Towards a Feminist Theology of Liberation from Anorexia Nervosa

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ABSTRACT

Initial studies in the US and UK combined with anecdotal evidence from healthcare professionals demonstrate a surprising – and alarming – hypothesis: that a Christian faith can exacerbate (or even be a causal factor for) anorexia nervosa. One of the paradoxes of Christianity is that while promoting a Eucharistic, table-centred faith, it also has, albeit unwittingly, facilitated the 'spiritual starvation' displayed by the medieval 'holy anorexics.' However, research also indicates that an active faith can be beneficial in recovery. This paper is an interim report on a doctoral thesis working with NHS chaplains to construct a practical method for spiritual care for Christian women with anorexia nervosa within the NHS as part of a multi-dimensional treatment model. The study uses a feminist paradigm to carry out semi-structured interviews with Christian women who had suffered from anorexia to uncover their lived experiences of faith and anorexia. This paper looks at the emerging themes in their stories and hypothesises that a Christian faith can both hinder and help recovery from anorexia nervosa. It will conclude by presenting proposals for where to go from here.

SUMMARY OVERVIEW

The exploration of a possible connection between Christianity and anorexia nervosa is an emerging field of research. Since the 1980s, there have been links noted between Christianity and anorexia nervosa in the severe fasting of the medieval 'holy anorexics.' This phenomenon is explored in detail by Bell, a medieval historian who considers the medieval 'holy anorexia' (as he dubs it) to be a variation of, and forerunner to, modern anorexia nervosa.[1] Bell appeals to statistics, noting that of 261 Italian women recognised by the Roman Catholic Church as 'blessed,' 'saint' or 'venerable' from 1200 onwards, we have enough information to consider the dietary habits of 170 of them. Half of these exhibit anorexic behaviour.[2] He also appeals to specific examples, such as

* With thanks to Dr. Deryn Guest, Senior Lecturer in Biblical Hermeneutics at the University of Birmingham, UK, for invaluable guidance and comments on earlier versions of the manuscript.

[1] Bell, R. *Holy Anorexia* (London: University of Chicago Press Ltd, 1985)

[2] Bell uses the established diagnostic criteria for anorexia nervosa at the time he was writing: that of Feigner et al, 1972. These are (in summary): 1) Younger than 25 at the age of onset; 2) 25% or more weight loss; 3) Attitude to food overrides hunger (for example, pursuit of thinness, denial of illness, reward in starvation); 4) No other medical reason to account for weight loss; 5) No other psychological disorder to account for weight loss; 6) Two of the following symptoms: amenorrhoea, lanugo, bradycardia, hyperactivity, binging or vomiting. It is worth noting that Bell considers criteria (1) to be more an observation that a criterion. As this has now been omitted from the current diagnostic criteria for anorexia nervosa, it would seem that Bell is rather prescient in this observation.

Catherine of Siena, who, towards the end of her life, consumed only the host, cold water, and chewed and spat out herbs.[3] There are also accounts of Catherine purging by sticking twigs down her throat after she was forced to eat. She died from the consequences of starvation aged 34. Bell notes the difficulties in retrospectively diagnosing the medieval saints, and thus does so with caution; however, he believes it can be undertaken to a certain extent and justifies the psycho-analytical aspect of his work by enlisting the assistance of clinical psychologist William Davis who authors the epilogue.[4] Bell ultimately asserts that study of the medieval saints could be beneficial in understanding the etiology of the modern disease anorexia nervosa. Other scholars have also noted the similarities between the two phenomena, notably Bynum[5] and Vandereycken & Van Deth[6]. However, the authors of both works conclude that it is not possible to draw any specific connections between 'holy anorexia' and anorexia nervosa. Indeed, for Bynum, whose primary purpose is to explore women's religiosity in the medieval era, the comparison with anorexia nervosa is merely incidental.

Initial studies by sociologists and psychiatrists (and recently theologians) with contemporary women suffering from anorexia nervosa suggest that there is a connection between Christianity and anorexia nervosa, although there is yet no consensus as to the nature of this connection. Some research suggests that there could be a causal link with Christianity as a risk factor for developing anorexia, or for existing illness to become more severe, or a hindrance to recovery; while others point to the use of Christianity as a tool to assist recovery. For example, as early as 1981, in the US Wilbur & Colligan noted that anorexic patients in their study were significantly more likely to read the Bible often each week and pray several times each day than the control groups, suggesting a correlation (although not necessarily a causal relationship) between a Christian faith and anorexia nervosa.[7] Sykes, Gross & Subishin suggest that eating disorders are more prevalent amongst Roman Catholics and Jews than the general population

[3] Ibid., 25-28
[4] Davis, W. in Ibid., 180-190
[5] Bynum, C.W. *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (London: University of California Press Ltd, 1987)
[6] Vandereycken, W. & Von Deth, R. *From Fasting Saints to Anorexic Girls: The History of Self-Starvation* (London: Athlone Press, 1994)
[7] Wilbur, C.J. & Colligan, R.C. 'Psychological and behavioural correlates on anorexia nervosa' *Journal of Developmental and Behavioural Paediatrics* 2, 1981, 89-92

(although this refers to all eating disorders, not specifically anorexia nervosa)[8], however a study by Jacoby concludes that it is Protestants who are more susceptible to anorexia nervosa, and Roman Catholics to bulimia.[9] Joughin *et al.* note that of their research subjects, Christians (and in particular Anglicans) had the lowest BMIs, suggesting a more severe form of the illness.[10] An interesting recent development has been a study in Ghana amongst teenage girls which posits religious fasting as a risk factor for anorexia, while simultaneously challenging the traditional understanding of anorexia nervosa as a Western culture-bound syndrome.[11] In the UK, a more general study by King *at al* concluded that people who are 'spiritual' are more likely to develop eating difficulties. The authors suggest that this risk is exacerbated when the 'spiritual' patient has no religious framework. However, it is worth noting that this study is limited in its usefulness for this project due to its generalised nature; it does not attempt to look at individual religions or individual disorders.[12]

Studies carried out at St George's Hospital, London, point to a Christian faith as both a possible hindrance or help in the treatment of anorexia nervosa. Marsden *et al.* conducted a qualitative study querying the nature of the relationship between eating disorders and religion, and how this impacts on treatment. Five main themes emerged from the interviews with sufferers: control, sacrifice, self-image, salvation, and maturation.[13] Several interesting insights come out of their work: in the category of 'control,' it is noteworthy that interviewees paralleled the challenging of parental authority with Church authority. Distorted images of God were related, positioning God as a disciplinarian rather than a forgiving God, and a paradox between clinging to rules and rebelling against them (in the family and the Church) was noted. Finally, it emerged that 'self-control' went beyond thoughts of food and physical control, extending to control of

[8] Sykes, D., Gross, M. & Subishin, S. 'Preliminary findings of demographic variables in patients suffering from anorexia nervosa and bulimia' *International Journal of Psychosomatics* 33(4), 1986, 27-30
[9] Jacoby, G.E. 'Eating Disorder and Religion' *Psychotherapy, Psychosomatic Medicine and Psychology* 43, 1993, 70-73
[10] Joughin, N., Crisp, A., Halek, C. & Humphrey, H. 'Religious Belief and Anorexia Nervosa' *International Journal of Eating Disorders* 12(4), 1992, 397-406
[11] Bennett, D., Sharpe, M., Freeman, C. & Carson, A. 'Anorexia Nervosa among secondary school students in Ghana' *Journal of Psychiatry* 185, 2004, 312-7
[12] King, M., Marston, L, McManus, S., Brugha, T., Meltzer, H & Bebbington, P 'Religion, Spirituality and Mental Health: results from a national study of English households' *The British Journal of Psychiatry* 202(1), 2013, 68-73
[13] Marsden, P., Karagianni, E. & Morgan, J. 'Spirituality and Clinical Care in Eating Disorders: A Qualitative Study' *International Journal of Eating Disorders* 40:1, 2007, 7-12, 8

emotions and moral behaviour. The authors noted that 'self-image' included more than just body image: interviewees were also concerned about their moral self-image and felt guilt that they had failed to live up to expectations. The punishment they inflicted upon themselves for this 'sin' was in many cases 'sacrifice' of self (the third category). For some participants, this extended as far as a desire for death – the ultimate self-sacrifice, and thus redemption. Finally, under the category of 'maturation,' the authors noted that their participants' medical and spiritual journeys were intrinsically linked. As religious views developed and unhelpful beliefs challenged, they also grew closer to recovery physically and psychologically. Which is the cause and which the effect is unknown, but it appears clear that there is a relationship between healing journeys and spiritual journeys.[14] From this, the authors conclude that to both avoid religion becoming a stumbling block to recovery, and to utilise religion to aid recovery, hospital chaplaincies should be involved in patient care. The patient's spiritual beliefs are not something that can be 'dismissed as incidental to medical treatment.'[15]

P. Scott Richards, psychologist and Director of Research at the 'Center for Change,' a specialised eating disorders unit in Utah, has devised a spiritual treatment model for eating disorders. He believes that a theistic model of eating disorders 'may encourage their clients to explore how their faith in God and personal spirituality may assist them during treatment and recovery,'[16] This model includes encouraging patients to pray, liaising with religious leaders, suggesting therapeutic, religious reading and discussing theological concepts. This treatment model offers a unique opportunity for research into spiritual care for sufferers of eating disorders. One study undertaken at the Center into the comparative efficacy of spirituality, cognitive, and emotional support groups showed that participation in the spirituality group enhanced the efficacy

[14] Ibid., 8-10

[15] Ibid., 12. A further article with a similar conclusion is Rider, K., Terrell, D., Sisemore, T. & Hecht, J. 'Religious Coping Style as a Predictor of the Severity of Anorectic Symptomology' *Eating Disorders* 22:2, 2014, 163-179. The authors report on a study of 134 anorexic Christian women and conclude that those with positive religious coping strategies such as prayer and community support find their religion a 'recovery benefactor'. Those who reported negative religious coping strategies, such as self-punishment or an insecure relationship with God found their religion to be a 'cultivator' of their illness.

[16] Scott Richards, P., Smith, M., Berrett, M., O'Grady, K. & Batz, J. 'A Theistic Spiritual Treatment for Women with Eating Disorders' *Journal of Clinical Psychology* 65(2), 2009, 172-184, 173

of the overall treatment programme.[17] Like other researchers, Scott Richards et al. have noted that there are many spiritual problems and misconceptions at the heart of eating disorders and that addressing these misconceptions is important to recovery. Briefly, the concepts that arise can be categorised as negative images of God; guilt; problems with self-identity; the 'good girl' image; A.N as an idol or religion in itself; and a sense of alienation from God and others.[18] Scott Richards et al. assert that as these misconceptions are challenged, and the patient's relationship with God and their faith improve, so do their mental health and relationships with others.[19] Spiritual healing can be described as a 'catalyst' to physical and emotional healing.[20]

Moving away from psychiatric studies to sociological and religious studies, Both Banks and Grenfell point to religious conservativism as a risk factor for anorexia nervosa[21]. In addition to these studies, there have in recent years emerged two more comprehensive works on the subject by feminist theologians: Lelwica's *Starving for Salvation*[22] and Isherwood's *Fat Jesus*. Isherwood writes in depth about the problem of body shaming of overweight women and searches for a liberating 'Fat Jesus'. She attributes women's disordered eating (both over and under-eating disorders) to many factors, including those themes in our Christian heritage of fat and sin; sex and shame; and the subjugation of women and their bodies dating back to the Church Fathers. She writes in detail about the damage done by the US biblical diet phenomenon, which explicitly tells women that it is their role, as women, to be thin objects of beauty for their husbands. Compounding this problem, she argues, is the individualistic, consumerist society in which we live. Isherwood also suggests that the Protestant Church, with its emphasis on individual experience over community liturgy, plays into this mindset; thus, causing Protestant women to be more vulnerable to disordered eating. Isherwood ultimately argues that the way forward from here is to embrace the incarnate, fleshly Christ and to dispose of the disembodied dualistic androcentric God which the patriarchal church would have us worship. In embracing the fleshliness of a flesh

[17] Scott Richards, P., Berrett, M., Hardman, R. & Eggett, D. 'Comparative Efficacy of Spirituality, Cognitive and Emotional Support Groups for Treating Eating Disorder Inpatients' *Eating Disorders* 14(5), 2006, 401-415
[18] Scott Richards et al, 'A Theistic Spiritual Treatment', 183
[19] Ibid., 181.
[20] Ibid., 183
[21] Banks, C. 'The Imaginative Use of Religious Symbols in Subjective Experiences of Anorexia Nervosa' *Psychoanalytic Review* 84(2), 1997, 227-236 and Grenfell, J. 'Religion and Eating Disorders: Towards Understanding a Neglected Perspective' *Feminist Theology* 14(3), 2006, 367-387
[22] Lelwica, M. *Starving for Salvation* (New York: Oxford University Press, 1999)

and blood Christ, women can also embrace the divinity within their own flesh, whatever size or shape that may be, and enjoy food as God's bounty. [23]

Lelwica too writes of the deficiencies of the Western consumerist culture; she proposes, like Garrett[24], that there is a 'spiritual dimension' to eating disorders, although this is by no means the only aspect to them. Sufferers search for meaning and fulfilment through exploring the boundaries of their own body and their place within society. This is, inevitably, done in relation to the rituals and icons of womanhood in the society they inhabit, for example, the 'war on fat' and the other trappings of consumerist culture. Lelwica calls for alternative images and rituals that allow women to 'adequately nourish their spiritual hungers' empowering women to shatter the 'legacies of silence and disempowerment' – and ultimately, to find an alternative to 'starving for salvation.'[25]

It is difficult to draw any firm conclusions from such a small number of studies across different countries (and continents), which reach varying conclusions; however, these studies do all affirm some form of link between anorexia nervosa and Christianity that justifies the exploration of the issue undertaken in this study.

OVERVIEW OF FIELDWORK METHODS

My fieldwork has thus far engaged each participant in two semi-structured interviews; the first in which they were asked questions about their experiences as a Christian woman with anorexia, and a second which used a more participatory model as the interviewer asked for their interpretations and thoughts on the transcript. The study was carried out in two phases: phase one took place in an inpatient eating disorders unit with women who were still critically ill at the time of interview. Phase two (still in progress) took place in the community with recovering or recovered sufferers. Selection criteria for the project were that participants should be female, over 18, have a diagnosis of anorexia nervosa (any sub-type) either current or historical and should be either practicing Christian or of a Christian background (any denomination).

[23] Isherwood, L. *The Fat Jesus* (London: Darton, Longman & Todd Ltd, 2007)
[24] Garrett, C. *Beyond Anorexia: Narrative, Spirituality and Recovery* (Cambridge: Cambridge University Press, 1998)
[25] Lelwica *Starving for Salvation*

As participation was voluntary, the sample was to a large extent self-selecting. Phase one participants were drawn from inpatients at the time the fieldwork was carried out. Phase two participants were recruited via a combination of snowball sampling and advertising on university and chaplaincy mailing lists. At the time of writing, all participants thus far had been drawn from a white British, middle class demographic, and all were in their 20s at the time of illness (although not necessarily so at the time of interview). This may be in part due to the sampling methods, but equally could be partially due to the demographic of typical sufferers of anorexia nervosa.

At this midway point in the fieldwork, there has been a spread of denominational background. One participant was Quaker; one Roman Catholic; one Methodist and one conservative evangelical. The final study aims for interviews with 10-12 participants.

Once interviews were written up as transcripts, they were analysed for common themes. This was also informed and expanded on by reading the autobiographies of Christian women who had suffered from eating disorders and comparing the themes noted within these works.

EMERGING THEMES

This section looks at the themes that emerge not only from the fieldwork but also how they cohere with themes found in autobiographical works of Christian women with eating disorders published in the UK The two main works are autobiographies by Emma Scrivener[26], who discusses her experiences of anorexia nervosa.; and by Jo Ind[27] reflecting on her experiences of EDNOS ('eating disorder not otherwise specified'). I have also included Catherine Garrett's narrative of her own experiences found at the start of her sociological work on the spiritual dimension of anorexia nervosa[28], and a biographical account of the life of Catherine Dunbar who died aged 22 from anorexia.[29] The book is written by her mother and includes extracts from Catherine's diary. Although the book is not explicitly about the relationship between Catherine's faith and her illness, there is a strong sense of Catherine's faith throughout the book, and the extracts from her diary include written accounts of her prayers to God.

[26] Scrivener, E. *A New Name* (Nottingham: Inter-Varsity Press, 2012)
[27] Ind, J. *Fat is a Spiritual Issue* (London: Mowbray, 1993)
[28] Garret *Beyond Anorexia*
[29] Dunbar, M. *Catherine: Story of a Young Girl who died of Anorexia* (London, Penguin Books Ltd, 1986)

Identity: Constructions of Christian Femininity

'an all-feminine, all-fragrant dispenser of wisdom, hospitality and traybakes'[30]

This theme of the pressure to be a 'good girl' or 'good wife' has been a dominant theme in the interviews and the autobiographical literature mentioned above, and appears to have its roots in constructions of Christian femininity put forward by the participants' religious communities. There are two elements to this: the pressure to be morally good, and of 'good' character, and the pressure to be physically 'good' – and ultimately, to be perfect in both areas. This is perhaps not surprising, given the current theories of the etiology of anorexia nervosa. One feature of anorexia nervosa is perfectionism, both in body shape and in character.[31] Our notion of what is 'perfect' or 'good' is, of course, a cultural construct. It is unsurprising, therefore, that the anorexic who is driven to seek 'perfection' will seek to fulfil the model of femininity promoted by the culture in which she lives, both in terms of physical body and life choices or character. One Western image often cited as a trigger for AN is the picture of the exceptionally skinny woman on the covers of magazines. Although it is now considered unlikely that a drive to simply 'look good' and the influence of media representations of women is the whole story in causing the spiral into anorexia nervosa, it is certainly a factor in young women attempting to lose weight in the first place.

Representations of femininity are, as mentioned earlier, by no means restricted to body shape and size; they permeate into the arenas of career, family, character and social activities. Christian women living in the UK will be exposed to the same models of femininity as other women, such as Naomi Wolf's 'media woman' or the 'supermum.'[32] However, they are also exposed to the 'good girl and dutiful wife' model of many churches, which puts a stronger emphasis on moral goodness than many other models of femininity. Particularly at the more conservative end of the spectrum is the image of the 'good girl' who is pure, selfless and godly.

[30] Scrivener *A New Name,* 118

[31] Jacobi, C. & Fittig, E. 'Psychosocial risk factors for eating disorders' *The Oxford Handbook of Eating Disorders* ed. Agras, W.S. (Oxford: Oxford University Press, 2010), 123-136

[32] Naomi Wolf discusses the unattainable standards of beauty set as the model for femininity in Western culture: Wolf, N. *The Beauty Myth* (London: Vintage, 1990). Since the publication of Wolf's book, a 'new femininity' has emerged: the 'supermum'. Choi, P., Henshaw, C., Baker, S., Tree, J. 'Supermum, Superwife, Supereverything: performing femininity in the transition to motherhood' *Journal of Reproductive and Infant Psychology* 23(2), 2005, 167-180. Further models of femininity in different cultures are discussed in Gill, R. and Scharff, C. (eds.) *New Femininities: Postfeminism, Neoliberalism and Subjectivity* (Hampshire: Palgrave Macmillan, 2013)

This 'good girl' transforms on the night of her wedding into a 'dutiful wife' who must serve her husband in every sphere of life – the kitchen, the bedroom and the church. The influence of St. Paul is clear to see. Scrivener writes of her difficulties in fulfilling the image she felt she had to fulfil as a vicar's wife: 'an all-feminine, all-fragrant dispenser of wisdom, hospitality, and traybakes.'[33] Jo Ind similarly struggles with the 'good girl' image her conservative evangelical Christian faith appears to impose upon her. She describes 'Super Christian' who is gentle, nurturing, prayerful, dates Christian boys but is not 'sexy,' carries a Bible in her handbag and wears Laura Ashley dresses. Super Christian is something which Ind finds she just is not![34] Ind goes so far as to turn the terminology of St. Paul on its head as she describes these images as the 'bonds and shackles' of her religion. It is worth pointing out at this juncture that it is not only the conservative evangelical churches that offer an unattainable role model for women; the Roman Catholic Church, in exalting the role of Mary as Virgin Mother, presents women with a role model beyond their own biological capabilities.

The 'good girl' femininity is often a submissive femininity and the Pauline-influenced teaching on the submission of women ties into another widely accepted theory as to the cause of anorexia nervosa: the subjugation of women and the search for autonomy. Women's bodies have traditionally been seen as created *for* men, and as such should please men.[35] The roots of this belief can be traced back throughout the Judaeo-Christian heritage to the understanding of women as possessions and the creation of Eve 'for' Adam in Genesis 1. These ideas, when compounded with similar messages about women's bodies arising from secular culture[36] combine to create an environment in which women search for a means of autonomy which can be expressed within the boundaries of social expectation. In a world where a young woman feels she cannot control her situation, she finds control in controlling her body. She can starve herself while 'remaining silent'

[33] Scrivener *A New Name*, 118
[34] Ind *Fat is a Spiritual Issue*, 52-53
[35] Isherwood *Fat Jesus*, 11
[36] Here I am referring to images which objectify women's bodies, particularly in a sexual way as the 'objects' of men. One recent example of such sexually objectified images of women in the media is the controversial 'Beach Body Ready' advert by Protein World, depicting a woman in a bikini. The adverse reaction to this advert (with the support of the UK Eating Disorder charity, B-EAT) triggered an investigation by the Advertising Standards Agency. Unfortunately, the watchdog concluded that the advert was 'not offensive' despite 378 official complaints that people had found it so. 'Protein World's "Beach Body Ready" ads do not objectify women says watchdog' *The Guardian* 1 July 2015, accessed 31 July 2016 https://www.theguardian.com/media/2015/jul/01/protein-world-beach-body-ready-ads-asa

as St Paul commands. Ind suggests that by a woman controlling her body shape in such a way, she rebels against the implicit idea that her body is made 'for man' and should please man by rejecting a womanly shape and going to an extreme. The emaciated body is no longer attractive, and thus, while giving the outward impression of being good (or even super-good) the anorexic steps outside the rat race of beauty.[37] Anorexia can, in this way, perhaps in some cases be understood as an inward rejection of the cultural constructions of femininity to which women feel pressured to conform whilst at the same time paradoxically conforming 'perfectly' to the reduced diet that society expects – or even demands – of women: it is a passive protest against patriarchy. Bynum suggests that a similar search for autonomy was the very reason that the female medieval saints practiced ascetic fasting.[38]

One participant in the study, Deborah, noted that church teaching on the submission of women was a direct influence in her descent into anorexia. For her, the constant reminder that she was inferior to men, and ultimately subject to them, led to the development of extremely low self-esteem and ultimately, anorexia. To her mind, such teaching should be done with the greatest care, and if it is to be known by its fruits – women with low self-esteem and subsequent mental health issues – then it surely cannot be a teaching from God. Another participant, Tracy, described her impression of the Church's construction of femininity to be all about rules: what women can and cannot, should and should not do.

Deborah also mentioned the influence of 'Bible diets' prevalent in some parts of the US which are now emerging in the UK.[39] She mentioned specifically the 'Daniel Fast.' This fast is based on the book of Daniel and lasts 21 days (the length of time the prophet himself fasted), during which time food groups are restricted. Although not as explicit as some diets in the link of food and sin, it is still concerning. The 'Daniel Fast for Weight Loss' promises to lead you to 'discover your identity in Christ' and 'break the bondage of food.' It is 'aligning yourself to God's ways.' Apparently 'dropping pounds… is central to your walk with Christ'.[40] These diets use faith and the Bible as a tool to promote beauty ideals and to convince women that to be accepted by

[37] The theory that eating disorders are a rejection of femininity is discussed in Edwards, E. 'Are Eating Disorders Feminist? Power, Resistance and the Feminine Ideal' *Quest* 4, 2007
[38] Bynum *Holy Feast and Holy Fast,* 18
[39] A fuller analysis of the Christian diet industry in the US can be found in Isherwood *Fat Jesus,* 65-96. Unfortunately, space constraints forbid further discussion of the issue in this paper.
[40] Information and quotations taken from 'The Daniel Fast' accessed 30 July 2016. http://daniel-fast.com/

their husbands – and God – they must be thin. The concept of 'no fat in heaven' has become part of the model of Christian femininity. Isherwood's note that at the turn of the millennium the Christian diet industry was worth $77 billion a year may well point to an ulterior motive.[41]

THE SINS OF THE FLESH V THE FRUITS OF THE SPIRIT

'For what the flesh desires is opposed to the Spirit, and what the Spirit desires is opposed to the flesh; for these are opposed to each other, to prevent you doing what you want.' (St. Paul)[42]

It is widely acknowledged that a very conspicuous link between Christian and anorexic beliefs is an underlying mindset of dualisms: primarily the dualism of body versus spirit, but also (as discussed above) the dualism of male versus female; heavenly versus earthly, and subsequent correspondence between male/heavenly/spirit and female/earthly/flesh.[43] A dualist understanding of the world can be traced back through the history of asceticism as far as Platonic philosophy[44] and the teachings of the Church Fathers. Much of this teaching, although no longer explicitly taught in churches, remains an undercurrent in Christian belief today.[45]

The 'Sins of the Flesh' can be understood as the carnal appetites of humankind; primarily, food and sex. Isherwood points to the Church Fathers as the culprits who linked these appetites with sin: Basil of Caesarea taught that the pleasures of food were equal to the pleasures of sex, and Clement of Alexandria exhorted Christians to keep a tight rein on the stomach and the organs beneath. Jerome claimed that in the Garden of Eden it was the sin of eating that caused Adam and Eve to develop as sexual beings and the subsequent lack of chastity that led to their expulsion from the garden. Therefore, he concluded that the way to return to that paradise is through chastity, and the way to reach chastity must be too fast. Thus, he linked food, sex, and sin for evermore in the annals of the Church.[46] It is easy to see how the Garden of Eden could figure in the development of eating disorders: Eve, the first woman, sinned by eating. Tertullian goes so far make an explicit claim that thinness is a prerequisite for salvation: 'Emaciation displeases not us; for it is not by weight that God bestows flesh, any more than He does the Spirit by measure. More easily, it may

[41] Isherwood *Fat Jesus,* 75
[42] Galatians 5:17, NRSV
[43] Examples of some of the numerous studies that demonstrate this link include Banks 'Imaginative Use of Religious Symbols' 228-229; Grenfell 'Religion and Eating Disorders,' 373; Morgan et al 'Spiritual Starvation,' 479
[44] Cited by Rudolph Bell as a cause for asceticism in *Holy Anorexia,* 119
[45] Isherwood *Fat Jesus,* 30-36
[46] Isherwood *Fat Jesus,* 37-38

be, through the strait gate of salvation will slenderer flesh enter; more speedily will lighter flesh rise'.[47]

The link made between sex and food is particularly relevant when considering the etiology of anorexia nervosa. One well-documented theory as to the cause of anorexia nervosa is shame or denial of the sexual body. Girls are said to develop anorexia in puberty due to a subconscious desire to suppress their bodies and prevent them developing into the sexual body of a mature woman.[48] It is no great leap to see that a church that shames sex and eating – natural appetites – has the potential to become a breeding ground for disorders such as anorexia nervosa. It is furthermore interesting to note that, once again, parallels can be seen in the lives of the ascetic saints of the Middle Ages, many of whom began fasting at puberty, at the time that their father began to negotiate marriage for them. For them, a suppression of their sexuality and fertility through starvation and a retreat into holiness (possibly a quite literal retreat into a convent) may have seemed the only way to escape the drudgery and indeed danger of the endless cycle of childbirth that was the only alternative.[49]

Continuing the influence of St. Paul, opposing the 'Sins of the Flesh' we find the 'Fruits of the Spirit': love; joy; peace; patience; kindness; goodness; gentleness; faithfulness; and self-control. Derivations of the Greek word 'εγκρατεια' (self-control; temperance) occur seven times in the New Testament (albeit only three times in the writings of St Paul). When compared to other words, this is a surprisingly low rate of occurrence: 'αγαπη' in all its forms is used 116 times. Nonetheless, all participants thus far in the study have said that they have found the church's emphasis on self-control, particularly in the area of the 'sins of the flesh' triggering for their eating disorder.

STARVATION AS REDEMPTION

'Life is what the disorder promises. Death, you see, is just a side-effect.'[50]

[47] Tertullian *On Fasting* translated by S. Thelwall *Ante-Nicene Fathers, Vol. 4.* Ed. by Alexander Roberts, James Donaldson, and A. Cleveland Coxe. (Buffalo, NY: Christian Literature Publishing Co., 1885.) Revised and edited for New Advent by Kevin Knight. Accessed 03 August 2016 http://www.newadvent.org/fathers/0408.htm

[48] Bruch, H. *Eating Disorders: Anorexia, Obesity and the Person Within* (New York: Basic Books, 1973), 277

[49] Bynum *Holy Feast and Holy Fast,* 222

[50] Scrivener *A New Name,* 65

There is an element to anorexia nervosa which is neatly summarised by Lelwica in the title of her book: *Starving for Salvation.* Lelwica argues that anorexia nervosa is in part a desperate search for spiritual fulfilment. It is apt, therefore, that anorexia in itself can become tantamount to a religion, in which Anorexia is the goddess at whose altar sufferers sacrifice themselves – quite literally. 'Pro-ana' is a search term that gives users access to a large number of pro-anorexia websites, many of which contain disclaimers on their entry pages warning readers of the risks of reading on: for example, 'The Pro-Ana Lifestyle Forever' blog contains the strapline 'this blog is about my personal journey through anorexia. I do not encourage harmful behaviour in any way'. At the time of research, the page directly below this was a list of tips and tricks for how to encourage oneself not to eat with the advice 'maybe they'll help some of you'.[51]

On many websites, the 'religion' that is made of anorexia is explicit. There is an 'Ana Creed'; 'the Thin Commandments'; the 'Ana Prayer' and even an 'Ana Psalm.'[52] For religious believers, the nature of the illness as a 'religion' can lead to further difficulties: rather than understanding their illness as a disorder, they come to see it as a sin of idolatry. As Scrivener writes 'is this sickness, or is this sin?'[53]

One participant, Eloise, described the guilt she felt at having anorexia as a Christian. She felt that she ought to be making God the most important thing in her life, not her diet and food. The guilt was compounded by the expectations of some Christians around her who supposed that, if it were a sin she could confess her sin of idolatry, say a prayer and recover. For Eloise, this guilt was a barrier to getting help, and her eating disorder ruled her life for ten years before she finally received the help she needed with the support of a Christian community. Even after recovery, Eloise was still unsure about the nature of anorexia: sickness or sin?

In the 'religion' of Anorexia, redemption is only possible through starvation. In Christianity, redemption is only possible through Christ. However, for some sufferers, these boundaries can become blurred. There is a precedent in the attempt to literally starve for salvation: Catherine of Siena attempted to starve for the salvation of her family. In an extract from her

[51]'Pro-Ana Lifestyle' accessed 22/8/16 https://theproanalifestyleforever.wordpress.com/
[52] 'Ana Creed and Thin Commandments' accessed 22/8/16 http://anastart.weebly.com/ana-creed-and-thin-commandments.html; 'Pro-Ana Lifestyle'; 'Thin for Ana' accessed 22/8/16 http://thinforana.blogspot.co.uk/2013/06/anas-creed.html; 'Ana Psalm and Creed' accessed 22/8/16 http://mysteryperson99.tripod.com/id22.html
[53] Scrivener *A New Name,* 15

journal, we can read of a 'deal' that she attempts to do with God: if she gives up all worldly possessions and starves herself, she believes that God will save her family.

There are further overtones of the religious life in anorexia nervosa. Anorexia sufferers typically have extremely low self-esteem and feel the need to punish themselves for perceived 'sins.'[54] Catherine of Siena's commendation of 'holy hatred' of oneself may be a commendation shared by many.[55] Sufferers attempt to attain 'purity' by avoiding putting anything into their bodies: external food is seen as a pollutant. Here again, we see the dualist emphasis: by maintaining a 'pure' body with nothing crossing its boundary, anorexics believe they can also maintain a 'pure' self, or spirit.

There is some debate as to whether the concept of working out one's own redemption is more strongly influenced by the Roman Catholic or Protestant tradition. It is very easy to see the overtones of penance and the similarities between the actions of contemporary anorexic women and the ascetic saints of the Middle Ages. However, Isherwood points to the Protestant Work Ethic and individualistic style of 'being Church' as the culprits, citing the Biblical diet culture of the US as an example of this.[56] At this point in the study it is not possible to form a view on which tradition has more strongly influenced participants; however, it is worth noting that all participants thus far except one have been heavily influenced by at least two different Christian denominations, the majority of which were Protestant denominations.

IMAGES OF GOD

'I came to understand that God the father as I had seen was actually an abusive parent' (Deborah)

This has been a recurring theme, not only with participants in this study but in other literature and anecdotal evidence from mental health chaplains.[57] The above quotation from Deborah illustrates how the image of God is subject to change as the patients recover - or, of course, they recover as their image of God changes. One participant, Tracy, described her teenage 'image of God' as a

[54] 'Why People Get Eating Disorders' National Centre for Eating Disorders, accessed 30/08/2016 http://eating-disorders.org.uk/information/why-people-get-eating-disorders/
[55] *The Dialogue of St Catherine of Siena* cited in Bell *Holy Anorexia,* 28
[56] Isherwood *Fat Jesus,* 8-10
[57] Scott Richards, P., Hardman, R. & Berrett, M. *Spiritual Approaches in the Treatment of Women with Eating Disorders* (Washington: American Psychological Association, 2007), 76-77; Morgan et al 'Spiritual Starvation' 477-479; Rider et al 'Religious Coping Styles,' 167-168

faraway man in the sky with a beard. She felt he was obsessed with rules and otherwise disinterested and far away. When questioned how she believed God saw her, she said he would be 'disappointed.' Although she was still unwell at the time of the interview, she described how her understanding of God had changed during her recovery: she now believed in a God who is a divine light in each and every person. The connotation of this is that each and every person is thus worthy and has an element of divinity within them. A strikingly similar view is cited by Scrivener, who describes God as a 'bearded moralist in the sky' who was far too busy and important to notice her. [58] She could not ask God for help, he was like an extension of the grown-ups and would be 'disappointed' and 'disgusted' by her.[59] Scrivener finds a turning point in the reassurance that God is bigger than any problem, that God values us and knows us completely. She too re-evaluates her images of God and sees the living God of Revelation – passionate, radiant and irresistible and filled with unconditional grace.[60]

Deborah, a fully recovered participant, felt in hindsight that she had misunderstood God's nature. She had thought of him as an angry God who would punish her – and so had punished herself, almost in anticipation. Now, she describes God as a compassionate parent who loves his children and chooses to create and look after them. Eloise initially described herself as 'not worthy' but came to realise that she is a daughter of God who has been 'fearfully and wonderfully made.'[61] Following on from this, future participants will be asked specifically whether their image of God has changed during the course of recovery, and if so, how.

It is perhaps unsurprising that anorexia sufferers might see God the father as an abusive parent. Research shows that one risk factor for anorexia nervosa is abuse in childhood, in particular, sexual abuse. [62] Although there is debate as to whether sexual abuse factors more highly in anorexia nervosa than other psychiatric illnesses, it is widely held that there is a higher

[58] Scrivener *A New Name*, 35
[59] Ibid., 77
[60] Ibid., 134
[61] Psalm 139:14, NRSV
[62] The relationship between sexual abuse and eating disorders is discussed in numerous studies including Everill J. and Walker G. 'Reported Sexual Abuse and Eating Psychopathology: A Review of the Evidence for a Causal Link' *International Journal of Eating Disorders 18(1)* 1995, 1-11; Treuer T., Koperdak M., Rozsa, S. and Furedi J. 'The Impact of Physical and Sexual Abuse on Body Image in Eating Disorders' *European Eating Disorders Review 13(2),* 2005, 106-111; Vize C. and Cooper P. 'Sexual Abuse in Patients with Eating Disorder, Patient with Depression and Normal Controls: A Comparative Study' *British Journal of Psychiatry 167(1)* 1995, 80-85.

prevalence of sexual abuse victims suffering from anorexia than in the general population with prevalence for sexual trauma in eating disorders estimated to be between 34% and 83%, varying between studies.[63] One example of this is Catherine Garrett, who recounts her sexual abuse at a young age by a family friend.[64] Although she does not tie this explicitly to the way she views God, it is noteworthy that the 'turning point' in her illness comes when she re-images God as connected to humanity rather than a distant being. However, it is worth noting that the trend of seeing God as an 'abusive' parent is not restricted to patients who have experienced sexual abuse: Deborah, quoted above, had not experienced any sexual abuse but still held this view during her illness.

The belief in God as a distant, disinterested being is perhaps also not a surprising one to be held by sufferers of anorexia nervosa. There is a view suggested by some psychiatrists that anorexia develops as a response to the father becoming distanced as the daughter reaches puberty. By not eating, she attempts to return to a pre-pubescent state and thus to the pre-pubescent relationship with her father.[65] Ind's re-imaging of God is particularly interesting: she understood God as father as distant, busy and absent, as her own father was. God the father – male, all-powerful and perfect – would never be able to understand her issues around sex, breasts and chocolate cake. [66] Imaging God as pure spirit, perfect self-control, masculinity, and strength – all the things that she in her femininity and body was not – made him impossible to relate to, and made her believe that neither could he relate to her. [67] Ind's turning point came in re-imaging God as mother. She came to realise that faith was not about self-control and rules, but about becoming more fully who God created her to be: and the God who created her was not a far-off entity but a loving mother who cared for her when she was sick and did indeed understand her struggles with sex, breasts and chocolate cake! [68]

THE (COM)PASSION OF CHRIST

"The manner in which [the statue] decayed meant that he looked like he had lots of self-harm scars down both arms… it spoke to me of a God who has in every way suffered the same things we're suffering.' (Deborah)

[63] Lask B. and Bryant Waugh R. *Anorexia Nervosa and Related Eating Disorders in Childhood and Adolescence, Second Edition* (Hove: Brunner Routledge 2000), 70
[64] Garrett *Beyond Anorexia,* 8
[65] Maine M. *Father Hunger* (Carlsberg: Gorsze Books, 1991) cited in Ibid., 68-69
[66] Ind *Fat is a Spiritual Issue,* 11
[67] Ibid., 36
[68] Ibid., 68-70.

In a similar vein to participants' images of God, images of Christ have likewise featured strongly in the interviews thus far. One participant, Tracy, said that she found the image of the crucified Christ disturbing. For her, it can be understood as God committing suicide: God advocating self-harm. When we are told to 'imitate Christ' this then advocates self-harm in us. Christ tortured his flesh, willingly, and so must we. This was a startling realisation to me of the risks of a casual representation of the crucified Christ.[69]

However, Tracy also spoke of another image of Christ that she found helpful: the image of Christ who stills the storm. She understood this as a metaphor that, with Christ, it is possible to let go of negativity and let the storm around you (the eating disordered thoughts) subside. Other participants also mentioned images of the compassionate Christ in parables such as the Prodigal Son and the Good Samaritan.

The importance of differing images of Christ (the ascetic Christ and the compassionate Christ) as being used to both encourage illness and liberate from illness suggest that this would be an important issue for a pastoral care model for anorexia nervosa to address. When anorexic Christian women attempt to sacrifice their own flesh in a misplaced attempt to imitate Christ, this misses the point of the self-sacrificing nature of Christ and the message that is at the heart of Christianity.

One particularly striking image of Christ was put forward by Deborah, who took the image of the ascetic Christ which other participants had found negative and turned it into a liberating image. She spoke of a statue of Christ she had seen in a cathedral which had eroded in such a way that his arms looked to be covered in self-harm scars. She also spoke of Jesus fasting in the desert. These images, for her, spoke of a Christ who has in every way suffered the same things she was suffering. A Christ who truly was Emmanuel, 'with us.' A Christ with a broken, human body through which we find salvation. A Christ who, through his passion, was compassionate to us, no matter how flawed and broken we are. And that message of compassion throughout the Gospels,

[69] There are similarities here to Mary Daly's understanding of the crucified Christ of embodying a 'slave mentality' (a concept she borrows from Nietzsche); she suggests that for women, who are encouraged both to be men's 'help meets' and imitate this self-sacrificing Christ, the Church sets up women with a 'slave mentality'. Simply put, they are encouraged to be doormats in the name of holiness.

in her church community, and on the cross, Christ walking beside her in her suffering, was what brought her to recovery. The (com)passionate, self-harm Christ was for her a liberating Christ.

PASTORAL EXPERIENCES

"If you have a faith and it's strong, not bringing it into your recovery… it's never going to work. Because if God's the most important thing in your life, and your eating disorder's the other most important thing in your life, then they have got to be married before you can ditch one" (Eloise)

The experiences that the participants thus far had of spiritual and pastoral care, while in hospital or the community, have varied greatly: however, the thing that is consistent is that they all either found spiritual care important in their recovery or found the lack of spiritual care available detrimental to recovery.

Some participants had excellent support from their church community and in hospital. Others had very little spiritual or pastoral care. Almost all participants mentioned the risks of church leaders not trained in mental health saying very damaging things – and it is very easy to say something damaging to someone with anorexia. For example, one participant said her church had offered to exorcise her. However, at the opposite end of the spectrum, another patient mentioned the motivation and strength she got from knowing her church were praying for her.

Hospital experiences were equally varied. One participant, Cat, waited months to see a chaplain and was not allowed out the hospital to attend church. She described her experience of finally seeing a chaplain as a 'weird spiritual lap dance' as she was taken off to a private room with a local monk who had been roped in. A University Chaplain who came to see her at her student home after her discharge from hospital seemed judgemental and had a reputation for gossiping about the students in her care: hardly a relationship of trust. The participants I interviewed in the Barberry hospital in Birmingham had much more positive experiences. Birmingham and Solihull Mental Health Foundation Trust have a model for chaplaincy that is unique in the UK The chaplains are part of the clinical team, and both contribute to and read notes. That way they can work very closely with the medical staff. Patients are offered chaplaincy support when they arrive from a chaplain of their own faith, and there is an optional multi-faith spirituality group patients

can attend weekly. There are services in the chapel on a Sunday which patients are allowed to attend.[70]

One participant attended a residential programme at Mercy Ministries for young women with life-controlling issues. The Centre is run along similar lines to a rehabilitation centre, but with a strong Christian ethos. Every day is filled with Bible studies, worship and prayer time, but this is complemented with counselling, meal plans, and support at mealtimes. The participant who attended said that she felt that as her faith meant so much to her, she could not have recovered without that faith input. However, there is much scepticism in the academic community about such programmes, and one other participant said that she felt wary of such programmes which put Christian healing before medical care. Ultimately, it seems that it is all about balance.

SUGGESTIONS FOR FUTURE RESEARCH

There are several directions which would appear to be fruitful prospects for further research. As yet there is little quantitative research in the UK regarding the correlation of Christianity and anorexia nervosa, and this would be an interesting avenue to explore. My research indicates that there are several ways in which Christian women find that their anorexia and their faith interact; and more pressingly, several ways in which their faith has either strengthened their eating disorder or created obstacles to seeking or accepting help.

However, I would argue that the more pressing research would be to formulate practical models for spiritual care within a hospital setting and a community setting. Currently, there is almost no literature regarding this, with the exception of a handbook by P. Scott Richards, which is aimed at medical professionals rather than chaplains.[71] I have only been able to find one article written by a mental health chaplain reflecting on their experiences and suggesting a pastoral model for supporting patients with anorexia nervosa.[72] This article was published in 1981, and it was immediately clear on reading it that there has been a significant change in the understanding of eating disorders and the way they are treated in the decades since. Some of the advice offered by the author (such as observing a mealtime) would no longer be considered appropriate - or indeed

[70] This information comes from the time I spent researching at BSMHFT, under the guidance of the chaplaincy team.
[71] Scott Richards *et al Spiritual Approaches*
[72] Dayringer, R. 'Anorexia Nervosa: A Pastoral Update' *Journal of Religion and Health* 20(3), 1981, 218-223

possible considering the rules of inpatient units surrounding mealtimes. Thus, it would seem that this advice is now largely redundant. My own experiences of chaplaincy in treatment for anorexia nervosa, the experiences of the participants and my observations of BSMHFT chaplains suggest that chaplaincy care has the potential to be extremely damaging, or an integral part of a successful and lasting recovery. Although most hospitals in the UK have voluntary or employed chaplains, few are specially trained in mental health chaplaincy, and even fewer trained in a specific mental health condition such as anorexia nervosa.[73] I believe there is a strong case for more chaplaincy care in NHS eating disorders treatment – but first, there is a need for a practical model for what this care should be.

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[73] This is based on information from the BSMHFT chaplaincy team and conversations with consultant psychiatrists and patients.

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