in all three areas. For recovery to happen, there needs to be restoration in all three areas:

- Physical: eating patterns, weight, and body image.
- Emotional: feelings, thoughts, reactions, behaviours and choices.
- Spiritual: identity, worth, value and maturity.

Helpful tips for those helping

Throughout the recovery process, it's important

for sufferers to be surrounded by a support network. These include medical supervision, nutritional advice, therapy, spiritual counsel, and friendship. Whatever role you fulfil, the following tips may be useful.

- Be well informed about eating disorders.
- Don't make assumptions. Ask the person to explain why they do what they do.
- Eating disorders are a form of communication, so ask yourself what is being communicated.
- Maintain clear boundaries, since eating disorders can be all-consuming. Do not over-commit – set out realistic limits to avoid becoming overwhelmed.
 - Be specific and set clear boundaries. Don't say, 'phone me any time.' You really don't want a call at 2am, do you? Instead, say, 'You can call me tomorrow between 7pm - 9pm.'
 - Don't try to rescue the person. Instead, encourage them to make choices themselves.
- Help the person identify a reason to get better. Then work towards goals.
- Affirm healthy ways of coping, rather than doing battle with the person's unhealthy patterns
- Work on establishing identity and value in Christ.
- Recognise the spiritual battle.
- Don't give up hope. *Trust in the LORD with all your heart and lean not on your own understanding* (Prov 3.5).

Recovery

Many people believe that a person has to learn to live with an eating disorder, but we have seen so many times that full recovery is possible. It really is. Eating disorders are unhealthy and self-destructive ways of dealing with painful emotions, such as guilt, anxiety, and anger. With expert help, the sufferer can learn positive ways of dealing with these emotions. Not only that, in time, a person can come to address the deeper roots underlying their feelings. In order for recovery

to be both possible and sustainable, it is essential for the person's thinking to change. This is because thinking affects feelings and behaviours. The Bible says, *Be careful how you think; your life is shaped by your thoughts* (Prov. 4.23).

Over time, a healthy relationship with food will need to be developed. This will entail letting go of the dieting mentality and the fear of hunger, establishing boundaries around eating, and maintaining normal body weight. Ultimately, the control that the eating disorder has over the person will have to be broken. The false identity must also be rejected in favour of a new, healthy

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Steps to change

Some steps on the road to recovery include:

- **Making the decision to get better.** Looking at the pros and cons of having an eating disorder, and realising that there are more disadvantages to holding on to it than there are advantages.
- **Working out a viable strategy.** Looking at specific help that will be beneficial: seeing a nutritionist, joining a supportive organisation, having counselling/prayer ministry, attending a course, reading a book, etc.
- **Reaching out for help.** Avoiding the tendency to bottle up the problem. Instead, being

proactive in contacting people and organisations for support, and being open and honest with those who can be trusted.

- **Modifying one's life circumstances.** Looking at what is hindering recovery and what needs to change - type of job, working hours, mixing with encouraging rather than discouraging or critical people, changing where you live (the location or people with whom you live), reducing stress levels, etc.
- **Building in emotional and spiritual support.** Developing friendships with people who understand eating disorders and the underlying issues; having an outlet to talk and pray with someone when needed.
- **Facing the pain.** Avoiding the temptation to run away from the underlying causes; seeking help to face them, to feel, to cry and to express hurt in a healing way.
- **Developing trust.** Gradually learning to trust one or two 'safe' people, since trust has often been shattered over the years.
- **Allowing time to process the changes.** Remembering that recovery is a process which takes time and not giving up when there are slip ups; getting up again and learning from the mistakes.

As I finish, I'd like to offer some hope. The advice in this article has been learned over many years and through many trials. Through my own experience, I have learned that sufferers need both wise counsel and compassion. It is not enough simply to follow the right steps, we need to lead a sufferer to the One who is the source of all hope. He has given me a new life, and he offers new life to all who seek Him. I pray this article will help you as you seek to offer hope to those whose internal suffering leads to these damaging eating disorders.

Helena Wilkinson

Helena has worked with eating disorder sufferers for over 30 years. She is a recovered sufferer, trained counsellor and equine assisted psychotherapist. Helena is also the author of 13 books, including the best-seller *Puppet on a String*, her own account of recovering from anorexia, written at the age of 19. She speaks internationally on eating disorders and related subjects.

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Currently Helena is recovering from a life-threatening accident and is unable to work but it is her heart's desire to write and teach material to those who have encountered trauma and had to develop their own way of coping, be it eating disorders or other issues.

Useful books

Puppet on a String, Helena Wilkinson

Beyond Chaotic Eating, Helena Wilkinson

Insight into Eating Disorders, Helena Wilkinson

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