Eating Disorders and Spirituality

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The relationship between eating disorders and spirituality and religion is complex. Spirituality and religion both impact, and are impacted by, an eating disorder. Research indicates that spirituality plays a crucial role in the progression and recovery of an eating disorder. Conversely, an eating disorder can have a profound impact on one’s spirituality and undermine faith, leaving an eating-disordered person wondering who God is and also questioning his/her identity. We will look at themes that arise from research findings that examine this complex relationship of spirituality and religiosity and eating disorders. We will also examine practical treatment applications that utilize empirically-based recommendations pertaining to the relationship between spirituality and eating disorders.
To begin, it is valuable to first look at what is meant by the terms “eating disorders” and “spirituality and religion.” The general phrase, “eating disorders,” primarily references anorexia, bulimia, and binge eating disorder as defined by the DSM-5. Eating disorders impact both men and women, but for the purposes of this discussion, we will address women. It is also important to note that these disorders are frequently co-occurring, meaning that an individual who struggles with an eating disorder may also contend with one or more additional disorders, such as anxiety disorders, mood disorders, alcohol or substance abuse, and/or may have some kind of trauma history. Therefore, clinical work may be complex as a clinician is typically treating and addressing various co-occurring disorders. It is also important to note that these co-morbid disorders may also have further implications for an individual’s relationship with his/her spirituality and religion.

Understanding the meaning of the terms “spirituality and religion” is significant as well. Most scholars agree that spirituality and religion are distinct concepts, though they are generally interconnected (Hodge, 2006). Researchers on the topic, (Cottingham, Davis, Craycraft, Keiper, and Abernethy, 2014) note, “Different definitions of spirituality have been proposed, but most define it by experiential qualities that relate to a ‘search for the sacred.’ Religiousness, on the other hand, is generally defined as a set of beliefs to which one ascribes in a community. Religiousness and spirituality are closely related, for religiousness is designed to foster one’s spiritual life” (p. 899). To further expound on this idea, spirituality answers life's basic questions such as, “Who am I?,” “Who are you?,” and “What is the meaning and purpose of life?” (Jones, 2016). Spirituality involves hope, compassion, grace, gratitude, sense of meaning and purpose, loving and serving others and God, and accepting love from others and God (Berrett, Hardman, O’Grady, & Richards, 2007). Religion, on the other hand, is a construct based on community that involves behaviors, such as church attendance, and pertains to formal or public expressions of spirituality (Buser, Parkins, & Buser, 2014).

It is crucial to have an understanding of someone’s past and present experiences with both spirituality and religion. As a clinical provider walking alongside someone struggling with an eating disorder, this understanding of a person’s religious and spiritual experience is paramount to understanding who he/she is as a person. The importance of this understanding is underscored by the largest healthcare accrediting body in the United States, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The Joint Commission requires accredited practitioners to conduct a spiritual assessment with clients to ensure awareness and sensitivity to the client’s spiritually-informed worldview and understand how one’s spiritual and religious beliefs and practices may serve as a strength or liability to clinical work (Hodge, 2006). It is also important to continue to assess the client’s experience of spirituality as treatment progresses; because as recovery occurs, we can predict that there will be ongoing shifts in one’s relationship with his/her spirituality.

We know that spirituality and religion can have both positive and negative implications on an eating disorder. These implications de-
pend on various factors. One commonly studied dimension is extrinsic and intrinsic religiousness. Extrinsic religiousness is defined as having an external motivation for religious behavior, such as the associated social benefits. Cottingham, Davis, Craycraft, Keiper, and Abernethy (2014) quote Gorsuch who defines intrinsic religiousness as “the motivation for experiencing and living one’s religious faith for the sake of the faith itself” (p. 899). Research indicates that solely having extrinsic motivation for religious behaviors (with the absence of intrinsic motivation) is correlated with higher levels of eating disorder symptoms; we also know that those who are intrinsically motivated regarding their religion generally experience overall better health and well-being (Cottingham, et al., 2014).

In addition to internal and external motivation factors, we also know that one’s attachment style to God and view of His character traits can serve as either a barrier or an asset to recovery from an eating disorder. For example, there is evidence that when a woman views God as a compassionate and “body affirming” being, this view is correlated with improved body image and less anxiety about weight (Cottingham, et al., 2014). There is also overwhelming research that indicates a secure attachment with God correlates with improved well-being and serves as an asset in recovery. Curt Thompson (2010) offers a helpful description of a secure attachment to God; securely attached individuals see God as One “… who is interested and delighted in them, compassionate and full of grace when they stumble, yet willing to discipline them without simultaneously shaming” (p. 120). A secure attachment with God is also related to more positive views of one’s body image (Cottingham, et al., 2014). Similarly, Homan and Boyatzis found that participants in a study who felt secure in their connection to God experienced reduced pressure to believe the “thin ideal,” internalized this cultural message of the “thin ideal” less, experienced greater satisfaction with their bodies, and engaged in dieting less frequently than those who reported not feeling secure in their connection to God (Cottingham, et al., 2014). It is important to note that these research findings indicate correlations rather than cause and effect; nevertheless, they point to the strong connection between spiritual health and emotional, mental, and even physical health. We know that decreased functioning in one area of life often leads to decline in other areas and, conversely, improved health in one area also positively impacts the other facets of life.

Similarly, we know that a sense of identity and value and worth is another crucial issue that is impacted in the interplay between spirituality and eating disorders. This fact is clearly seen in clinical work, as well as research studies; individuals who battle with eating disorders struggle to separate themselves from the disorder and have difficulty seeing themselves as a beloved daughter, friend, wife, artist, musician, or child of God (Richards, Smith, Berrett, O’Grady, & Bartz, 2009). A study published in 2007 looked at themes that arose when conducting semi-structured depth interviews with women who were diagnosed with either anorexia or bulimia. In this study, all participants expressed a nega-
tive view of self with shame, guilt, and self-hatred as recurring themes (Marsden, Karagianni, & Morgan, 2007). This study found that individuals perceived their desires/emotions/urges to eat or restrict as sinful and, therefore, saw themselves through a condemning spiritual lens; consequently, as these women focused on the feeling that they were not living up to God’s standards, their sense of shame grew (Marsden, et al., 2007). These thoughts and beliefs are frequently seen in treatment and tend toward a cyclical decline, for as an individual’s sense of shame grows, this often leads to more extreme eating disorder behaviors in an attempt to repair or compensate for these feelings. Furthermore, we know that shame is a barrier to connection; therefore, as individuals grow in their feelings of shame, it becomes increasingly more difficult for them to initiate or receive connection or reconnection with others and with God (Hardman, Berrett, & Richards, 2003).

Another key theme in the relationship between spirituality and eating disorders has been issues of purpose and meaning of life. Numerous studies indicate that having a sense of purpose to life is a protective factor in eating disorders and the recovery process (Cottingham, et al., 2014). We know that women who struggle with eating disorders often have a distorted purpose that is associated with food, weight, or body image. Referring again to the 2007 study by Marsden, Karagianni, and Morgan, themes related to “salvation” also surfaced during qualitative interviews with women diagnosed with an eating disorder. This idea of salvation included the myth that thinness eliminated problems; or for families with chronic discord, the notion that the eating disorder could save them from family conflict (Marsden, et al., 2007). This notion became a driving force for the individual’s sense of purpose; similarly, sacrifice is another way this idea of purpose in life is manifest. For example, this religious
construct or spiritual ideal of ascetism or fasting can become perverted and recognized as the meaning of life rather than simply being a means to a greater purpose of knowing and loving God and being known and loved by Him. Sacrifice was another theme that emerged from the 2007 qualitative study by Marsden, Karagianni, and Morgan. In this study, researchers found that participants believed self denial was meaningful. However, this purposefulness was evident in various ways, such as the need for penance to make up for shortcomings or depriving themselves of food, desirable experiences or, for some, even life itself (Marsden, et al., 2007). Clearly this deeply spiritual question of the meaning of one’s life can promote healing and recovery from an eating disorder or it can serve as a barrier to recovery depending upon how one answers this question. For women who desire to follow Christ, we often see a discrepancy between the verbal answer regarding their desired purpose in life and what their behaviors communicate. It is common that a woman sees God as the object of her faith and spirituality, and yet her eating disorder has effectively become her higher power and is driving her current sense of purpose and meaning.

We’ll now turn our attention to practical treatment applications pertaining to this relationship between spirituality and eating disorders. Treatments for eating disorders (and any associated co-occurring disorders) benefit from utilizing empirically-validated approaches while integrating spiritual interventions. It is also critical to treat the entire person by comprehensively addressing the biological, psychological, social, and spiritual.

When treating eating disorders at any level of care, it is recommended that treatment be provided by a multidisciplinary team not limited to a psychiatrist, therapist, dietician, and physician. Recommended psychotherapy treatment approaches include family therapy, individual therapy, and group therapy. Dialectical Behavioral Therapy (DBT) and Cognitive Behavioral Therapy (CBT) are both empirically-validated treatment modalities for work with eating disorders. DBT effectively addresses eating disorders by confronting four main topics of mindfulness, interpersonal effectiveness, distress tolerance, and emotional regulation. DBT is one of the core components of treatment at Timberline Knolls Residential Treatment Center, as it also works well for treating co-occurring disorders that are often present with eating disorders. CBT is another effective treatment strategy for eating disorders. This modality addresses cognitive distortions, automatic thoughts and underlying beliefs; it also teaches skills and utilizes cognitive and behavioral interventions. Through either of these treatment modalities, individuals become more aware of thoughts, emotions and behaviors and can gain new ways of seeing themselves and engaging with the world. Either form of therapy lends itself to integrating spiritual interventions within the treatment and one can find significant overlap between the theoretical concepts and Scriptural truth (including the dialectic, radical acceptance, mindfulness, interpersonal skills, and the power of our thoughts and beliefs).

Addressing spirituality in treatment may take various forms. As previously emphasized, it is crucial to continue to monitor shifts and changes in spirituality and views of religion throughout treatment and sensitively adjust treatment according to the needs, barriers, or strengths that arise. Regarding the integration of spiritual interventions, Richards, Smith, Berrett, O’Grady, and Bartz (2009) outline general ideas for interventions, including “encouraging clients to pray, discussing theological concepts, using spiritual imagery techniques, encouraging repentance and forgiveness, consulting with religious leaders, and recommending religious bibliotherapy” (p. 173). In no particular order, we’ll examine methods and interventions for responsibly and effectively addressing spirituality and religion in the treatment of eating disorders.

As previously established, we know the importance of a secure attachment to God and the multitude of positive implications, including increased body satisfaction, reduced shame, increased connection to others, and oneself and increased sense of self worth. A study by Cottingham, Davis, Craycraft, Keiper, and Abernethy in 2014 empirically supported the value of incorporating attachment-
Based treatment and spirituality into eating disorder treatment. A growing secure attachment can be fostered through experiential activities that provide a “felt sense” of God’s love and presence. In reference to a felt sense of God's love, this term is used to indicate a concept that is external or factual (something that is known cognitively) and expanding this experience so it becomes part of the personal, internal, and emotional experience. This felt sense of emotionally knowing and experiencing God's love fosters an increasing secure attachment with God, and can be developed as we personally encounter Him. The concept of building one's secure attachment with God is rooted in John Bowlby's and, later, Mary Ainsworth's attachment theory. Neuroscience provides an additional perspective on interpersonal connections; significant research has demonstrated the brain's ability to form new neural pathways based on fresh ways of interacting with others and, therefore, one's ability to newly form secure attachments. Daniel Siegel was the pioneer of interpersonal neurobiology; Curt Thompson is a current practitioner in the field and has expounded on this neuroscience from a Christian faith perspective (Thompson, 2010). With this understanding of the theoretical underpinnings, a powerful spiritual intervention for women with eating disorders is providing experiential activities that offer a safe space for encountering the loving, compassionate, and deeply personal God. A woman may cognitively know that God loves her, and yet have a limited emotional experience of feeling His love or interest in her. Experiential activities may include listening to songs that speak of His love and care, writing God or Jesus letters, asking Him questions, using art as a means of communicating with God, acting out parables (such as the prodigal son) or stories of healings (such as Luke 13:10-13), or speaking to one's self with the words that he/she envisions from a loving and compassionate God. These activities can be done in individual sessions or, as we do at Timberline Knolls, through an experiential Christian group that facilitates an environment where individuals can grow in their felt sense of God's truth and, thereby, build a secure attachment with Him.

It is well-known that family therapy and building a healthy and supportive social network are crucial components of eating disorder treatment. As previously mentioned, connection with others is often severely lacking due to the isolative nature of an eating disorder. Ideally, through treatment, a family will begin to reconnect (or perhaps connect for the first time), learn healthier ways of interacting, foster communication, establish or rebuild trust, and learn how to effectively support an individual’s recovery from an eating disorder. Realistically, some family situations may not be able to effectively provide the support needed for an individual in recovery. In situations of either strong or limited family support, it is also beneficial for a woman to expand her social network to include healthy and recovery-focused friends. When healthy interpersonal connections with others begin to form, experiences that are profoundly spiritual begin to happen as individuals begin to receive or give compassion, grace, love, and acceptance. These connections help the shame begin to shrink—shame, the belief that something is inherently wrong with me, diminishes in the presence of acceptance, connection, and vulnerability. These encounters with safe, trusted people who authentically and consistently communicate value and worth help individuals begin to believe they can receive grace,
compassion and love (from an interpersonal neurobiology perspective, they are forming new neural pathways in their brains, which will allow them to connect with others, God, and themselves in new and increasingly more attached ways). In addition to family and close friendship connections, it is also valuable to assist women in expanding various sorts of support networks. For example, encouraging individuals to find a healthy, faith-based community provides not only additional social support, but also spiritual and/or religious support. This support may include connecting with a local church, and may also involve participating in faith-based treatment groups, and/or attending a 12-step group for eating disorders, such as Anorexics and Bulimics Anonymous (ABA) or Celebrate Recovery. The value of faith-based treatment groups is suggested through a unique study conducted in an eating disorder inpatient unit, where the spirituality-focused support group proved to be more effective than either the CBT-based support group or the emotional support group (Richards, Berrett, Hardman, & Eggett, 2006).

Psychoeducation is another valuable means to support and address spirituality in treatment. It is helpful to provide psychoeducation from a scriptural basis on various recovery topics. This psychoeducation may be provided in both individual therapy and, depending upon the context, may also be offered through a Christian psychoeducational recovery group. Helpful faith-based recovery topics may include examining what Scripture says about: identity as God’s children; shame and how to break its vicious cycle; healthy boundaries and guidelines for being vulnerable and open, while still maintaining safety and choices; grace and the realization that one individual is no more worthy of grace or has more value than another person; and issues of control and surrender.

Additional spiritual issues that are important to address in eating disorder treatment are those of identity, suffering, forgiveness, meaning, and purpose. It is helpful to address these issues in various contexts (family, individual, and group therapy). Regarding issues of identity, it is often difficult for individuals to see themselves as separate from their eating disorders. Significant work regarding identity is often necessary and using various modalities, such as a combination of experiential, psychoeducational, process oriented, and expressive therapies (such as art therapy or dance movement therapy), is beneficial. This work around identity may include examining truths, such as one’s identity in Christ, and highlighting that this truth is based on God’s view of that person (articulated in Scripture) and not on his/her feelings or another’s view. It may also include interventions addressing the necessity of receiving and accepting God’s love as an intentional action.

Suffering and forgiveness are also essential spiritual topics to address in the recovery process. Work on the topic of suffering and pain may include voicing raw pain and honest questions to God and acknowledging how suffering, disappointment, and loss have impacted the individual. It is important for individuals to have a space to express feelings of loss and powerlessness, while remaining mindful to reserve self-judgment and being reminded of God’s support and compassionate listening ear (Berrett, et al., 2007). Similarly, addressing issues of forgiveness is a crucial topic in recovery. Those with eating disorders may struggle with forgiveness toward others; almost certainly, however, these same individuals wrestle with an inability to forgive themselves. Individuals often hold themselves to a double standard in which they would certainly forgive a friend, but have difficulty extending this same forgiveness to themselves. A combination of various interventions may be used to address this barrier, including examining Scripture, experiential activities, connections with grace-filled loved ones, or tools for inner healing prayer (such as Sozo or Immanuel Prayer).

Issues of meaning and purpose are equally important to explore and build or bolster recovery-focused meaning into the individual’s life. Creating hope for meaning and purpose is one helpful tool; one way this can be done...
is by having individuals begin a list of dreams (small and big) they have for their lives (or dreams they had for their lives prior to their eating disorders). Cultivating glimpses of hope, meaning, purpose and identity outside of their disorders is crucial in propelling the recovery process. It is also helpful to remember this process of discovering and rediscovering meaning, purpose and identity takes significant energy, patience, perseverance, compassion, kindness, encouragement, and repetition modeled by clinicians and care providers over time.

The interplay between eating disorders and spirituality and religion is both complex and multifaceted. As we have examined, it is critical to understand both the impact of spirituality and religion on the progression of the eating disorder, as well as recognize how the disorder has impacted one’s spirituality. Based on this understanding, it is critical to address issues of spirituality and religion throughout the course of treatment. Even with the complexities, there is significant evidence that addressing spirituality in treatment can facilitate a healing relationship with food, self, others, and the One who loves them more than they can fathom.

References

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